

Enhanced Due Diligence Questionnaire

This form is completed at account opening, and periodically for as long as there is an ongoing relationship.

A failure to complete this form in an accurate and timely manner may be cause for the termination of accounts.

Name of the Organization: _____

Primary Business (What does the organization do?): _____

Additional Business Activities: _____

Are any of the business activities regulated activities for anti-money laundering (AML) in Canada, including accountants, British Columbia notaries, casinos, dealers in precious metal and stones, financial institutions, life insurance, money services businesses, real estate, and/or securities dealers? If so, please specify which: _____

What proportion of the business placed with us (from 0% to 100%) stems from these regulated activities? _____

If you are conducting AML regulated business, please attach the following documents, or provide an explanation of the reason that these have not been included.

Item (Please include the most recent versions for each)	Notes (complete if not attached)
Evidence of the appointment of a Compliance Officer	
Compliance Officer CV or evidence of qualifications	

Item (Please include the most recent versions for each)	Notes (complete if not attached)
AML Policy	
AML Procedures	
Risk Assessment	
AML Training Program	
AML Compliance Effectiveness Review	
FINTRAC Examination Findings Letter	
Flow of Funds Diagram	
Organizational Chart	

How many full-time employees are in AML compliance related roles? _____

Are any of the business activities related to financial services activities that are not regulated activities for anti-money laundering (AML) in Canada, including payment services, lending services, payday loans, automated teller machines (ATMs), cheque cashing, or services related to digital or virtual currency? If so, please specify which:

What proportion of the business placed with us (from 0% to 100%) stems from these activities? _____

If you have implemented an AML compliance program in relation to these activities, please provide copies of these documents.

Are there any additional business activities not described above? If so, please describe:

Risk Questionnaire

The following questions are intended to help us assess risk. If you aren't sure what we're asking, please feel free to contact us. Depending on your answers, we may contact you for additional information.

1. Do you have anti-money laundering (AML) policies and procedures? (Y) (N)
2. Have all staff members, including part time and contract staff received AML training in the past year? (Y) (N)
3. Have you conducted and documented a money laundering and terrorist financing Risk Assessment? (Y) (N)
4. Has your AML program been audited for effectiveness in the past two years? (Y) (N)
5. Has the entity ever been subject to criminal investigation and/or charges related to money laundering, terrorist financing, or financial crime such as fraud? (Y) (N)
6. Have any of the entity's key persons ever been subject to criminal investigation and/or charges related to money laundering, terrorist financing, or financial crime such as fraud? (Y) (N)
7. Has the entity been subject to involuntary account closures by any bank or other financial institution in the past five years? (Y) (N)
8. Has the entity been listed on any sanctions or terrorist lists? (Y) (N)
9. Have any of the entity's key persons been listed on any sanctions or terrorist lists? (Y) (N)
10. Has the entity been subject to penalties related to legal or regulatory non-compliance? (Y) (N)
11. Have any of the entity's key persons been subject to penalties related to legal or regulatory non-compliance? (Y) (N)
12. Do you attest to the accuracy of all information provided in this submission? (Y) (N)

Name (Please Print): _____

Signature: _____

Date: _____

Internal Compliance Use Only: Entity Risk Evaluation

1. Is the entity located in a high risk jurisdiction, including any jurisdiction deemed to be high risk or non-cooperative by the FATF? (Y) (N)

For a list of these jurisdictions, go to: <http://www.fatf-gafi.org/publications/high-riskandnon-cooperativejurisdictions/>

2. Are any of the requested documents and/or information missing, fraudulent/questionable or out of line with your expectations? (Y) (N)
3. Did the entity answer (N) to any of the compliance program questions in the Risk Questionnaire (1-4)? (Y) (N)
4. Did the entity answer (Y) to any of the criminal investigation or charge questions in the Risk Questionnaire (5-6)? (Y) (N)
5. Did the entity answer (Y) to the questions about bank de-risking in the Risk Questionnaire (7)? (Y) (N)
6. Did the entity answer (Y) to the questions about sanctions and terrorist lists in the Risk Questionnaire (8-9)? (Y) (N)
7. Did the entity answer (Y) to the questions about regulatory penalties in the Risk Questionnaire (10-11)? (Y) (N)
8. Does the entity conduct other business that you consider to be high risk? (Y) (N)

If the answer to any of the above questions is (Y), the entity should be considered high risk and subject to enhanced due diligence. The due diligence measures should be designed to mitigate the risk (rather than taking a one size fits all approach). The enhanced due diligence measures should be documented.

If the any of the above questions are (Y), but you do not consider the entity to be high risk, your reasoning should be documented.

This evaluation was completed by:

Name (Please Print): _____

Signature: _____

Date: _____

This evaluation was reviewed and approved by (if applicable):

Name (Please Print): _____

Signature: _____

Date: _____