

Annual AML/CFT Compliance Form



FINANCIAL SERVICES AUTHORITY

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Annual AML/CFT Compliance Form

Notes

- This Form is issued by the Financial Services Authority (“the Authority”) in accordance with Regulation 13(h) under the Anti – Money Laundering and Countering the Financing of Terrorism Regulations (“AML/ CFT Regulations”).
- In accordance with Regulation 13(h) of the AML/CFT Regulations, every Reporting Entity (“RE”) must submit this Form (and any other relevant supporting documentation as required) to the Authority within 90 days after each calendar year.
- In this Form, “Reporting Period” means the calendar year (January 1st to December 31st) prior to the required lodging of this Annual AML/CFT Compliance Form (for example: A Compliance Form lodged within March 2023 will cover the period January 1st, 2022 to December 31st, 2022).
- The Authority reserves the right under Section 57(1) of the AML/CFT Act 2020, to request for any additional information and documentations where it deems necessary.
- The Authority may take enforcement action pursuant to Section 57(3) of the AML/CFT Act, against a RE, if the RE has provided it with false, inaccurate or misleading information.
- Failure to submit the compliance form may result in the RE being subject to administrative sanctions in accordance with Section 60(1) of the AML/CFT Act.
- Completed forms and any accompanying supporting documents should be submitted to:

The Chief Executive Officer
Financial Services Authority
Bois de Rose Avenue
P.O. Box 991
Victoria
Mahé
Seychelles

Attn: AML/CFT Unit

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Instructions for Completing the Annual AML/CFT Compliance Form

- This form is to be completed in English.
- Answers to ALL questions should be TYPED or written in INK and in BLOCK LETTERS.
- All questions are to be answered in its entirety. Where the answer to a question requires further details, explanations or clarifications to be provided, these should be made on a separate sheet, clearly indicating the question number.
- No question should be left unanswered.
- The Compliance Officer's/Alternate Compliance Officer's and Director's signature on the declaration page of the form should be an original signature/digitally signed. Each page should be initialed accordingly.
- If there is insufficient space for your answer(s), a separate page may be used, clearly identifying the continuation of your answer by stating the number of the question.
- Please ensure that all answers and information are true and correct. Failure to disclose and submit true and accurate information may result in the RE being subject to sanctions under section 51 of the AML/CFT Act.

FOR OFFICIAL USE ONLY	
Date Annual AML/CFT Compliance form received	
Assigned Officer	

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SECTION 1: GENERAL INFORMATION	
1. Name of the RE	
2. RE Regulatory Legislation ¹	
3. Licence Type	
4. Licence Number	
5. Reporting Period	
6. Name and Surname of Compliance Officer ("CO")	
7. Name and Surname of Alternate Compliance Officer ("ACO"); OR Indicate if RE has been absolved from the ACO requirement	
8. Date of appointment of CO	
9. Date of Appointment of ACO; OR Indicate date of permission to be absolved from ACO requirement, if applicable	
10. Registered Office Address	
11. Details of any significant occurrences or material changes in the corporate information ² of the RE that have taken place during the reporting period:	
(a)	
(b)	
(c)	
(d)	
(e)	

¹ Indicate under which legislation the RE is licensed and regulated.

² Changes in shareholding, directorship, key individuals, nature of business, products/services etc.

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SECTION 2: GOVERNANCE

CORPORATE GOVERNANCE

BOARD/ SENIOR MANAGEMENT OVERSIGHT

12. How many Board Meetings or Senior Management Meetings has the RE held during the reporting period?

(a) Board meetings

(b) Senior Management meetings

If the answer to 12. (a) is none, state the reason.

If the answer to 12. (b) is none, state the reason.

13. During the reporting period, how many times has AML/CFT appeared as an agenda item at these meetings?

(a) Board meetings

(b) Senior Management meetings

If the answer to 13. (a) is none, state the reason.

If the answer to 13. (b) is none, state the reason.

POLICIES AND PROCEDURES

14. When was the RE's AML/CFT policies and procedures last reviewed and updated?

(a) Policies

(dd/mmm/yyyy)

(b) Procedures

(dd/mmm/yyyy)

15. Was the review conducted internally or by a third party?

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16. If conducted by a third party, please indicate by whom.	
17. How often does the RE prepare a report on the operations and effectiveness of its AML/CFT systems and controls?	
18. Is the report prepared on the operations and effectiveness of the RE's AML/CFT systems and controls, presented to the Board?	YES <input type="checkbox"/> NO <input type="checkbox"/>
If the answer to 18. is NO, state the reason.	
INSTITUTIONAL RISK ASSESSMENT	
19. When did the RE last perform an assessment of the Money Laundering/Terrorism Financing risks for all its business lines?	(dd/mmm/yyyy)
20. Has the Board approved the Risk Assessment?	YES <input type="checkbox"/> NO <input type="checkbox"/>
If the answer to 20. is NO, state the reason.	
21. Based on the risk assessment, what was the risk rating applied to each of the following? (a) Products/Services (b) Customers (c) Geography (d) Distribution channels (e) Overall risk rating assigned to the RE	
22. Does the Institutional risk assessment identify and assess: (a) the risks relating to money laundering:	YES <input type="checkbox"/> NO <input type="checkbox"/>
If the answer to 22. (a) is NO, state the reason.	
(b) the risks relating to terrorist financing:	YES <input type="checkbox"/> NO <input type="checkbox"/>

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If the answer to 22. (b) is NO, state the reason.

(c) the risks relating to providing services and/or performing transactions that are subject to financial sanctions, embargoes and/or other restrictive measures:

YES ☐ NO ☐

If the answer to 22. (c) is NO, state the reason.

23. Does the RE's internal systems and procedures provide for a regular update of the overall risk assessment to ensure the risk assessment is complete and up-to-date?

YES ☐ NO ☐

If the answer to 23. is NO, state the reason.

RECORD KEEPING

24. Does the RE have policies in place regarding the records that must be retained, including mode of retention and retention periods, in accordance with the AML/CFT Act and the Beneficial Ownership Act, 2020 ("BO Act")?

YES ☐ NO ☐

If the answer to 24. is NO, state the reason.

25. What channels does the RE use to make these policies and procedures readily accessible to staff?

(a) Electronic copies ☐

(b) Hard copies ☐

(c) Intranet site ☐

(d) Others ☐

If (d) is selected, specify below.

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26. Are staff aware of the RE's policies and procedures for record retention?	YES <input type="checkbox"/> NO <input type="checkbox"/>
If the answer to 26. is NO, state the reason.	
27. Are the RE's records maintained in the Seychelles?	YES <input type="checkbox"/> NO <input type="checkbox"/>
If the answer to 27. is NO, state where the records are maintained.	
28. Do the records maintained by the RE include transaction records?	YES <input type="checkbox"/> NO <input type="checkbox"/>
If the answer to 28. is NO, state the reason.	
29. Are the RE's records held in a readily retrievable format?	YES <input type="checkbox"/> NO <input type="checkbox"/>
If the answer to 29. is NO, state the reason.	
30. In what format are the RE's records held? State the format below.	
31. Are there procedures in place to handover the RE's records to the FSA in accordance with Section 47(7) of the AML/CFT Act?	YES <input type="checkbox"/> NO <input type="checkbox"/>
If the answer to 31. is NO, state the reason.	
If the answer to 31. is YES, provide details of the procedures in place.	

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SECTION 3: RISK PROFILE

PRODUCTS AND SERVICES

32. Approximately how many products and services are offered by the RE?

(a) Products

(b) Services

33. What percentage of the RE's products and services fall into the following categories, as defined in the RE's Money Laundering/Terrorism Financing risk assessment?

(a) High

(b) Medium

(c) Low

DISTRIBUTION CHANNELS

34. What percentage of the RE's business relationships are conducted face-to-face?

CUSTOMER EXPOSURE

35. What percentage of the RE's customers fall into the following Money Laundering/Terrorism Financing risk categories?

(a) High

(b) Medium

(c) Low

36. What percentage of the RE's customers fall in each of the following customer types?

(a) Retail

(b) Institutional

(c) Professional

37. Provide a breakdown of the number of Clients below:

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Total Clients	Client Type	Active clients	Inactive clients
	Natural persons		
	Legal entities		
	Others		
38. What percentage of the RE's business has been established prior to verification procedures being completed?			
39. Where the RE has established a business relationship with incomplete customer verification, does the RE implement specific risk management procedures with respect to the relationship?		YES <input type="checkbox"/> NO <input type="checkbox"/>	
If the answer to 39. is NO, state the reason			
If the answer to 39. is YES, provide details of the procedures being implemented.			
40. What percentage of the business relationships have been rejected or terminated by the RE due to concerns about CDD during the reporting period?			
41. What percentage of transactions have been rejected or terminated by the RE due to concerns about CDD during the reporting period?			
42. What percentage of business relationships have been rejected or terminated by the RE due to incomplete CDD information during the reporting period?			
43. What percentage of transaction have been rejected or terminated by the RE due to incomplete CDD information during the reporting period?			
POLITICALLY EXPOSED PERSONS ("PEP")			
44. Does the RE conduct screening to identify whether customers are PEP?		YES <input type="checkbox"/> NO <input type="checkbox"/>	
If the answer to 44. is NO, state the reason.			

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45. Is the PEP screening initiated automatically or manually?	
46. How frequently is enhanced monitoring of persons identified as PEPs conducted?	
47. Of the RE's customer base, how many are classified as PEPs?	
48. What percentage of the customers identified as PEPs have NOT been approved by Senior Management for onboarding/ continuation of a relationship?	
State the reason for your answer to 48.	
49. What percentage of customers previously classified as PEPs have been declassified as PEPs during the reporting period?	
50. Provide a breakdown of the classification of PEPs:	
Type	Number
The customer	
The customer's immediate family member	
The customer's close associate	
The customer's Ultimate Beneficial Owner	
51. Indicate which of the following sources of information are used by the RE to identify whether a customer is a PEP:	
(a) Declaration made by the customer	<input type="checkbox"/>
(b) Internal list of PEPs	<input type="checkbox"/>
(c) External lists of PEPs	<input type="checkbox"/>
(d) Open Source Research	<input type="checkbox"/>
(e) Other sources of information	<input type="checkbox"/>

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If (e) is selected in 51, specify below.

TARGETED FINANCIAL SANCTIONS

52. Does the RE screen customers against UN and other Sanctions list?

YES ☐ NO ☐

If the answer to 52. is NO, state the reason.

If the answer to 52. is YES, provide details of other sanctions lists used by the RE.

53. Is sanctions screening conducted automatically or manually?

54. How frequently is sanctions screening conducted?

55. Does the RE have screening measures that include a screening of its entire customer base immediately after new persons are added to sanctions lists?

YES ☐ NO ☐

If the answer to 55. is NO, state the reason.

RISK MONITORING

POLICIES AND PROCEDURES

56. Has the RE implemented policies and procedures reflecting a risk-based approach to ongoing client monitoring aligned to the Money Laundering/Terrorism Financing risks presented to the business?

YES ☐ NO ☐

If the answer to 56. is NO, state the reason.

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57. Has the RE implemented policies and procedures for updating CDD information of existing customers as required by the AML/CFT Act?

YES ☐ NO ☐

If the answer to 57. is NO, state the reason.

58. Has the RE implemented policies and procedures for carrying out EDD on high risk customers as required by the AML/CFT Act?

YES ☐ NO ☐

If the answer to 58. is NO, state the reason.

59. Has the RE implemented policies and procedures to identify complex or unusual large transactions / unusual patterns of large transactions which have no visible economic or lawful purpose?

YES ☐ NO ☐

If the answer to 59. is NO, state the reason.

AML/CFT AUDIT FUNCTION

60. Does the RE maintain an independent audit function, adequately resourced to test compliance with the AML/CFT requirements?

If the answer to 60. is NO, state the reason.

61. Does the audit function include sample testing of client files?

YES ☐ NO ☐

If the answer to 61. is NO, state the reason.

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THIRD PARTY RELIANCE	
62. Does the RE place reliance on third parties for the introduction of a customer for business as defined by the AML/CFT Act?	
63. Are third parties being relied on, are from within the same group structure?	
64. How many third party agreements does the RE have in place?	
65. What percentage of the third party agreements in place are group related?	
66. What percentage of existing third party agreements has the RE assessed to ensure full compliance with AML/CFT legislations?	
67. What percentage of the RE's business has been introduced by third parties?	
68. Does the RE have a programme in place for the regular testing and verification of AML/CFT documentation sourced through third parties to ensure:	
i) AML/CFT procedures applied by third parties reflect those of the RE?	YES <input type="checkbox"/> NO <input type="checkbox"/>
If the answer to 68(i). is NO, state the reason.	
ii) information regarding the identification and independent verification of customer's identity and beneficial owners and the purpose and intended nature of business relationship can be retrieved without delay?	YES <input type="checkbox"/> NO <input type="checkbox"/>
If the answer to 68(ii). is NO, state the reason.	
iii) the quality of documents held by the third party are sufficient to ensure completeness of records in accordance with the AML/CFT Act?	YES <input type="checkbox"/> NO <input type="checkbox"/>
If the answer to 68(iii). is NO, state the reason.	

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69. What is frequency of testing of the third party arrangements currently in place?	
70. Are records evidencing the testing of third party arrangements maintained by the RE?	YES <input type="checkbox"/> NO <input type="checkbox"/>
If the answer to 70. is NO, state the reason.	
71. What is the percentage of the RE's business relationships or transactions established through third party relationships, that have been rejected or terminated by the RE due to concerns about CDD information during the reporting period?	
72. What is the percentage of the RE's business relationships or transactions established through third party relationships, that have been rejected or terminated by the RE due to incomplete CDD information during the reporting period?	
73. What percentage of the RE's third party agreements has the RE terminated during the reporting period?	
74. What percentage of records obtained from third party are certified as true copies of the originals?	

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SECTION 4: RISK MANAGEMENT

75. Provide a list of all risks that were identified during the reporting period and elaborate the risk mitigation measures applied:

S. No.	Risks identified	Mitigation Measures

GEOGRAPHIC EXPOSURE

76. Provide in the table below:

- (a) the number of customers identified as PEPs from each jurisdiction
- (b) the number of third party introducers from each jurisdiction listed

Jurisdiction	PEP Customers per Jurisdiction	Third Party Introducers per Jurisdiction
Angola		
Belgium		
Bulgaria		
Belize		
Botswana		
BVI		
China		
Cyprus		
Denmark		
Dominica		
France		
Germany		
Greece		
Guernsey		
Hungary		

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Hong-Kong		
India		
Indonesia		
Italy		
Jersey		
Kenya		
Kazakhstan		
Latvia		
Mauritius		
Malaysia		
Mozambique		
Netherlands		
Namibia		
Nevis		
Norway		
New Zealand		
Panama		
Romania		
Russia		
Slovakia		
St Kitts		
Singapore		
Switzerland		
South Africa		
Taiwan		
Slovenia		

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Thailand		
Turkey		
Uzbekistan		
Ukraine		
Uganda		
UAE		
UK		
USA		
Zimbabwe		
Others (specify below)		

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Section 5 : SUSPICIOUS TRANSACTION REPORTING ("STR")

SUSPICIOUS TRANSACTION REPORTING

77. How many internal suspicious transactions were reported to the CO during the reporting period?

78. How many of the suspicious transactions reported to the CO during the reporting period resulted in a Suspicious Transaction Reports ("STR") being filed with the Financial Intelligence Unit ("FIU")?

79. Where the suspicious transactions did not result in the filing of an STR with the FIU, was the reason for such a decision taken documented in each instance? Provide a breakdown of such STRs:

S. No.	Type of Suspicion identified	Reasons for not filing STR

Provide a breakdown of the associated transactions of the STRs filed with FIU.

S. No.	Type of STR	Value of STR
	Money Laundering	
	Terrorist Financing	
	Other types of criminal activities (Please specify)	

80. What is the average time taken from the date of the transaction to the time a suspicious activity is reported to the CO?

81. What is the average number of days taken by the CO to analyse a suspicious transaction before filing a STR with the FIU?

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SECTION 6: OTHER ISSUES

82. Are there any other issues to which you wish to draw the Authority's attention?

YES ☐ NO ☐

If the answer to 82. is YES, provide details:

83.State the number of AML/CFT compliance breaches during the reporting period:

S. No.	Type of breach	Number	Mitigating measures undertaken

STAFF MATTERS

84. Does the RE have a stand-alone compliance division or a consolidated group compliance?

Stand-alone compliance division ☐

Consolidated Group Compliance ☐

85. What is the average number of years of experience of compliance staff employed by the RE?

86. What is the average annual staff turnover in the compliance division of the RE?

87. Does the RE have an AML/CFT training programme for all staff?

YES ☐ NO ☐

If the answer to 87. is NO, state the reason.

88.Does the AML/CFT training programme of the RE allow staff members to regularly refresh and/or update their knowledge on AML/CFT obligations of the RE?

YES ☐ NO ☐

If the answer to 88. is NO, state the reason.

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Please disclose any other facts pertaining to AML/CFT that you believe are material to the Authority.

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DECLARATION

I am authorized to complete this declaration on behalf of the reporting entity. I certify that this return represents an accurate and fair view of the reporting entity's position at the above reporting period. I undertake that if there are other material facts affecting the reporting entity's affairs which, in my judgment should be disclosed, I will advise the Authority. I understand that the Authority may take enforcement action against the reporting entity under the AML/CFT Act where false, inaccurate or misleading information is submitted within the return.

I hereby understand that the Authority may wish to make enquiries – both now and on a continuing basis. Accordingly, I consent to any person, body or institution which FSA may approach, to provide such information as FSA believes may be relevant for the conduct of its enquiries.

Signature:

Name (Last Name, First Name):

Compliance Officer / Alternate Compliance Officer³

Name of Organisation:

E-mail Address:

Telephone:

Date:

Signature:

Name (Last Name, First Name):

Director

Date:

³ Delete as appropriate