**AML/CFT Examination Questionnaire**

1. Name of Market Operator (MO)………………………….

1. Date of making this report………………………………………
2. Attach an organogram that includes a list of the following stakeholders of the institution:
3. Beneficiary owners
4. Shareholders
5. Directors
6. Key management
7. Attach the group structure showing beneficial ownership, shareholders and directors for the Holding Company and each subsidiary
8. Is the institution currently licensed Yes ( ) No ( )
9. What is the expiry date of your license? ...........................................
10. (a). Has your institution appointed (or designated) an AMLRO? Yes ( ) No ( )

(b). If yes, is s/he part of senior management per s20 of Act 874?

Yes ( ) No ( )

(c). Attach the annual work plan of the AMLRO.

(d). Does the AMLRO monitor client accounts for suspicious transactions and other infractions? YES ( ) NO ( )

(e). Does the AMLRO submit periodic AML/CFT reports including the results of monitoring to the board? YES ( ) NO ( )

(f). Does the board of directors have a subcommittee on Risk, Audit, Governance or AML/CFT? YES ( ) NO ( )

1. (a). Does your institution have a **board approved** risk assessment methodology or framework? Yes ( ) No ( )

(b). If yes, has your institution conducted ML/TF risk assessment of Products, Services, Customers and Delivery Channels? Yes ( ) No ( )

(c) Does the AMLRO undertake risk assessments on new products/services, new technologies and non-face-to-face transactions? YES ( ) NO ( )

(d). If no why not? ………………………………………………….

(e). Has your institution classified its customers into low, medium and high risk?

YES ( ) No ( )

(f). Are relationships with high risk clients established with the approval of the CEO/MD and/or AMLRO? YES ( ) NO ( )

(g). Does your institution screen its clients for PEPS and other designated persons or entities? YES ( ) NO ( )

(h). If no why not? ………………………………………………………….

(i). Does your institution periodically update its PEP list? YES ( ) NO ( )

1. (a). Does your institution have a board approved AML/CFT Compliance Program? YES( ) NO( )

(b). If yes, is there evidence of its approval in your institution’s Board minutes or Board Resolutions? YES ( ) NO ( )

1. (a) Has your institution conducted Independent Testing of its AML/CFT Compliance Programme? YES ( ) NO ( ).

(b). If yes, Indicate date of last Independent Testing…….

(c). What is the testing cycle?........................................

1. Has your institution been submitting its end of year AML/CFT and Employee Training Programme to:

(a). FIC? YES ( ) NO ( )

(b). SEC? YES ( ) NO ( )

1. (a). Has your firm’s directors, AMLRO, key management and other staff received formal training on the prevention and detection of ML/TF and PF?

YES ( ) NO ( )

(b). Have staff been screened before employment for criminal records and their qualifications and credentials verified? YES ( ) NO ( )

(c). Is staff lifestyle being monitored after employment? YES ( ) NO ( )

(d). Is a Senior Officer of your firm monitoring the AMLRO’s accounts with the institution? YES ( ) NO ( )

1. Does your institution have a KYC/CDD/EDD policy that included Customer Identification, Risk Management, Customer Acceptance and Account Monitoring? YES( ) NO( )
2. If yes, does your institution identify its clients? Yes( ) No( )
3. Does your institution verify its clients? YES ( ) NO ( )
4. (a). Does your institution file Cash Transaction Reports (CTR) of cash transactions above fifty thousand Ghana Cedis (**\***GH¢50,000) with the FIC? Yes( ) No( )

(b). If no why not? ......................................................................

(c) If yes, indicate the total number of CTRs filed with the FIC…………

(d) Does your institution keep records of electronic transactions of its clients? YES ( ) NO ( )

***NOTE: This figure asterisked may change from time to time.***

1. (a) Has your institution filed Suspicious Transaction Reports (STR) with FIC?

YES ( ) NO ( )

(b). Number of STRs filed……………………………

(c) If no, please explain …………..

(d). Does your institution have a policy to protect staff who submit STRs?

YES ( ) NO ( )

1. Does your institution establish the sources of funds of its clients?

YES ( ) NO ( )

1. Does your institution open accounts for its clients other than in person?

YES ( ) NO ( )

1. By phone YES ( ) NO ( )
2. By email YES ( ) NO ( )
3. Online YES ( ) NO ( )
4. Any other method (specify) YES ( ) NO ( )
5. Has your institution completed and submitted the following risk assessment questionnaires to SEC?
6. Data Capture Form? Yes ( ) No ( ) Date ………………….
7. SEC Risk Management? Yes ( ) No ( ) Date …………………..
8. (a) Does your institution have in place policies and procedures for record keeping? YES ( ) NO ( )

(b) Are transaction records kept for a minimum of 7 years? YES ( ) NO ( )

1. Are important policy documents stated below shared to all staff?
2. AML/CFT Compliance Programme YES ( ) NO ( )
3. AML/CFT Internal Risk Assessment Methodology YES ( ) NO ( )
4. AML/CFT Internal Risk Assessment Report YES ( ) NO ( )
5. Does your institution review its AML/CFT Compliance Programme periodically? YES ( ) NO ( )
6. Does your institution have in place policies and procedures for establishing the identity of refugees and asylum seekers such as customer acceptance and identification? YES( ) NO( )
7. Does your institution have policies and procedures for Financial Inclusion such as unique systems of identifying and accepting customers for business relationships? YES( ) NO( )
8. Does your firm have policies and procedures for closure of clients’ accounts such as perception of customer’s conduct related to fraudulent activity of the account, notice of intention to close accounts, etc.? YES( ) NO( )
9. Has your firm identified and mitigated any additional ML/TF risks? YES( ) NO( )
10. Does your institution have an AML Software/Application? YES( ) NO( )

Please, attach the following documents:

1. Correspondence with FIC and other Law Enforcement Agencies file(s);
2. Most recent Internal and External Auditors Reports;
3. List of Politically Exposed Persons(PEPs);
4. Board approved AML/CFT Compliance Programme;
5. AML/CFT Risk Assessment Framework/Methodology;
6. Operational Manual;
7. List of accounts covering all product/services;
8. Training budgets for 2019 and 2020;
9. Training programmes on AML/CFT & P for 2019 and 2020;
10. Reports on on-going monitoring of high risk accounts and large cash transactions;
11. The letter appointing the person serving as designated AML/CFT & P Compliance Officer and a copy of his/her Curriculum Vitae ;
12. A copy of your company’s organizational chart showing direct and indirect reporting relationships;
13. Money Laundering/Terrorist Financing Risk Assessment Report;
14. List of institutions affiliated/associated with your institution;
15. A summary of litigation by and against your institution including current status and the potential impact upon conclusion.
16. **INFORMATION ON CEO/MD**

a. Name of CEO/MD…………………………………………………..

1. Signature of CEO/MD……………………………………………………
2. Mobile number of CEO/MD…………………………………………………
3. Email address of CEO/MD………………………………………………….
4. **INFORMATION ON AMLRO**
5. Name of AMLRO making the report……………………………………
6. Signature of AMLRO…………………………………………………..
7. Mobile Number of AMLRO…………………………………………
8. Email address of AMLRO…………………...........................................