



KNOW YOUR CUSTOMER QUESTIONNAIRE FOR DESIGNATED NON-FINANCIAL BUSINESSES AND PROFESSIONS

To:

Your BSP account terms and conditions require you to provide to BSP all information which BSP reasonably requires in order to manage money laundering and counter terrorism financing risk. Please provide responses to all questions and copies of relevant document where requested, and return your response to:

Please note that if a response is not received by _____, BSP reserves the right to review your banking arrangements

1.a) Company or Business Name:

b) Name of individual(s) who ultimately own or control the business:

c) How long have you Operated as a DNFBP?

d) Type of business entity

Sole Trader

Company (listed or unlisted)

Partnership

Trust or Foundation

Other (provide details):

e) Type of DNFBP

Law Firm

Accountant

Real Estate Agent

Other (provide details):

2. Registration number:

3. Address of registered office (No Postal Office Boxes)

Country

4. Address of Principal place of business (No Postal Office Boxes)

Country

5. Website Address:

6. Contact Name:

7. Contact Telephone: Work

Mobile

8. Email address:

9.a) The nature of your business

10.a) Purpose for which you hold accounts with BSP

b) Expected turnover through your account (currency, volume and frequency e.g. K50,000.00 per month): K

11. Please indicate the types of customers you deal with:

Individuals

Companies

Trusts

Sole Traders

Partnerships

Other (please be specific)

12.a) Are DNFBPs Services required to be registered with the regulator in the jurisdiction you do business in? Yes No

If yes, Please provide the name of the relevant regulator(s)

b) What AML/CTF regime or Act do you comply with? (Country details and name of the Act to be provided. Please list all AML/CTF regimes as they are applicable to your business)

c) Do you have an approved AML/CTF Program? Yes No

If yes, when it was approved? Please provide details of the approval body, ie Board, Management, etc

If no, please provide details why an AML/CTF Program is not in place

KYC Practices

13. Do you undertake customer due diligence, including:
- a) verification of the identify of :
 - i. Customers; and Yes No
 - ii. Beneficial owners, and signatories who represent, non-natural customers and Yes No
 - b) Collection of sufficient information to understand the purpose of each customer’s relationship with you Yes No
 - c) Collection of sufficient information to understand the AML/CTF Risk profile of your customers Yes No
14. When verifying a customer’s Identification document do you (select all that apply)
- Sight the original documents? Obtain certified copies?
 - Obtain copies that have not seen certified? Allow electronic data sources to verify customer details?
 - Other (provide details)
15. Do you engage Third Parties to undertake customer identification and verification on your behalf? Yes No
- If yes, do you conduct periodic reviews of the AML/CTF and Sanctions activities undertaken by any third party?
- If no, how do you ensure they are in compliance with your AML/CTF obligations?
16. Do you carry out a risk-based assessment of your customer base and their transactions? Yes No
- If yes, please provide details
17. Do you pay special attention to high risk customers, including politically exposed persons and customers from high risk countries? Yes No
- If yes, please provide details on how you identify and treat high risk customer or attach relevant policy and or procedures?
18. Do you ensure that effective anti-money laundering and counter-terrorism financing controls are in place when you are dealing in non-face-to-face interactions and through agents? Yes No
19. Do you retain records of customer due diligence and transactions? If so, how long do you retain these records for?
- Yes No
- Retention Time:
20. Where you make payments on behalf of customers from your Trust Account, do you have measures in place to ensure that you capture full details in relation to the beneficiary (name, address and purpose of payment)? Yes No
- If yes, please describe the measures or provide a copy of processes
21. Do you have measures to ascertain the source of funds paid into your Trust Accounts? Yes No
- Please describe these measures or provide a copy of existing processes
22. Do you monitor all customer transactions and report potential suspicious activity to your local regulator or Financial Intelligence Unit? Yes No
- 23.a Do you maintain a testing program of the internal controls to manage compliance with your AML/CTF Compliance Obligations?
- Yes No

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- b) Do you have an AML/CTF Compliance Officer overseeing the AML/CTF program? Yes No
- c) Is your AML/CTF compliance program independently reviewed on a regular basis?
 Frequency of review:

d) If yes, please provide the date of the last review and also a copy of the review or details of the outcome of this review
 Date:

24. Please provide a brief description of the nature of AML/CTF training you provide to staff and (if applicable) agents.

25. If requested, are you prepared to provide BSP with a copy of your AML/CTF compliance program documentation? Yes No

26.a) Do you accept cash from your customers? Yes No
 If yes, do you apply threshold/limits to these transactions and what are these thresholds/limits?

b) If you accept cash , do you have a cash threshold reporting (CTR) Obligation? Yes No
 If yes, how do you meet these obligations?

27.a) Do you have an obligation to provide suspicious matter or transaction reports to your local regulator, law enforcement agency or financial intelligence unit? Yes No

b) How do you monitor for suspicious transactions?

28.a) Do you have policies , procedures and process for screening against sanctions lists and managing economic and trade sanctions? Yes No

If yes, please indicate the sanctions lists used

	Customer Screening	Transactions Screening
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- Australian Department of Foreign Affairs and Trade
- United Nations Consolidated List
- U.S Office of Foreign Assets Control
- NZ Police List of designated Terrorist organizations and individuals
- UK HM Treasury Consolidated List
- EU Consolidate List
- Kong Monetary Authority
- Monetary Authority of Singapore
- Japanese Ministry of Finance

Other (please list)

b) If yes, please indicate the frequency of screening against sanctions lists

Retail Time	Weekly	Semi-annually
Daily	Monthly	Annually

Other, If other-please provide details

29.a) Do you accept money from your customers to be transferred to a beneficiary in any of the following locations?

Cuba	Yes	No
Iran	Yes	No
Myanmar (Burma)	Yes	No
North Korea	Yes	No
Sudan	Yes	No
Syria	Yes	No
Region of Crimea	Yes	No

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b) Do you prohibit transactions with any other jurisdiction /region not named? Yes No

I confirm that I am authorised to complete this document.

Name:

Title

Date

Signature

Please forward the completed application to; CorporateCompliance@bsp.com.pg