**PART 1: TO BE COMPLETED BY ALL PAYMENT INSTITUTIONS AND ALL ELECTRONIC MONEY INSTITUTIONS**

|  |  |  |  |
| --- | --- | --- | --- |
| 1. **General information** | | | |
| Company name: | |  | [FREE TEXT] |
| Address of registered office (or address of the branch): | |  | [FREE TEXT] |
| CBE number: | |  | [FREE TEXT] |
| Member of the statutory governing body (or, where appropriate, the management committee) responsible at the highest level for proper compliance with the Belgian AML/CFT legislation: | Name: |  | [FREE TEXT] |
| Function: |  | [FREE TEXT] |
| Telephone number: |  | [FREE TEXT] |
| E-mail address: |  | [FREE TEXT] |
| Compliance Officer: | Name: |  | [FREE TEXT] |
| Telephone number: |  | [FREE TEXT] |
| E-mail address: |  | [FREE TEXT] |
| Person responsible for AML/CFT or central contact point: | Name: |  | [FREE TEXT] |
| Telephone number: |  | [FREE TEXT] |
| E-mail address: |  | [FREE TEXT] |

|  |  |  |
| --- | --- | --- |
| 1. **Organisation of your institution regarding the activities performed in Belgium** | | |
| Total number of employees, expressed in FTEs, working for your institution (only in relation to the activities performed in Belgium): |  | [Not available] or [Number] |
| Number of employees, expressed in FTEs, who work in your institution’s compliance function and who are responsible for the activities performed in Belgium (if the tasks of the compliance function have been (partially) outsourced, the FTEs employed by the internal and/or external service provider(s) should be taken into account): |  | [Not available] or [Number] |
| Number of the FTEs referred to in the previous question who are tasked with AML/CFT in the compliance function (only in relation to the activities performed in Belgium): |  | [Not available] or [Number] |
| Number of employees of your institution working in the internal audit function (if the tasks of the internal audit function have been (partially) outsourced, the FTEs employed by the internal and/or external service provider(s) should be taken into account): |  | [Not available] or [Number] |

|  |  |  |
| --- | --- | --- |
| 1. **General remarks on the answers submitted by the institutions** | | |
| As indicated in the methodology established by the Bank for answering this questionnaire (see circular), institutions should, for each of the questions included in this questionnaire, choose the answer option that is best suited to their internal organisation. The Bank acknowledges that the answer options defined by it do not always fully capture the actual situation within each institution. When choosing from the answer options available, it is therefore important to select an option that is a true reflection of the actual situation within your institution and that can be justified later on. In the text box below, you can formulate general remarks (limited to 2,000 characters) on the answers submitted by your institution. Please note that these general remarks are not taken into account in the initial, automated analysis of your institution's answers. | | |
| General remarks (limited to 2,000 characters) |  | [FREE TEXT LIMITED TO 2,000 CHARACTERS] |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. **Geographical presence** | | | |
| Number of subsidiaries of your institution holding the legal status of financial institution[[1]](#footnote-1) (for branches of foreign payment institutions or foreign electronic money institutions, the answer to these questions should be 0 (zero)): | in Belgium: |  | [Not available] or [Number] |
| within the EU (excluding Belgium): |  | [Not available] or [Number] |
| outside the EU (including high-risk countries): |  | [Not available] or [Number] |
| in a high-risk country (Annex 1): |  | [Not available] or [Number] |
| Number of branches of your institution (for branches and foreign institutions, the answer to these questions should be 0 (zero)): | within the EU (excluding Belgium): |  | [Not available] or [Number] |
| outside the EU (including high-risk countries): |  | [Not available] or [Number] |
| in a high-risk country (Annex 1): |  | [Not available] or [Number] |
| Number of agents and/or agencies of your institution or branch (for foreign institutions, the answer to questions 4.9, 4.10 and 4.11 should be 0 (zero)): | in Belgium: |  | [Not available] or [Number] |
| within the EU (excluding Belgium): |  | [Not available] or [Number] |
| outside the EU (including high-risk countries): |  | [Not available] or [Number] |
| in a high-risk country (Annex 1): |  | [Not available] or [Number] |
| Number of active third party business introducers of your institution or branch who regularly introduce customers: | in Belgium: |  | [Not available] or [Number] |
| within the EU (excluding Belgium): |  | [Not available] or [Number] |
| outside the EU (including high-risk countries): |  | [Not available] or [Number] |
| in a high-risk country (Annex 1): |  | [Not available] or [Number] |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. **E-money activities** | | | |
| Please indicate which general activities are **effectively** performed by your institution as at 31/12/2017 (activities for which your company has received authorisation but which are not actually performed, need **not** be mentioned): | A. Issuance of electronic money |  | [YES] / [NO] |
| B. Distribution/redemption of electronic money |  | [YES] / [NO] |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. **Payment services** | | | |
| Please indicate which payment services are **effectively** performed by your institution as at 31/12/2017 (activities for which your company has received authorisation but which are not actually performed, need **not** be mentioned). | 1. Services enabling cash to be placed on a payment account as well as all the operations required for operating a payment account: |  | [YES] / [NO] |
| 2. Services enabling cash withdrawals from a payment account as well as all the operations required for operating a payment account: |  | [YES] / [NO] |
| 3. Execution of payment transactions, including transfers of funds on a payment account with the user's payment service provider or with another payment service provider:   * execution of direct debits, including one-off direct debits: * execution of payment transactions through a payment card or a similar device: * execution of transfers of funds, including standing orders: |  | [YES] / [NO] |
| 4. Execution of payment transactions where the funds are covered by a credit line for the payment service user:   * execution of direct debits, including one-off direct debits: * execution of payment transactions through a payment card or a similar device: * execution of transfers of funds, including standing orders: |  | [YES] / [NO] |
| 5. Issuing and/or acquiring of payment instruments: |  | [YES] / [NO] |
| 6. Money remittance: |  | [YES] / [NO] |
| 7. Execution of payment transactions where the consent of the payer to execute a payment transaction is given by means of any telecommunication, digital or IT device and the payment is made directly to the telecommunication services, IT system or network operator, who acts only as an intermediary between the payment service user and the supplier of the goods or services: |  | [YES] / [NO] |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. **Ancillary activities** | | | |
| Please indicate whether or not this ancillary activity is **effectively** performed by your institution as at 31/12/2017 (if you are authorised to perform this activity but you do not actually do so, your answer should be ‘no’): | Issuance of credit in relation to payment services: |  | [YES] / [NO] |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. **Type of customers** | | | |
| *Note: if certain customers of your institution are no longer considered “current customers” by your institution because of their prolonged inactivity, you may choose to exclude these customers from the information requested in both this chapter and the following chapters. In such a case, you should be able to justify this choice if you have contact with the NBB later on. The purpose of this reporting is to gain a certain insight into the AML/CFT risks related to your institution’s current activity. Please bear this in mind when answering the following questions.* | | | |
| Total number of customers as at 31/12/2017: | |  | [Not available] or [Number] |
| Breakdown of the total number of customers (see question 8.1) according to their legal status: | number of natural persons: |  | [Not available] or [Number] |
| number of legal persons: |  | [Not available] or [Number] |
| number of trusts or other legal arrangements (without legal personality): |  | [Not available] or [Number] |
| Breakdown of the total number of customers (see question 8.1) according to the relationship with the customer: | number of customers with whom a business relationship has been initiated: |  | [Not available] or [Number] |
| number of occasional customers: |  | [Not available] or [Number] |
| Total number of new customers in 2017: | |  | [Not available] or [Number] |

|  |  |  |
| --- | --- | --- |
| 1. **Breakdown of customers by risk category** | | |
| Please provide a breakdown of your customers by risk category as at 31/12/2017 (if you use another breakdown, please fill in this information in a way that most closely approximates the 3 aforementioned categories): | | |
| * Number of 'high-risk' customers: |  | [Not available] or [Number] |
| * Number of 'standard-risk' customers: |  | [Not available] or [Number] |
| * Number of 'low-risk' customers: |  | [Not available] or [Number] |
| Please provide a further breakdown of the numbers submitted in questions 9.1, 9.2 and 9.3 with regard to occasional customers: | | |
| * Number of occasional 'high-risk' customers: |  | [Not available] or [Number] |
| * Number of occasional 'standard-risk' customers: |  | [Not available] or [Number] |
| * Number of occasional 'low-risk' customers: |  | [Not available] or [Number] |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. **Geographical distribution of customers** | | | | | | | | | | | | | |
| Number of customers who are not domiciled in Belgium or whose registered office is not situated in Belgium as at 31/12/2017: | | | | | | | | | | |  | [Not available] or [Number] | |
| Number of customers as referred to in question 10.1 who are domiciled or have their registered office outside Belgium but within the EU: | | | | | | | | | | |  | [Not available] or [Number] | |
| Number of customers as referred to in question 10.1 who are domiciled or have their registered office outside Belgium and outside the EU: | | | | | | | | | | |  | [Not available] or [Number] | |
| Number of customers as referred to in question 10.1 who are domiciled or have their registered office in one of the high-risk countries included in Annex 1: | | | | | | | | | | |  | [Not available] or [Number] | |
| Please provide a further breakdown of the information requested in question 10.4 by high-risk country. Please note that all customers domiciled or established in one of the United Arab Emirates (Abu Dhabi, Dubai, Sharjah, Ajman, Umm Al Quwain, Ras al-Khaimah and Fujairah) may be grouped under ISO code 784 (ARE - United Arab Emirates) in the table below. | | | | | | | | | | | | | |
|  | [AFG][004] | [NUMBER] |  | [AGO][024] | [NUMBER] |  | [ARG][032] | [NUMBER] |  | [BLR][112] | | | [NUMBER] |
|  | [BEN][204] | [NUMBER] |  | [BOL][068] | [NUMBER] |  | [BIH][070] | [NUMBER] |  | [BFA][854] | | | [NUMBER] |
|  | [BDI][108] | [NUMBER] |  | [KHM][116] | [NUMBER] |  | [CAF][140] | [NUMBER] |  | [CHN][156] | | | [NUMBER] |
|  | [COD][180] | [NUMBER] |  | [DOM][214] | [NUMBER] |  | [EGY][818] | [NUMBER] |  | [ERI][232] | | | [NUMBER] |
|  | [ETH][231] | [NUMBER] |  | [GMB][270] | [NUMBER] |  | [GIN][324] | [NUMBER] |  | [GNB][624] | | | [NUMBER] |
|  | [HTI][332] | [NUMBER] |  | [IRQ][368] | [NUMBER] |  | [IRN][364] | [NUMBER] |  | [CIV][384] | | | [NUMBER] |
|  | [YEM][887] | [NUMBER] |  | [CPV][132] | [NUMBER] |  | [KEN][404] | [NUMBER] |  | [LAO][418] | | | [NUMBER] |
|  | [LSO][426] | [NUMBER] |  | [LBN][422] | [NUMBER] |  | [LBR][430] | [NUMBER] |  | [LBY][434] | | | [NUMBER] |
|  | [MLI][466] | [NUMBER] |  | [MHL][584] | [NUMBER] |  | [MRT][478] | [NUMBER] |  | [MDA][498] | | | [NUMBER] |
|  | [MOZ][508] | [NUMBER] |  | [MMR][104] | [NUMBER] |  | [NAM][516] | [NUMBER] |  | [NPL][524] | | | [NUMBER] |
|  | [NER][562] | [NUMBER] |  | [NGA][566] | [NUMBER] |  | [PRK][408] | [NUMBER] |  | [UKR][804] | | | [NUMBER] |
|  | [PAK][586] | [NUMBER] |  | [PAN][591] | [NUMBER] |  | [PRY][600] | [NUMBER] |  | [RUS][643] | | | [NUMBER] |
|  | [RWA][646] | [NUMBER] |  | [STP][678] | [NUMBER] |  | [SLE][694] | [NUMBER] |  | [SDN][736] | | | [NUMBER] |
|  | [SOM][706] | [NUMBER] |  | [LKA][144] | [NUMBER] |  | [SYR][760] | [NUMBER] |  | [TJK][762] | | | [NUMBER] |
|  | [TZA][834] | [NUMBER] |  | [THA][764] | [NUMBER] |  | [TUN][788] | [NUMBER] |  | [TUR][792] | | | [NUMBER] |
|  | [UGA][800] | [NUMBER] |  | [VUT][548] | [NUMBER] |  | [VEN][862] | [NUMBER] |  | [VNM][704] | | | [NUMBER] |
|  | [ZMB][894] | [NUMBER] |  | [ZWE][716] | [NUMBER] |  | [SSD][728] | [NUMBER] |  | [ARE][784] | | | [NUMBER] |
|  | [AIA][660] | [NUMBER] |  | [BHS][044] | [NUMBER] |  | [BHR][048] | [NUMBER] |  | [BMU][060] | | | [NUMBER] |
|  | [VGB][092] | [NUMBER] |  | [CYM][136] | [NUMBER] |  | [GGY][831] | [NUMBER] |  | [JEY][832] | | | [NUMBER] |
|  | [IMN][833] | [NUMBER] |  | [FSM][583] | [NUMBER] |  | [MCO][492] | [NUMBER] |  | [MNE][499] | | | [NUMBER] |
|  | [NRU][520] | [NUMBER] |  | [UZB][860] | [NUMBER] |  | [PLW][585] | [NUMBER] |  | [PCN][612] | | | [NUMBER] |
|  | [BLM][652] | [NUMBER] |  | [TKM][795] | [NUMBER] |  | [TCA][796] | [NUMBER] |  | [WLF][876] | | | [NUMBER] |

|  |  |  |
| --- | --- | --- |
| 1. **Third party business introducers** | | |
| Please provide the total number of new customers introduced in 2017 by a third party business introducer: |  | [Not available] or [Number] |

|  |  |  |
| --- | --- | --- |
| 1. **Remotely identified customers** | | |
| The total number of customers identified remotely by your institution as at 31/12/2017: |  | [Not available] or [Number] |

|  |  |  |
| --- | --- | --- |
| 1. **Correspondent customers** | | |
| How many correspondent relationships does your institution have as at 31/12/2017 with respondent institutions (customers)? |  | [Not available] or [Number] |
| How many correspondent relationships does your institution have as at 31/12/2017 with respondent institutions (customers) established outside the EEA? |  | [Not available] or [Number] |
| How many correspondent relationships does your institution have as at 31/12/2017 with respondent institutions (customers) established in countries included in Annex 1? |  | [Not available] or [Number] |

|  |  |  |
| --- | --- | --- |
| 1. **Politically exposed persons (PEPs)** | | |
| *Note: when calculating the number of PEPs, you should not only include the number of PEP customers, but also the number of PEP agents of your customers, the number of PEP ultimate beneficial owners of your customers and the number of PEP ultimate beneficial owners of your customers' agents.* | | |
| Total number of PEPs in your customer base: |  | [Not available] or [Number] |
| * Number of PEPs – customers (holders of products) |  | [Not available] or [Number] |
| * Number of PEPs – customers' agents |  | [Not available] or [Number] |
| * Number of PEPs – UBOs (of both customers and their agents, if the latter are legal persons or other legal arrangements) |  | [Not available] or [Number] |
| Number of PEPs domiciled outside Belgium: |  | [Not available] or [Number] |
| Number of PEPs domiciled in one of the countries included in Annex 1: |  | [Not available] or [Number] |

|  |  |  |
| --- | --- | --- |
| 1. **Ultimate beneficial owners (UBOs)** | | |
| Please provide the following information regarding the ultimate beneficial owners of your customers (as at 31/12/2017): | | |
| * Number of UBOs domiciled outside Belgium: |  | [Not available] or [Number] |
| * Number of UBOs domiciled in one of the countries included in Annex 1: |  | [Not available] or [Number] |

|  |  |  |
| --- | --- | --- |
| 1. **Rejected customers** | | |
| Please provide the total number of persons or entities that fitted into your institution's customer acceptance policy but were rejected by your institution for AML/CFT related reasons in 2017: |  | [Not available] or [Number] |

|  |  |  |
| --- | --- | --- |
| 1. **Customer onboarding and transactions** | | |
| *Note: Please indicate whether your institution uses the distribution channels described below, and indicate the importance of each distribution channel:* | | |
| 1. Customer onboarding and transactions on behalf of the customer are performed through face-to-face contact with a staff member of your institution (main office, agent/agency, regional sales team, customer relationship manager) |  | * Important distribution channel * Less important distribution channel * Unused distribution channel |
| 1. Customer onboarding occurs through face-to-face contact with a staff member/ authorised representative of your institution (agent/agency, regional sales team, customer relationship manager) **but** subsequent transactions are performed through non-face-to-face orders (telephone, internet, mobile, etc.) |  | * Important distribution channel * Less important distribution channel * Unused distribution channel |
| 1. Both customer onboarding and subsequent transactions are performed through non-face-to-face contact (telesales, online sales, etc.) |  | * Important distribution channel * Less important distribution channel * Unused distribution channel |
| 1. Outsourcing/Brokers – customer onboarding as well as subsequent customer relationship management is performed by external service providers (such as insurance brokers) or by entities related to the group, in accordance with your institution’s AML/CFT policies and procedures. |  | * Important distribution channel * Less important distribution channel * Unused distribution channel |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. **Transactions – Payment activities and services** | | | |
| For each separate payment activity, please provide the total number of transactions performed by your institution in 2017, as well as the total amount of these transactions. For any activities you do not perform, your answer should be 0 (zero). | | | |
|  | | *Number of transactions* | *Corresponding amount:* |
| * PI1 |  | [Not available] or [Number] | [Not available] or [Number] |
| * PI2 |  | [Not available] or [Number] | [Not available] or [Number] |
| * PI3 |  | [Not available] or [Number] | [Not available] or [Number] |
| * PI4 |  | [Not available] or [Number] | [Not available] or [Number] |
| * PI5 |  | [Not available] or [Number] | [Not available] or [Number] |
| * PI6 |  | [Not available] or [Number] | [Not available] or [Number] |
| * PI7 |  | [Not available] or [Number] | [Not available] or [Number] |

|  |  |  |
| --- | --- | --- |
| 1. **Cases of fraud** | | |
| Please provide the following information regarding the number of fraud cases (card fraud, identity fraud, scamming, etc.) for the transactions performed/processed by your institution **in 2017**: | | |
| * Total number of transactions performed / processed in 2017 which have been found to involve fraud: |  | [Not available] or [Number] |
| * Cumulative amount of the transactions performed / processed in 2017 which have been found to involve fraud: |  | [Not available] or [Number] |
| * Percentage of the transactions performed/processed in 2017 which have been found to involve fraud (in relation to the total number of transactions performed / processed in 2017): |  | [Not available] or [Number] |

|  |  |  |
| --- | --- | --- |
| 1. **Exchange activities** | | |
| Does your institution provide currency exchange services (foreign exchange)? |  | [YES] / [NO] |
| Please provide the total number and the corresponding amount of the exchange transactions performed by your institution in 2017:  *If your institution does not offer exchange services, your answer to these questions should be 0 (zero).* | | |
| * Number: |  | [Not available] or [Number] |
| * Corresponding amount: |  | [Not available] or [Number] |

|  |  |  |
| --- | --- | --- |
| 1. **Consumer credit** | | |
| Does your institution offer consumer credit? |  | [YES] / [NO] |
| Please provide the total number and the corresponding amount of consumer credits granted to customers in 2017:  *If your institution does not offer consumer credit, your answer to these questions should be 0 (zero).* | | |
| * Number: |  | [Not available] or [Number] |
| * Corresponding amount: |  | [Not available] or [Number] |

|  |  |  |
| --- | --- | --- |
| 1. **Incomplete transfers of funds** | | |
| Does your institution receive transfers of funds as referred to in Regulation 2015/847 on behalf of its customers? |  | [YES] / [NO] |
| How many transfers of funds did your institution receive in 2017 for which the necessary (relevant) information was not included, and for what amount?  *If your institution does not receive transfers of funds within the meaning of Regulation 2015/847, your answer to these questions should be 0 (zero).* | | |
| * Number: |  | [Not available] or [Number] |
| * Corresponding amount (expressed in euro): |  | [Not available] or [Number] |
| For how many of the transfers of funds as referred to in the previous question did your institution act as intermediary payment service provider?  *If your institution does not receive transfers of funds within the meaning of Regulation 2015/847, your answer to these questions should be 0 (zero).* |  | [Not available] or [Number] |
| What percentage of the total number and of the total amount of transfers of funds received in 2017 consisted of incomplete transfers of funds (and/or transfers of funds with irrelevant information)?  *If your institution does not receive transfers of funds within the meaning of Regulation 2015/847, your answer to these questions should be 0 (zero).* | | |
| * Percentage of the total number: |  | [Not available] or [Number] |
| * Percentage of the total amount: |  | [Not available] or [Number] |

|  |  |  |
| --- | --- | --- |
| 1. **Analysis of atypical transactions** | | |
| How many atypical transactions for which an internal report was transmitted to the person responsible for AML/CFT were detected by your institution in 2017? |  | [Not available] or [Number] |
| How many of the atypical transactions as referred to in question 23.1 were detected (i) by staff members who are in direct contact with customers, and how many (ii) by your institution’s automated monitoring tool? | | |
| * Number detected by staff members who are in direct contact with customers: |  | [Not available] or [Number] |
| * Number detected by the automated monitoring tool: |  | [Not available] or [Number] |
| How many of the reports as referred to in question 23.1 pertained to transactions in cash (coins and notes)? |  | [Not available] or [Number] |

|  |  |  |
| --- | --- | --- |
| 1. **Notification of suspicious transactions to the CTIF-CFI** | | |
| Over the course of 2017, how many notifications of suspicious transactions did your institution submit to the Financial Intelligence Processing Unit (CTIF-CFI), and what was the total amount of the transactions covered by these notifications? | | |
| * Number: |  | [Not available] or [Number] |
| * Corresponding amount: |  | [Not available] or [Number] |

|  |  |  |
| --- | --- | --- |
| 1. **Funds and asset freezing** | | |
| Over the course of 2017, how many warnings were handled by your institution in relation to the implementation of financial embargoes and asset freezing orders?  *Note: 'warnings' should be understood to mean all possible correspondence with the lists of sanctions or embargoes: both the warnings generated by your institution's automatic screening tools and the warnings detected by first-line monitoring (in case of manual screening against the lists).* |  | [Not available] or [Number] |
| Over the course of 2017, how many notifications for asset freezing were sent by your institution to the FPS Finance – Treasury, and what was the total amount of the assets? | | |
| * Number: |  | [Not available] or [Number] |
| * Corresponding amount (expressed in euro): |  | [Not available] or [Number] |

|  |  |  |
| --- | --- | --- |
| 1. **Termination of the business relationship for AML/CFT related reasons** | | |
| Over the course of 2017, how many business relationships with customers were terminated by your institution for AML/CFT related reasons? |  | [Not available] or [Number] |
| If your institution could not terminate the business relationship because of legal provisions of public policy or mandatory legal provisions, or if the termination of the business relationship would cause severe and disproportionate damage to your customer, for how many of your business relationships did your institution take other restrictive measures in 2017? |  | [Not available] or [Number] |
| How many of the terminations as referred to in question 26.1 and the other restrictive measures as referred to in question 26.2 regarding business relationships with customers were the subject of a notification to the Financial Intelligence Processing Unit (CTIF-CFI) (notifications before as well as after the termination): |  | [Not available] or [Number] |

|  |  |  |
| --- | --- | --- |
| 1. **Overall risk assessment** | | |
| Did your institution perform an overall risk assessment during which it identified and assessed the AML/CFT risks to which it is exposed? |  | [Yes] / [No] / [Not applicable] |
| Has this overall risk assessment been laid down in writing (on paper or electronically) and documented? |  | [Yes] / [No] / [Not applicable] |
| Does your institution’s overall risk assessment identify and assess: | | |
| * the risks related to money laundering? |  | [Yes] / [No] / [Not applicable] |
| * the risks related to terrorist financing? |  | [Yes] / [No] / [Not applicable] |
| * the risks related to providing services and/or performing transactions that are subject to financial sanctions, embargoes and/or other restrictive measures? |  | [Yes] / [No] / [Not applicable] |
| Was the overall risk assessment conducted taking into account: | | |
| * the risks related to your institution’s customers? |  | [Yes] / [No] / [Not applicable] |
| * the risks related to the products and services offered by your institution? |  | [Yes] / [No] / [Not applicable] |
| * the risks related to specific countries or geographical areas? |  | [Yes] / [No] / [Not applicable] |
| * the risks related to the distribution channels used by your institution? |  | [Yes] / [No] / [Not applicable] |
| Was this overall risk assessment drawn up under the responsibility of the person responsible for AML/CFT in your institution? |  | [Yes] / [No] / [Not applicable] |
| Was this overall risk assessment approved by the senior management of your institution? |  | [Yes] / [No] / [Not applicable] |
| When was the overall risk assessment of your institution last performed or updated? |  | * Less than 1 year ago * Between 1 and 2 years ago * More than 2 years ago * Never before * Not applicable |
| Do your institution’s internal procedures provide for a regular update of the overall risk assessment, or at least for a periodic assessment verifying that its overall risk assessment is still complete and up to date? |  | [Yes] / [No] / [Not applicable] |
| How often does your institution’s overall risk assessment have to be redone, updated or assessed for completeness? |  | * Twice a year * Once a year * Less than once a year * Not applicable |
| Please indicate whether your institution’s overall risk assessment also includes the following: | | |
| * a description of the risk management measures taken by your institution to manage the risks identified? |  | [Yes] / [No] / [Not applicable] |
| * a description and assessment of the residual risk that your institution is prepared to accept? |  | [Yes] / [No] / [Not applicable] |
| Does your institution have a **written document** (on paper or in electronic form) explicitly stating how the overall risk assessment was taken into account for the elaboration of the concrete internal control measures and/or procedures of your institution? |  | [Yes] / [No] / [Not applicable] |
| If your institution is a parent company of a group, or if it has one or more physical establishments (subsidiaries, branches or established agents) abroad, does your institution’s overall risk assessment pertain to:  *Note: if your institution is not a parent company and/or does not have physical establishments abroad, your answer to these questions should be ‘not applicable’.* | | |
| * the risks related to the activities of the Belgian parent company? |  | [Yes] / [No] / [Not applicable] |
| * the risks related to the activities of the group in its entirety and of the physical establishments abroad? |  | [Yes] / [No] / [Not applicable] |

|  |  |  |
| --- | --- | --- |
| 1. **Guidelines, internal control measures and internal procedures** | | |
| Please indicate for each of the following subjects whether your institution has appropriate written guidelines, internal control measures and/or internal procedures: | | |
| * the identification and verification of customers, their agents and their ultimate beneficial owners: |  | [Yes] / [No] / [Not applicable] |
| * the identification of the customer’s characteristics and of the purpose and nature of the business relationship or of the intended occasional transaction: |  | [Yes] / [No] / [Not applicable] |
| * customer acceptance policy: |  | [Yes] / [No] / [Not applicable] |
| * the periodic customer survey (verification and update of available information)/client review: |  | [Yes] / [No] / [Not applicable] |
| * due diligence with regard to customers and transactions: |  | [Yes] / [No] / [Not applicable] |
| * the internal notification of atypical transactions to the person responsible for AML/CFT: |  | [Yes] / [No] / [Not applicable] |
| * the notification of transactions that are known or suspected to be related to ML/FT to the Financial Intelligence Processing Unit (CTIF-CFI): |  | [Yes] / [No] / [Not applicable] |
| * compliance with the mandatory provisions on financial sanctions and embargoes and other restrictive measures: |  | [Yes] / [No] / [Not applicable] |
| * compliance with European Regulation 2015/847 on information accompanying transfers of funds: |  | [Yes] / [No] / [Not applicable] |
| * the recruitment or appointment of staff members or the designation of agents or distributors, and the monitoring of their appropriate reliability: |  | [Yes] / [No] / [Not applicable] |
| * the outsourcing of the functions, checks or other tasks that are relevant for proper compliance with the Belgian AML/CFT regulations: |  | [Yes] / [No] / [Not applicable] |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. **Self- assessment** | | | |
| *Please indicate for each of the following subjects:*   1. *whether you believe that your institution’s internal procedures are completely, mostly, partially or insufficiently in accordance with the relevant legal and regulatory requirements, and,* 2. *whether you believe that these procedures are effectively implemented in your institution in a completely, mostly, partially or insufficiently satisfactory manner.* | | | |
|  | | i. Compliance of procedures with the Belgian AML/CFT regulations | ii. Effectiveness of the implementation |
| * identification of customers, agents, ultimate beneficial owners |  | * Completely * Mostly * Partially * Insufficient * Not applicable | * Completely * Mostly * Partially * Insufficient * Not applicable |
| * identification of the customer’s characteristics, the purpose and nature of the business relationship or of the intended occasional transaction |  | “ | “ |
| * customer acceptance policy |  | “ | “ |
| * ongoing due diligence |  | “ | “ |
| * compliance with European Regulation 2015/847 on information accompanying transfers of funds |  | “ | “ |
| * compliance with mandatory provisions on financial sanctions and embargoes and other restrictive measures |  | “ | “ |
| * group policy (if your institution is not a parent company or does not have physical establishments abroad, your answer to this question should be ‘not applicable’) |  | “ | “ |

|  |  |  |
| --- | --- | --- |
| 1. **Internal audit** | | |
| Does your institution have an independent internal audit function which tests your institution’s organisation in terms of AML/CFT (regardless of whether this function has been outsourced, and regardless of whether or not it is dependent on the mother company abroad if your institution is a branch or operates in Belgium through established agents)? |  | [Yes] / [No] / [Not applicable] |
| Please answer the following questions pertaining to the activities of your institution’s internal audit function in terms of compliance with the **Belgian AML/CFT regulations**: | | |
| * Is there a fixed schedule/cycle for performing audits with regard to proper compliance with the Belgian AML/CFT regulations? |  | [Yes] / [No] / [Not applicable] |
| * When was the last time your internal audit function carried out activities relating to proper compliance with the Belgian AML/CFT regulations? |  | * Less than 1 year ago * Between 1 and 2 years ago * More than 2 years ago * Never before * Not applicable |
| * What was the result of the audit referred to in the previous question? |  | * Sufficient * Sufficient, with remarks * Insufficient * Not applicable |
| Please answer the following questions pertaining to the activities of your institution’s internal audit function in terms of compliance with the mandatory provisions on **financial sanctions and embargoes and other restrictive measures**: | | |
| * Is there a fixed schedule/cycle for performing audits with regard to proper compliance with the Belgian financial sanctions and embargo regime? |  | [Yes] / [No] / [Not applicable] |
| * When was the last time your internal audit function carried out activities relating to proper compliance with the Belgian financial sanctions and embargo regime? |  | * Less than 1 year ago * Between 1 and 2 years ago * More than 2 years ago * Never before * Not applicable |
| * What was the result of the audit referred to in the previous question? |  | * Sufficient * Sufficient, with remarks * Insufficient * Not applicable |
| Please indicate for each of the subjects below whether your institution’s internal audit function carried out audit activities in the past calendar year relating to the proper implementation of the relevant Belgian legislation, and if so, the results thereof: | | |
| * Identification and identity verification (customers, agents, ultimate beneficial owners): |  | * Sufficient * Sufficient, with remarks * Insufficient * No activities were carried out * Not applicable |
| * Identification of politically exposed persons: |  | “ |
| * Identification of the customer’s characteristics and of the purpose and nature of the business relationship or of the occasional transaction: |  | “ |
| * Customer acceptance policy: |  | “ |
| * Ongoing due diligence: |  | “ |
| * Periodic reassessment of customer risk (client review): |  | “ |
| * Compliance with the mandatory provisions on financial sanctions and embargoes and other restrictive measures: |  | “ |
| * Compliance with European Regulation 2015/847 on information accompanying transfers of funds: |  | “ |

|  |  |  |
| --- | --- | --- |
| 1. **Activities of the person responsible for AML/CFT** | | |
| Does the compliance function and/or the person responsible for AML/CFT in your institution annually draw up a written action plan for monitoring and testing the institution’s proper compliance with its policy, internal procedures and guidelines: | | |
| * regarding compliance with the AML/CFT regulations? |  | [Yes] / [No] / [Not applicable] |
| * regarding compliance with the provisions on financial sanctions and embargoes and other restrictive measures? |  | [Yes] / [No] / [Not applicable] |
| Was the action plan drawn up for the calendar year 2017 fully implemented? |  | [Yes] / [No] / [Not applicable] |
| Did the tests conducted by the compliance officer and/or the person responsible for AML/CFT in 2017 reveal any major shortcomings and/or incidents: | | |
| * regarding compliance with the AML/CFT regulations? |  | [Yes] / [No] / [Not applicable] |
| * regarding compliance with the provisions on financial sanctions and embargoes and other restrictive measures? |  | [Yes] / [No] / [Not applicable] |
| Are the results of the audit activities carried out by the person responsible for AML/CFT documented (audit trail) and/or summarised in reports? |  | [Yes] / [No] / [Not applicable] |
| Please indicate which documented supervisory and audit actions are applied by the compliance function and/or person responsible for AML/CFT in your institution when testing your institution’s compliance with its policy, internal procedures and guidelines regarding the above matters: | | |
| * Supervision and audit using the audit results of your institution’s operational services: |  | [Yes] / [No] / [Not applicable] |
| * Conducting and assessing random checks in-house (e.g. monitoring (i) the correct identification and verification of customers, agents, UBOs, (ii) the storing of identification documents, (iii) the collection of information on the nature and business profile of the customers, (iv) the performance of screenings related to the proper implementation of the financial sanctions and embargo regime, etc.): |  | [Yes] / [No] / [Not applicable] |
| * Tracking and monitoring risk indicators such as the number of complaints and violations: |  | [Yes] / [No] / [Not applicable] |
| * Observing the performance of transactions with and on behalf of customers: |  | [Yes] / [No] / [Not applicable] |
| * Having conversations with employees: |  | [Yes] / [No] / [Not applicable] |
| * Other: |  | [Yes] / [No] / [Not applicable] |

|  |  |  |
| --- | --- | --- |
| 1. **Employees, officers and agents + training** | | |
| Has your institution established a procedure which stipulates how staff members, agents or distributors can notify shortcomings in fulfilling AML/CFT obligations or other AML/CFT related incidents to the person responsible for AML/CFT anonymously and through a specific and independent channel? |  | [Yes] / [No] / [Not applicable] |
| Did your institution in 2017 face severe integrity incidents involving employees (staff members, officers, agents, etc.) of your institution (fraud, deliberate involvement in money laundering or terrorist financing, severe violations of your institution’s internal AML/CFT procedures, etc.)? |  | [Yes] / [No] / [Not applicable] |
| Does your institution have a training programme with regard to the Belgian AML/CFT regulations? |  | [Yes] / [No] / [Not applicable] | |
| Does your institution have a training programme with regard to compliance with the provisions on financial sanctions and embargoes and other restrictive measures? |  | [Yes] / [No] / [Not applicable] | |
| With regard to the above matters, is your institution’s training programme imposed on everyone in the institution equally, or is it differentiated according to the specific tasks of the staff and to the relevance of their tasks for the correct implementation of the above regulations by your institution? |  | * Equally for everyone * Differentiated * Not applicable | |
| Does your institution’s training programme allow employees, officers and/or agents to regularly refresh and/or update their knowledge of AML/CFT whenever needed (e.g. in case of new regulations, new products or activities, new procedures, regular (periodic) refreshing, etc.)? |  | [Yes] / [No] / [Not applicable] | |

|  |  |  |
| --- | --- | --- |
| 1. **Identification and identity verification of customers, agents and ultimate beneficial owners** | | |
| Does your institution, before providing services, identify and verify the identity of the customers with whom a business relationship is initiated or for whom occasional transactions are performed for which identification is required by law?[[2]](#footnote-2) |  | [Yes] / [No] / [Not applicable] |
| Does your institution identify and verify the identity of any agents of customers as referred to in the previous questions before they use their powers of representation?2 |  | [Yes] / [No] / [Not applicable] |
| Does your institution identify the ultimate beneficial owners of its customers before providing services to the latter?2 |  | [Yes] / [No] / [Not applicable] |
| Do your institution’s internal procedures stipulate the appropriate and risk-adapted measures to be taken to verify the identity of these ultimate beneficial owners (insight into the customer’s ownership and control structure)? |  | [Yes] / [No] / [Not applicable] |
| If the identity of the ultimate beneficial owners of your institution’s customers could not be verified, do the customer files provide a justification in writing for the investigative measures implemented in the matter? |  | [Yes] / [No] / [Not applicable] |
| Do your institution’s procedures provide for the mandatory identification and identity verification of customers wishing to perform an occasional transaction: | | |
| * consisting of one or more transactions that appear to be linked and amount to 10,000 euro or more? |  | [Yes] / [No] / [Not applicable] |
| * consisting of one or more transfers of funds that appear to be linked and amount to 1,000 euro or more, or regardless of the amount if your institution received the funds concerned in cash or in the form of anonymous electronic money? |  | [Yes] / [No] / [Not applicable] |
| * whenever there is a suspicion of money laundering or terrorist financing, regardless of whether the transactions the occasional customer wishes to perform exceed the thresholds above? |  | [Yes] / [No] / [Not applicable] |
| Please answer the following questions relating to occasional customers who regularly and repeatedly call on your institution: | | |
| * are occasional customers who have not entered into a contractual relationship with your institution, but who regularly and repeatedly call on your institution to perform a number of distinct and consecutive financial transactions, considered customers with whom your institution has initiated a business relationship? |  | [Yes] / [No] / [Not applicable] |
| * do your institution’s internal procedures specify the exact criteria that should be applied to determine when an occasional customer who regularly and repeatedly calls on your institution should be considered a customer with whom a business relationship has been initiated (e.g. by precisely stating the number of transactions a customer must have performed, possibly in a well-defined period)? |  | [Yes] / [No] / [Not applicable] |
| Do your institution’s internal procedures specify the documents to be submitted by the customer or the other evidence to be collected by your institution that are necessary for verifying the customer’s identity, taking into account the customer’s risk classification? |  | [Yes] / [No] / [Not applicable] |
| Does your institution make use of new or innovative technology in order to identify or verify the identity of its customers, their agents and/or their ultimate beneficial owners? |  | [Yes] / [No] / [Not applicable] |

|  |  |  |
| --- | --- | --- |
| 1. **Identification of the customer’s characteristics and of the purpose and nature of the business relationship or occasional transaction** | | |
| Do your institution’s procedures provide that your institution, before the commencement of the service, gains insight into and collects information on the customer’s characteristics and on the purpose and nature of the business relationship or intended occasional transaction? |  | [Yes] / [No] / [Not applicable] |
| Are the insights gained and the information obtained, as referred to in the previous question, registered in writing (on paper or electronically) in the customer files? |  | [Yes] / [No] / [Not applicable] |
| Are the insights gained and the information obtained, as referred to in the question above, used specifically by your institution for the implementation of its customer acceptance policy and its due diligence policy? |  | [Yes] / [No] / [Not applicable] |
| In what manner does your institution, before the commencement of the service, collect information on the customer’s characteristics and on the purpose and nature of the business relationship or occasional transaction? |  | * Interview * Questionnaire * Combination of both * Others * Not applicable |
| Please indicate, for all of your customers or, depending on the risk, only for a specific part of your customers, whether your institution collects the following information on customers’ characteristics or on the purpose and nature of the business relationship initiated with them or the occasional transaction performed for them: | | |
| * Information on the professional activities and on the level of professional income or turnover: |  | [Yes] / [No] / [Not applicable] |
| * Information on any sources of income aside from the professional income: |  | [Yes] / [No] / [Not applicable] |
| * Information on the origin of the funds held by your institution on behalf of the customer: |  | [Yes] / [No] / [Not applicable] |
| * Information on the overall size of the customer’s funds: |  | [Yes] / [No] / [Not applicable] |
| * Information on the expected frequency, the geographical distribution and/or the size of the transactions and cash flows: |  | [Yes] / [No] / [Not applicable] |
| * Other: |  | [Yes] / [No] / [Not applicable] |
| Are the risk profiles of customers, including those with a low risk profile, regularly updated or possibly reassessed? |  | [Yes] / [No] / [Not applicable] |

|  |  |  |
| --- | --- | --- |
| 1. **Politically exposed persons (PEPs)** | | |
| Do your institution’s procedures require it to determine, before the commencement of the service, whether or not one of the following persons is a PEP: | | |
| * the customer: |  | [Yes] / [No] / [Not applicable] |
| * the customer’s family members: |  | [Yes] / [No] / [Not applicable] |
| * the customer’s close associates: |  | [Yes] / [No] / [Not applicable] |
| * the customer’s agents: |  | [Yes] / [No] / [Not applicable] |
| * the customer's ultimate beneficial owners: |  | [Yes] / [No] / [Not applicable] |
| * the ultimate beneficial owners of the customer’s agents: |  | [Yes] / [No] / [Not applicable] |
| Do your institution’s procedures specify the measures to be taken in order to verify whether or not one of the persons referred to in questions 35.1 to 35.6 is a PEP? |  | [Yes] / [No] / [Not applicable] |
| Please indicate for each of the following sources of information whether they are used by your institution to verify whether or not its customers should be designated as PEPs: | | |
| * information collected from the customer (e.g. a simple statement from the customer): |  | [Yes] / [No] / [Not applicable] |
| * internal lists: |  | [Yes] / [No] / [Not applicable] |
| * external lists or databases: |  | [Yes] / [No] / [Not applicable] |
| * other sources of information: |  | [Yes] / [No] / [Not applicable] |
| Are the methods referred to in question 35.7 for verifying whether or not a customer should be designated as a PEP applied to your institution’s customers equally, or in a differentiated manner according to the risk? |  | * Equally * In a differentiated manner * Not applicable |
| Does your institution systematically and without exception maintain an audit trail of the actions taken by your institution to determine whether or not your customers (or one of their relations) are PEPs? |  | [Yes] / [No] / [Not applicable] |
| Do your institution’s procedures provide that the checks referred to in questions 35.1 to 35.6 should be repeated periodically for customers with whom your institution has initiated a business relationship? |  | [Yes] / [No] / [Not applicable] |
| How often are the periodic checks referred to in the previous question performed? |  | * At least once every month * At least quarterly * At least annually * Less than once a year * Not applicable |

|  |  |  |
| --- | --- | --- |
| 1. **Customer acceptance policy** | | |
| Does your institution, before providing services, assess the reputational risks associated with the profile and the nature of the business relationship or the intended transaction, taking into account the information collected on the customer and his relations (identification and identity verification, insight into the nature and purpose of the business relationship or occasional transaction, sanctions lists check, information on legal status of or ties with politically exposed persons, distribution channel used, nature of the product or service)? |  | [Yes] / [No] / [Not applicable] |
| Does your institution’s customer acceptance policy apply to all customers in a differentiated manner, depending on whether customers wish to initiate a business relationship or perform an occasional transaction? |  | [Yes] / [No] / [Not applicable] |
| Are the customers with whom your institution has initiated a business relationship classified in a risk category defined by your institution based on the assessment referred to in question 36.1? |  | [Yes] / [No] / [Not applicable] |
| How many different risk categories did your institution define for the classification of customers? |  | * 1 category * 2 or 3 categories * 4 to 10 categories * More than 10 categories * Not applicable |
| Do your institution’s procedures specify the hierarchical level responsible for deciding on whether or not to accept a customer or perform a transaction, depending on and taking into account the risk assessment referred to in question 36.1? |  | [Yes] / [No] / [Not applicable] |

|  |  |  |
| --- | --- | --- |
| 1. **Due diligence – instructions for staff** | | |
| Does your institution have written procedures and/or instructions for staff members who are in direct contact with customers or who are involved in performing or processing their transactions, and which | | |
| * should enable them to detect atypical transactions that they should pay special attention to? |  | [Yes] / [No] / [Not applicable] |
| * contain the procedure for drawing up and submitting written reports on atypical transactions to the person responsible for AML/CFT, including the time limits within which these reports should be submitted? |  | [Yes] / [No] / [Not applicable] |

|  |  |  |
| --- | --- | --- |
| 1. **Due diligence regarding transactions** | | |
| Does your institution draw up an expected transaction profile for every customer at the commencement of the service? |  | [Yes] / [No] / [Not applicable] |
| In the context of transaction monitoring, does your institution verify whether a customer's transaction pattern aligns with the transaction profile drawn up for this customer? |  | [Yes] / [No] / [Not applicable] |
| Are customers’ transactions monitored in real-time, post-event or a combination of both? |  | * Real-time * Post-event * Combination of both * Not applicable |
| Please indicate whether your institution’s monitoring system meets the following conditions: | | |
| * is the system based on accurate and relevant criteria (scenarios) defined by your institution which primarily take into account the characteristics of the products and services offered, the characteristics of the customers, the characteristics of the relevant countries and geographical areas and the characteristics of the distribution channels used, and which are sufficiently sophisticated to effectively detect atypical transactions? |  | [Yes] / [No] / [Not applicable] |
| * are the criteria or scenarios referred to in the previous question regularly updated or assessed for efficiency? |  | [Yes] / [No] / [Not applicable] |
| * does the system apply to all accounts and to all transactions of regular and occasional customers? |  | [Yes] / [No] / [Not applicable] |
| * does it allow for a fast detection of atypical transactions? |  | [Yes] / [No] / [Not applicable] |
| * does it generate written reports (on paper or in electronic form) that are delivered to the person responsible for AML/CFT, describing the atypical transactions that have been detected and indicating the criteria on the basis of which these transactions were designated as atypical? |  | [Yes] / [No] / [Not applicable] |
| * is it able to detect transactions linked to high-risk countries (FATF, EU sanctions countries, etc.)? |  | [Yes] / [No] / [Not applicable] |
| Is your institution’s due diligence system for monitoring transactions (mostly) automated? |  | [Yes] / [No] / [Not applicable] |

|  |  |  |
| --- | --- | --- |
| 1. **Outsourcing** | | |
| Has your institution outsourced tasks (within or outside the group) regarding compliance with the AML/CFT regulations, with the provisions pertaining to the financial sanctions and embargo regime or with Regulation 2015/847? |  | [Yes] / [No] / [Not applicable] |
| Did your institution and the party to which these tasks are outsourced (within or outside the group) conclude a written agreement stipulating mutual commitments, responsibilities and obligations? |  | [Yes] / [No] / [Not applicable] |
| Has your institution defined a policy (process/cycle) for checking the quality of the outsourced tasks (within or outside the group)? |  | [Yes] / [No] / [Not applicable] |
| When did your institution last perform a quality check of the tasks outsourced (within or outside the group)? |  | * Less than 1 year ago * Between 1 and 2 years ago * More than 2 years ago * Never as yet * Not applicable |
| Did the quality check referred to in the previous question reveal any severe shortcomings? |  | [Yes] / [No] / [Not applicable] |
| If you answered ‘yes’ to the previous question, did your institution take the measures necessary to remedy the shortcomings found? |  | [Yes] / [No] / [Not applicable] |

|  |  |  |
| --- | --- | --- |
| 1. **Cross-border correspondent relationships with customers that are respondent institutions from third countries** | | |
| If your institution performs correspondent services for customers that are respondent institutions from third countries, does it provide for the following enhanced due diligence measures: | | |
| * collecting information on the respondent institution (having a complete view of the institution’s business activity and reputation and of the quality of the supervision to which it is subjected)? |  | [Yes] / [No] / [Not applicable] |
| * assessing the AML/CFT checks instituted by the respondent institution? |  | [Yes] / [No] / [Not applicable] |
| * receiving authorisation from senior management before entering into new correspondent relationships? |  | [Yes] / [No] / [Not applicable] |
| * documenting each institution’s respective responsibilities? |  | [Yes] / [No] / [Not applicable] |
| * as regards payable-through accounts, verifying that the respondent institution has taken the measures necessary with regard to its own customers who have access to the correspondent institution’s account? |  | [Yes] / [No] / [Not applicable] |

|  |  |  |
| --- | --- | --- |
| 1. **Implementation of financial sanctions and embargoes** | | |
| Does your institution, before the commencement of the service, systematically and without exception verify whether the following persons appear on the Belgian or European sanctions lists: | | |
| * new customers of your institution: |  | [Yes] / [No] / [Not applicable] |
| * their agents: |  | [Yes] / [No] / [Not applicable] |
| * the ultimate beneficial owners associated with customer relations (UBOs of customers, customers’ agents, etc.): |  | [Yes] / [No] / [Not applicable] |
| Does your institution verify periodically, i.e. within a reasonable period after each update of the existing sanctions lists or after the publication of new sanctions lists, whether the following persons appear on the updated or new Belgian or European sanctions lists: | | |
| * the customers of your institution: |  | [Yes] / [No] / [Not applicable] |
| * their agents: |  | [Yes] / [No] / [Not applicable] |
| * the ultimate beneficial owners associated with customer relations (UBOs of customers, customers’ agents, etc.): |  | [Yes] / [No] / [Not applicable] |
| When performing or receiving international transfers of funds (payments from or to persons or entities outside Belgium) on behalf of your customers, does your institution verify whether the counterparties of these customers appear on the Belgian or European sanctions lists, or whether the other information accompanying the transfer of funds (such as a payment reference) generates a match on these lists? |  | [Yes] / [No] / [Not applicable] |
| When performing or receiving national transfers of funds (payments within Belgium) on behalf of your customers, does your institution verify whether the counterparties of these customers appear on the Belgian or European sanctions lists, or whether the other information accompanying the transfer of funds (such as a payment reference) generates a match on these lists? |  | [Yes] / [No] / [Not applicable] |
| When providing resources (e.g. in the context of payments, repayments, credit, etc.), does your institution verify whether a sanctioned party is potentially involved? |  | [Yes] / [No] / [Not applicable] |
| Please indicate whether your institution performs the screenings as referred to in the questions above based on the following lists: | | |
| * The European sanctions lists: |  | [Yes] / [No] / [Not applicable] |
| * The Belgian sanctions lists: |  | [Yes] / [No] / [Not applicable] |
| * The U.S. sanctions lists (OFAC): |  | [Yes] / [No] / [Not applicable] |
| Please indicate below whether your institution uses an automated system (e.g. a software application), a manual system (e.g. a manual comparison of the customer database with the sanctions lists in place) or a combination of both, for the aforementioned verifications: | | |
| * the verifications referred to in question 41.1 to 41.3: |  | [Automated] / [Manual] / [Combination of both] / [Not applicable] |
| * the verifications referred to in question 41.4 to 41.6: |  | [Automated] / [Manual] / [Combination of both] / [Not applicable] |
| * the verifications referred to in question 41.7: |  | [Automated] / [Manual] / [Combination of both] / [Not applicable] |
| * the verifications referred to in question 41.8: |  | [Automated] / [Manual] / [Combination of both] / [Not applicable] |
| Does your institution have procedures clarifying how its staff members or officers should investigate possible matches between the information provided by customers and their relations (agents, UBOs and/or counterparties) and the Belgian and European sanctions lists, in order to be able to determine, based on this investigation, whether it is a false or genuine or positive match ? |  | [Yes] / [No] / [Not applicable] |
| Does your institution have procedures which clarify the course of action to be followed in your institution when one of your customers (or one of their relations) is found to effectively appear on the Belgian or European sanctions lists (positive match)? (e.g. procedure for freezing funds and/or assets, intervention by the appropriate hierarchical level, notification to the Minister of Finance, etc.) |  | [Yes] / [No] / [Not applicable] |
| When investing funds, does your institution verify whether this potentially involves a sanctioned transaction or facilitates a sanctioned activity (embargoes or other restrictive measures)? |  | [Yes] / [No] / [Not applicable] |
| When providing resources (e.g. in the context of payments, repayments, credit, etc.) does your institution verify whether this possibly involves a sanctioned transaction or facilitates a sanctioned activity (embargoes or other restrictive measures)? |  | [Yes] / [No] / [Not applicable] |
| Does your institution systematically and without exception maintain an audit trail of the investigations and/or verifications referred to in the previous questions? |  | [Yes] / [No] / [Not applicable] |

|  |  |  |
| --- | --- | --- |
| 1. **Group policy** | | |
| If your institution is a subsidiary or branch that is part of a group of which the parent company is established in another EU Member State or in a third country, did your institution verify whether the AML/CFT policies and procedures imposed by the group comply with the Belgian legislation on the subject and, if they did not, did your institution take the additional measures necessary to guarantee that its policies and procedures are in accordance with the Belgian legislation?  *Note: If your institution is not part of a group or if your institution is itself a parent company of a group, your answer to this question should be ‘not applicable’.* |  | [Yes] / [No] / [Not applicable] |
| If your institution is physically established in another EU Member State or in a third country (through one or more subsidiaries, branches or established agents or distributors), did your institution:  *Note: If your institution does not have any physical establishments abroad, your answer to the following questions should be ‘not applicable’.* | | |
| * define a group policy based on an overall risk assessment for the entire group, taking into account the specific risks of each physical establishment? |  | [Yes] / [No] / [Not applicable] |
| * verify whether this group policy is in accordance with the local AML/CFT legislation of each establishment and, if it was not, did your institution take the additional measures necessary to guarantee the compliance of its policy and procedures with each local legislation? |  | [Yes] / [No] / [Not applicable] |

|  |  |  |
| --- | --- | --- |
| 1. **Regulation 2015/847 on information accompanying transfers of funds** | | |
| *Note: If your institution does not act as a payment service provider, your answer to the questions concerned should be ‘not applicable’. This also applies to specific questions of this chapter that are not relevant for your institution.* | | |
| If your institution acts as a payment service provider, do your institution’s internal procedures determine: | | |
| * the criteria used by your institution to determine whether its services and products fall within the scope of Regulation 2015/847? |  | [Yes] / [No] / [Not applicable] |
| * which of the services and products offered by your institution fall within the scope of Regulation 2015/847? |  | [Yes] / [No] / [Not applicable] |
| If your institution acts as payment service provider of the payer, do your institution’s procedures contain the following: | | |
| * for transfers of funds within the European Union or the European Economic Area, a definition of the information on the payer and on the beneficiary that should accompany the transfers of funds performed? |  | [Yes] / [No] / [Not applicable] |
| * for transfers of funds outside the European Union or the European Economic Area, a definition of the information on the payer and on the beneficiary that should accompany the transfers of funds performed? |  | [Yes] / [No] / [Not applicable] |
| If your institution acts as payment service provider of the beneficiary: | | |
| * does your institution verify in real time whether the characters used to provide the information on the payer and on the beneficiary are in accordance with the conventions and/or agreements of the payment system used, or can it prove to the supervisor that the payment system used automatically prevents the sending or receiving of transfers or funds with unauthorised characters? |  | [Yes] / [No] / [Not applicable] |
| * Does your institution have effective procedures (such as the use of filters) to detect transfers of funds containing incomplete or clearly irrelevant information on the payer or the beneficiary (e.g. “xxxxx”, “abcdefg”, “my customer”, "unknown”, etc.)? |  | [Yes] / [No] / [Not applicable] |
| * do your institution’s procedures determine, according to the risk, for which transfers of funds these checks should be carried out in real time, and for which transfers of funds these checks can occur ex-post, and why? |  | [Yes] / [No] / [Not applicable] |
| * does your institution, in addition to the real-time and ex-post monitoring referred to in the previous question, also periodically perform ex-post checks on a sample basis in order to verify whether the real-time and ex-post monitoring checks referred to in the previous question are adequate and efficient? |  | [Yes] / [No] / [Not applicable] |
| * do your institution’s procedures determine the policy to be pursued in terms of refusing a transfer of funds, suspending a transfer of funds or requesting complete information from the payment service provider of the payers when, upon the receipt of this transfer of funds, the required information is found to be absent? |  | [Yes] / [No] / [Not applicable] |
| * do your institution’s internal procedures determine the policy to be pursued with regard to payment service providers who regularly fail to provide the required information on the payers? |  | [Yes] / [No] / [Not applicable] |
| * do your institution’s internal procedures and systems enable it to identify payment service providers who regularly fail to provide the required information on payers and beneficiaries? |  | [Yes] / [No] / [Not applicable] |
| * do your institution’s procedures provide that the National Bank of Belgium should be notified no later than three months after your institution identifies a payment service provider who regularly fails to provide the information required? |  | [Yes] / [No] / [Not applicable] |
| * does your institution maintain a list of all transfers of funds which were found to contain incomplete or irrelevant information? |  | [Yes] / [No] / [Not applicable] |

**PART 2: ONLY TO BE COMPLETED BY INSTITUTIONS LICENSED AS ELECTRONIC MONEY INSTITUTIONS**

|  |  |  |
| --- | --- | --- |
| 1. **Issuance of electronic money** | | |
| Please provide the total amount of electronic money issued by your institution in 2017: |  | [Not available] or [Number] |
| Please provide the total amount of electronic money redeemed by your institution in 2017: |  | [Not available] or [Number] |

|  |  |  |
| --- | --- | --- |
| 1. **Characteristics of the electronic money devices distributed by your institution** | | |
| Please indicate whether the electronic money products distributed by your institution in 2017 meet the criteria set out below: | | |
| * The devices distributed by your institution can be charged with electronic money amounting to 5,000 euro or more: |  | [Yes] / [No] / [Not applicable] |
| * The devices distributed by your institution allow the customer to perform payments amounting to 2,500 euro or more per transaction: |  | [Yes] / [No] / [Not applicable] |
| * The electronic money products distributed by your institution can be charged/recharged using cash (coins and notes): |  | [Yes] / [No] / [Not applicable] |

|  |  |  |
| --- | --- | --- |
| 1. **Characteristics of the use of the electronic money products distributed by your institution** | | |
| Please indicate whether the electronic money products distributed by your institution meet the following criteria: | | |
| * The product allows payments between persons: |  | [Yes] / [No] / [Not applicable] |
| * The product is accepted as a means of payment by a large number of merchants or points of sale: |  | [Yes] / [No] / [Not applicable] |
| * The product was designed to be used as a means of payment by merchants offering services or products presenting a high risk of money laundering and/or terrorist financing (e.g. online gambling): |  | [Yes] / [No] / [Not applicable] |
| * The product can be used for cross-border transactions or can be used in different countries: |  | [Yes] / [No] / [Not applicable] |
| * The product enables withdrawals in cash (coins and notes): |  | [Yes] / [No] / [Not applicable] |

|  |  |  |
| --- | --- | --- |
| 1. **Anonymity of the electronic money issued by your institution** | | |
| Does your institution issue electronic money anonymously? (i.e. without identifying and verifying the identity of the customer to whom the electronic money is issued in accordance with the AML-Law): |  | [Yes] / [No] / [Not applicable] |
| What is the total number of devices distributed anonymously by your institution in 2017, and what is the total amount of electronic money issued on these devices?  *If your institution does not issue anonymous electronic money, your answer to these questions should be 0 (zero).* | | |
| * Number of electronic money devices distributed anonymously: |  | [Not available] or [Number] |
| * Total amount of money issued anonymously: |  | [Not available] or [Number] |
| Do your institution's procedures allow unidentified third parties to charge/recharge electronic money devices on behalf of your customers? (e.g. recharging an electronic money device on behalf of a customer through a transfer of funds performed by a third party, or through a deposit of cash (coins and notes) by a third party on the device of the customer?) |  | [Yes] / [No] / [Not applicable] |

**PART 3: ONLY TO BE COMPLETED BY PAYMENT INSTITUTIONS LICENSED TO PERFORM ACTIVITY PI6 (MONEY REMITTANCE)**

|  |  |  |  |
| --- | --- | --- | --- |
| 1. **Scope of the money remittance activity performed** | | | |
| Please provide the following information on the payment volume in 2017:  *Note:*   * *In this context, payments only refer to transfers of funds.* * *'National payments' refer to payments made within Belgium.* * *'International payments' refer to payments made from or to a country other than Belgium (payments made between Belgium and a member state of the European Economic Area should therefore be considered international payments for the purposes of this reporting).* * *These payments only refer to transactions to and from customers. Transactions between banks should therefore not be taken into account.* | | | |
| * National payments (sum of payments IN & OUT) | Number of payments: |  | [Not available] or [Number] |
| Volume (expressed in euro): |  | [Not available] or [Number] |
| * International payments (sum of payments IN & OUT) | Number of payments: |  | [Not available] or [Number] |
| Volume (expressed in euro): |  | [Not available] or [Number] |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. **Main remittance corridors** | | | |
| In the following table, please provide the volume and the total amount of the money transfers (payments OUT) performed by your institution in 2017 for the top 10 countries (based on the volume of payments OUT): | | | |
|  | *Country* | *Number of payments OUT (volume)* | *Cumulative amount of the payments (expressed in euro):* |
|  | * + 1. [Drop-down country selection] | [Number] | [Number] |
|  | * + 1. [Drop-down country selection] | [Number] | [Number] |
|  | * + 1. [Drop-down country selection] | [Number] | [Number] |
|  | * + 1. [Drop-down country selection] | [Number] | [Number] |
|  | * + 1. [Drop-down country selection] | [Number] | [Number] |
|  | * + 1. [Drop-down country selection] | [Number] | [Number] |
|  | * + 1. [Drop-down country selection] | [Number] | [Number] |
|  | * + 1. [Drop-down country selection] | [Number] | [Number] |
|  | * + 1. [Drop-down country selection] | [Number] | [Number] |
|  | * + 1. [Drop-down country selection] | [Number] | [Number] |
| In the following table, please provide the volume and the total amount of the money transfers (payments IN) received by your institution in 2017 for the top 10 countries (based on the volume of payments IN): | | | |
|  | *Country* | *Number of payments OUT (volume)* | *Cumulative amount of the payments (expressed in euro):* |
|  | * + 1. [Drop-down country selection] | [Number] | [Number] |
|  | * + 1. [Drop-down country selection] | [Number] | [Number] |
|  | * + 1. [Drop-down country selection] | [Number] | [Number] |
|  | * + 1. [Drop-down country selection] | [Number] | [Number] |
|  | * + 1. [Drop-down country selection] | [Number] | [Number] |
|  | * + 1. [Drop-down country selection] | [Number] | [Number] |
|  | * + 1. [Drop-down country selection] | [Number] | [Number] |
|  | * + 1. [Drop-down country selection] | [Number] | [Number] |
|  | * + 1. [Drop-down country selection] | [Number] | [Number] |
|  | * + 1. [Drop-down country selection] | [Number] | [Number] |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. **Remittance payments OUT to high-risk countries** | | | | | | | | | | | | |
| Please provide the total number and the corresponding amount of the **money transfers (payments OUT) performed** on behalf of your customers in 2017 to a country included in the list of countries in Annex 1: | | | | | | | | | | | | |
| * Number: | | | | | | | | | |  | [Not available] or [Number] | |
| * Amount: | | | | | | | | | |  | [Not available] or [Number] | |
| In the table below, please indicate for each high-risk country included in Annex 1 the cumulated total amount of the remittance payments OUT as referred to in question 50.1: | | | | | | | | | | | | |
|  | [AFG][004] | [NUMBER] |  | [AGO][024] | [NUMBER] |  | [ARG][032] | [NUMBER] |  | [BLR][112] | | [NUMBER] |
|  | [BEN][204] | [NUMBER] |  | [BOL][068] | [NUMBER] |  | [BIH][070] | [NUMBER] |  | [BFA][854] | | [NUMBER] |
|  | [BDI][108] | [NUMBER] |  | [KHM][116] | [NUMBER] |  | [CAF][140] | [NUMBER] |  | [CHN][156] | | [NUMBER] |
|  | [COD][180] | [NUMBER] |  | [DOM][214] | [NUMBER] |  | [EGY][818] | [NUMBER] |  | [ERI][232] | | [NUMBER] |
|  | [ETH][231] | [NUMBER] |  | [GMB][270] | [NUMBER] |  | [GIN][324] | [NUMBER] |  | [GNB][624] | | [NUMBER] |
|  | [HTI][332] | [NUMBER] |  | [IRQ][368] | [NUMBER] |  | [IRN][364] | [NUMBER] |  | [CIV][384] | | [NUMBER] |
|  | [YEM][887] | [NUMBER] |  | [CPV][132] | [NUMBER] |  | [KEN][404] | [NUMBER] |  | [LAO][418] | | [NUMBER] |
|  | [LSO][426] | [NUMBER] |  | [LBN][422] | [NUMBER] |  | [LBR][430] | [NUMBER] |  | [LBY][434] | | [NUMBER] |
|  | [MLI][466] | [NUMBER] |  | [MHL][584] | [NUMBER] |  | [MRT][478] | [NUMBER] |  | [MDA][498] | | [NUMBER] |
|  | [MOZ][508] | [NUMBER] |  | [MMR][104] | [NUMBER] |  | [NAM][516] | [NUMBER] |  | [NPL][524] | | [NUMBER] |
|  | [NER][562] | [NUMBER] |  | [NGA][566] | [NUMBER] |  | [PRK][408] | [NUMBER] |  | [UKR][804] | | [NUMBER] |
|  | [PAK][586] | [NUMBER] |  | [PAN][591] | [NUMBER] |  | [PRY][600] | [NUMBER] |  | [RUS][643] | | [NUMBER] |
|  | [RWA][646] | [NUMBER] |  | [STP][678] | [NUMBER] |  | [SLE][694] | [NUMBER] |  | [SDN][736] | | [NUMBER] |
|  | [SOM][706] | [NUMBER] |  | [LKA][144] | [NUMBER] |  | [SYR][760] | [NUMBER] |  | [TJK][762] | | [NUMBER] |
|  | [TZA][834] | [NUMBER] |  | [THA][764] | [NUMBER] |  | [TUN][788] | [NUMBER] |  | [TUR][792] | | [NUMBER] |
|  | [UGA][800] | [NUMBER] |  | [VUT][548] | [NUMBER] |  | [VEN][862] | [NUMBER] |  | [VNM][704] | | [NUMBER] |
|  | [ZMB][894] | [NUMBER] |  | [ZWE][716] | [NUMBER] |  | [SSD][728] | [NUMBER] |  | [ARE][784] | | [NUMBER] |
|  | [AIA][660] | [NUMBER] |  | [BHS][044] | [NUMBER] |  | [BHR][048] | [NUMBER] |  | [BMU][060] | | [NUMBER] |
|  | [VGB][092] | [NUMBER] |  | [CYM][136] | [NUMBER] |  | [GGY][831] | [NUMBER] |  | [JEY][832] | | [NUMBER] |
|  | [IMN][833] | [NUMBER] |  | [FSM][583] | [NUMBER] |  | [MCO][492] | [NUMBER] |  | [MNE][499] | | [NUMBER] |
|  | [NRU][520] | [NUMBER] |  | [UZB][860] | [NUMBER] |  | [PLW][585] | [NUMBER] |  | [PCN][612] | | [NUMBER] |
|  | [BLM][652] | [NUMBER] |  | [TKM][795] | [NUMBER] |  | [TCA][796] | [NUMBER] |  | [WLF][876] | | [NUMBER] |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. **Remittance payments IN from high-risk countries** | | | | | | | | | | | | |
| Please provide the total number and the corresponding amount of the money transfers (payments IN) received on behalf of your customers in 2017 that were paid from a country included in the list of countries in Annex 1: | | | | | | | | | | | | |
| * Number: | | | | | | | | | |  | [Not available] or [Number] | |
| * Amount: | | | | | | | | | |  | [Not available] or [Number] | |
| In the table below, please indicate for each high-risk country included in Annex 1 the cumulated total amount of the remittance payments OUT as referred to in question 51.1: | | | | | | | | | | | | |
|  | [AFG][004] | [NUMBER] |  | [AGO][024] | [NUMBER] |  | [ARG][032] | [NUMBER] |  | [BLR][112] | | [NUMBER] |
|  | [BEN][204] | [NUMBER] |  | [BOL][068] | [NUMBER] |  | [BIH][070] | [NUMBER] |  | [BFA][854] | | [NUMBER] |
|  | [BDI][108] | [NUMBER] |  | [KHM][116] | [NUMBER] |  | [CAF][140] | [NUMBER] |  | [CHN][156] | | [NUMBER] |
|  | [COD][180] | [NUMBER] |  | [DOM][214] | [NUMBER] |  | [EGY][818] | [NUMBER] |  | [ERI][232] | | [NUMBER] |
|  | [ETH][231] | [NUMBER] |  | [GMB][270] | [NUMBER] |  | [GIN][324] | [NUMBER] |  | [GNB][624] | | [NUMBER] |
|  | [HTI][332] | [NUMBER] |  | [IRQ][368] | [NUMBER] |  | [IRN][364] | [NUMBER] |  | [CIV][384] | | [NUMBER] |
|  | [YEM][887] | [NUMBER] |  | [CPV][132] | [NUMBER] |  | [KEN][404] | [NUMBER] |  | [LAO][418] | | [NUMBER] |
|  | [LSO][426] | [NUMBER] |  | [LBN][422] | [NUMBER] |  | [LBR][430] | [NUMBER] |  | [LBY][434] | | [NUMBER] |
|  | [MLI][466] | [NUMBER] |  | [MHL][584] | [NUMBER] |  | [MRT][478] | [NUMBER] |  | [MDA][498] | | [NUMBER] |
|  | [MOZ][508] | [NUMBER] |  | [MMR][104] | [NUMBER] |  | [NAM][516] | [NUMBER] |  | [NPL][524] | | [NUMBER] |
|  | [NER][562] | [NUMBER] |  | [NGA][566] | [NUMBER] |  | [PRK][408] | [NUMBER] |  | [UKR][804] | | [NUMBER] |
|  | [PAK][586] | [NUMBER] |  | [PAN][591] | [NUMBER] |  | [PRY][600] | [NUMBER] |  | [RUS][643] | | [NUMBER] |
|  | [RWA][646] | [NUMBER] |  | [STP][678] | [NUMBER] |  | [SLE][694] | [NUMBER] |  | [SDN][736] | | [NUMBER] |
|  | [SOM][706] | [NUMBER] |  | [LKA][144] | [NUMBER] |  | [SYR][760] | [NUMBER] |  | [TJK][762] | | [NUMBER] |
|  | [TZA][834] | [NUMBER] |  | [THA][764] | [NUMBER] |  | [TUN][788] | [NUMBER] |  | [TUR][792] | | [NUMBER] |
|  | [UGA][800] | [NUMBER] |  | [VUT][548] | [NUMBER] |  | [VEN][862] | [NUMBER] |  | [VNM][704] | | [NUMBER] |
|  | [ZMB][894] | [NUMBER] |  | [ZWE][716] | [NUMBER] |  | [SSD][728] | [NUMBER] |  | [ARE][784] | | [NUMBER] |
|  | [AIA][660] | [NUMBER] |  | [BHS][044] | [NUMBER] |  | [BHR][048] | [NUMBER] |  | [BMU][060] | | [NUMBER] |
|  | [VGB][092] | [NUMBER] |  | [CYM][136] | [NUMBER] |  | [GGY][831] | [NUMBER] |  | [JEY][832] | | [NUMBER] |
|  | [IMN][833] | [NUMBER] |  | [FSM][583] | [NUMBER] |  | [MCO][492] | [NUMBER] |  | [MNE][499] | | [NUMBER] |
|  | [NRU][520] | [NUMBER] |  | [UZB][860] | [NUMBER] |  | [PLW][585] | [NUMBER] |  | [PCN][612] | | [NUMBER] |
|  | [BLM][652] | [NUMBER] |  | [TKM][795] | [NUMBER] |  | [TCA][796] | [NUMBER] |  | [WLF][876] | | [NUMBER] |

|  |  |  |
| --- | --- | --- |
| 1. **Significant money transfers** | | |
| Number of money transfers performed or received (IN or OUT) by your customers in 2017 for an amount of 3.000 euro or more: |  | [Not available] or [Number] |

|  |  |  |
| --- | --- | --- |
| 1. **Means of payment accepted for remittance payments OUT** | | |
| Please indicate which means of payment are accepted by your institution for money transfers: | | |
| * Cash (coins and notes) |  | [YES] / [NO] |
| * Payment cards (Bancontact, Maestro, etc.) |  | [YES] / [NO] |
| * Credit cards (Visa, Mastercard, American Express, etc.) |  | [YES] / [NO] |
| * Anonymous prepaid cards |  | [YES] / [NO] |
| * Non-anonymous prepaid cards |  | [YES] / [NO] |
| * Wire transfers |  | [YES] / [NO] |
| * Others |  | [YES] / [NO] |
| * Not applicable |  | [YES] / [NO] |

|  |  |  |
| --- | --- | --- |
| 1. **Cash** | | |
| Please provide the total number and the total amount of the money transfers financed with cash (coins and notes) in 2017: | | |
| * Number: |  | [Not available] or [Number] |
| * Amount: |  | [Not available] or [Number] |
| Please indicate the number (and the corresponding amount) of money transfers in cash (coins and notes) amounting to 3,000 euros or more performed by your institution (remittance payments OUT) in 2017: | | |
| * Number of transactions in cash (coins and notes) amounting to more than 3,000 euro: |  | [Not available] or [Number] |
| * Corresponding amount (expressed in euro): |  | [Not available] or [Number] |

|  |  |  |
| --- | --- | --- |
| 1. **Transactions conducted in the name of employees of agents on behalf of customers** | | |
| Do your institution's internal procedures allow your employees or your delegated agents to perform money transfers in their own name but on behalf of their customers (e.g. because the customer does not possess all correct identification data?) |  | [Yes] / [No] / [Not applicable] |

|  |  |  |
| --- | --- | --- |
| 1. **Agent exclusivity** | | |
| *Note: your institution's answers should only take into account activities carried out in Belgium.* | | |
| As at 31/12/2017, does your institution work only with exclusive agents, only with non-exclusive agents, or with both? |  | * Only exclusive agents * Only non-exclusive agents * Both exclusive and non-exclusive agents * Not applicable |
| Please provide the breakdown of the number of agents by category as at 31/12/2017: | | |
| * Number of exclusive agents: |  | [Not available] or [Number] |
| * Number of non-exclusive agents: |  | [Not available] or [Number] |

|  |  |  |
| --- | --- | --- |
| 1. **Agent network – sectors** | | |
| Based on the following categories, please indicate which sectors your delegated agents primarily operate in as at 31/12/2017 (please provide an estimate if you do not possess the exact figures, and indicate in the notes that this is an estimate): | | |
| * Financial sector (financial services, etc.) |  | [Not available] or [Number] |
| * Postal sector (Bpost, etc.) |  | [Not available] or [Number] |
| * Retail trade (newsagents, bookshops, night shops, etc.) |  | [Not available] or [Number] |
| * Others |  | [Not available] or [Number] |

|  |  |  |
| --- | --- | --- |
| 1. **New agents** | | |
| With how many new delegated agents did your institution conclude a cooperation agreement in 2017? |  | [Not available] or [Number] |
| 1. **Requirements for new agents** | | |
| Please indicate which formalities are employed by your institution as at 31/12/2017 for the affiliation of new agents: | | |
| * Identity card of the agent (or of the managers in case of a legal person): |  | [Yes] / [No] / [Not applicable] |
| * A certificate of good conduct of the agent (or of the managers): |  | [Yes] / [No] / [Not applicable] |
| * The agent's articles of association if the agent is a legal person: |  | [Yes] / [No] / [Not applicable] |
| * The ultimate (economic) beneficial owner of the legal person if the agent is a legal person: |  | [Yes] / [No] / [Not applicable] |
| * Verification of the agent's bank account to be used in the context of the commercial relationship: |  | [Yes] / [No] / [Not applicable] |
| * Others |  | [Yes] / [No] / [Not applicable] |

|  |  |  |
| --- | --- | --- |
| 1. **Rejected candidate agents** | | |
| How many candidate agents did you reject in 2017? |  | [Not available] or [Number] |
| How many of the rejected agents as referred to in the previous question were rejected by your institution for reasons of integrity or AML/CFT related reasons? |  | [Not available] or [Number] |

|  |  |  |
| --- | --- | --- |
| 1. **AML/CFT knowledge and training of agents** | | |
| What AML/CFT training courses are provided for new agents before they are allowed to represent your institution for money transfers? | | |
| * Seminars / presentations: |  | [Yes] / [No] / [Not applicable] |
| * Written notes / guidance (policies and procedures / typologies / general AML/CFT context / etc.): |  | [Yes] / [No] / [Not applicable] |
| * E-learning (self-study / tests / etc.): |  | [Yes] / [No] / [Not applicable] |
| * Other: |  | [Yes] / [No] / [Not applicable] |
| * No initial training is provided: |  | [Yes] / [No] / [Not applicable] |
| Which type(s) of continuous training does your institution offer to the existing network of agents? | | |
| * Seminars / presentations: |  | [Yes] / [No] / [Not applicable] |
| * Written notes / guidance (self-study): |  | [Yes] / [No] / [Not applicable] |
| * E-learning: |  | [Yes] / [No] / [Not applicable] |
| * Other: |  | [Yes] / [No] / [Not applicable] |
| * No continuous training is provided: |  | [Yes] / [No] / [Not applicable] |

|  |  |  |
| --- | --- | --- |
| 1. **Due diligence regarding agents** | | |
| Does your institution have procedures specifically relating to the monitoring of and due diligence regarding agents? |  | [Yes] / [No] / [Not applicable] |
| Does your institution have specific criteria enabling the detection of suspicious transactions or suspicious transaction patterns at agent level? |  | [Yes] / [No] / [Not applicable] |
| Does your institution perform on-site inspections at (all or some of) your agents? |  | [Yes] / [No] / [Not applicable] |
| If you answered ‘YES’ to the previous question, are inspection reports drawn up systematically based on these inspections? |  | [Yes] / [No] / [Not applicable] |
| For how many agents did your institution decide to terminate the contractual (representative) relationship in 2017, and for what reasons? | | |
| * Number of agents rejected for commercial reasons: |  | [Not available] or [Number] |
| * Number of agents rejected for infringements/violations of the internal procedures: |  | [Not available] or [Number] |
| * Number of agents rejected for reasons of integrity (e.g. reputation, type of customers, etc.): |  | [Not available] or [Number] |
| * Number of agents for which the relationship was terminated at the agent's request: |  | [Not available] or [Number] |
| * Other: |  | [Not available] or [Number] |

|  |
| --- |
| 1. **Information on individual agents** |
| Please annex to this questionnaire – for each of your agents operating in Belgium – a table containing the following information per agent:   * Name of the agent: * Address of the agent (postal code + city): * Main activity of the agent, i.e. a short description of the agent's main activity (exchange office, money remittance office, grocery, mobile phone shop, newsagent, post point, etc.): * Total of the money transfers performed and received by the agent in 2017 (sum of the incoming and outgoing payments): * Total amount of the money transfers performed and received by the agent in 2017 (sum of the total amount of the incoming and outgoing money transfers): * The average amount of the money transfers (incoming and outgoing money transfers) performed and received by the agent in 2017: * The average amount of the outgoing money transfers performed by the agent in 2017 (i.e. excluding the incoming money transfers received by the agent): * The total amount of all incoming and outgoing transactions to or from one of the countries included in Annex 1 performed or received by the agent in 2017: * The number of written reports prepared by each agent in 2017 with the aim of notifying atypical transactions to the person responsible for AML in the institution (the number of so-called SARs or Internal Suspicious Activity Reports).   *Note: If you do not possess all of the information listed above for each agent, please include a table which only contains the information available for every agent, and mention in the notes why certain information is not available. If possible, please submit this table as an Excel file. Should this not be possible for your institution, the requested information may also be submitted to us in another format.* |
| [ADD BUTTON FOR UPLOADING A DOCUMENT] |

1. Credit institution, insurance company or other financial institution. [↑](#footnote-ref-1)
2. If your institution makes use of the possibility provided for by law to delay customer identification temporarily, you may answer this question affirmatively if your institution performs the identification systematically and without exception before providing services in all other cases. [↑](#footnote-ref-2)