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| 1. **General information (only to be completed by institutions governed by Belgian law or foreign institutions with a branch in Belgium)** | | | | | |
|  | Institution name: |  | | | |
|  | Type of institution: | Institution governed by Belgian law: | | |  |
| Branch in Belgium of a foreign (EU) institution: | | |  |
|  | Address of registered office (or address of the branch): |  | | | |
|  | CBE number: |  | | | |
|  | Please indicate whether your institution acts as a parent company / stand-alone institution in Belgium, or whether it operates as part (subsidiary, branch, establishment) of a group in Belgium: | Parent company / Stand-alone company: |  | | |
| Part (subsidiary, branch, establishment) of a group: |  | | |
|  | (i) Shareholder structure of your institution **or**, if your institution is part of a group, (ii) the shareholder structure of its ultimate parent company[[1]](#footnote-1) + the percentage of shares held: |  | *Type* | *Percentage of shares* | |
| Listed: |  | % | |
| Private: |  | % | |
| Public: |  | % | |
| Other (please specify): |  | % | |
|  | 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: |  | | |
| Function: |  | | |
| Telephone number: |  | | |
| E-mail address: |  | | |
|  | Compliance Officer: | Name: |  | | |
| Telephone number: |  | | |
| E-mail address: |  | | |
|  | Person responsible for AMLF/CFT: | Name: |  | | |
| Telephone number: |  | | |
| E-mail address: |  | | |
|  | Number of FTEs employed in your institution (across departments; branches should only report the number of FTEs active in Belgium): |  | | | |
|  | Number of FTEs employed in the compliance function (both internal and external staff members; branches should only report the number of FTEs active in Belgium): |  | | | |
|  | Number of FTEs within the compliance function dedicated to AML/FT (both internal and external staff members; branches should only report the number of FTEs active in Belgium): |  | | | |

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| 1. **General information (only to be completed by the central contact points (CCPs) of foreign institutions operating in Belgium through agents or distributors – free provision of services)** | | | | |
|  | Name of the institution represented by you as a CCP in Belgium: |  | | |
|  | Name and contact details of the CCP (person responsible for AML/CFT): | Name: |  | |
| CBE number (if the CCP is a legal person): |  | |
| Address in Belgium: |  | |
| Telephone number in Belgium: |  | |
| E-mail address: |  | |
|  | Shareholder structure of the company which is represented by you in Belgium and for which you act as a CCP: |  | *Type* | *Percentage of shares* |
| Listed: |  | % |
| Private: |  | % |
| Public: |  | % |
| Other (please specify): |  | % |

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| 1. **Geographical presence** | | | | | | | | | **Notes / Comments** |
| **3.A. Institutions governed by Belgian law (only to be completed by institutions governed by Belgian law)** | | | | | | | | | |
|  | Branches outside Belgium but within the EU as at 31/12/2016: | Number: | | | |  | | |  |
| Locations (please mention the member states where the branches are established): | | | |  | | |  |
|  | Branches outside the EU as at 31/12/2016: | Number: | | | |  | | |  |
| Locations (please mention the member states where the branches are established): | | | |  | | |  |
|  | Agents/distributors in Belgium as at 31/12/2016: | Number: | | | |  | | |  |
|  | Agents/distributors outside Belgium but within the EU as at 31/12/2016: | Number: | | | |  | | |  |
| Locations (please mention the member states where the agents are established): | | | |  | | |  |
|  | Agents/distributors outside the EU as at 31/12/2016: | Number: | | | |  | | |  |
| Locations (please mention the countries where the agents are established): | | | |  | | |  |
|  | Agents/distributors established in a country included in the list of countries in Annex 1 as at 31/12/2016: | Number: | | | |  | | |  |
| Locations (please mention the countries where the agents are established): | | | |  | | |  |
|  | In the following table, please indicate how many agents/distributors are established as at 31/12/2016 in (i) a high-risk country, (ii) a sanctioned country or (iii), an offshore country, as included in Annex 1 (please add additional lines if the number of such countries exceeds 5): | | | | | | | | |
| *Country:* | | *Number of agents:* | | | | |  | |
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|  | Subsidiaries in Belgium performing an activity in the financial sector[[2]](#footnote-2) as at 31/12/2016: | Number: | | | |  | | |  |
|  | Subsidiaries within the EU performing an activity in the financial sector[[3]](#footnote-3) as at 31/12/2016: | Number: | | | |  | | |  |
| Locations (please mention the member states where the subsidiaries are established): | | | |  | | |  |
|  | Subsidiaries outside the EU performing an activity in the financial sector[[4]](#footnote-4) as at 31/12/2016: | Number: | | | |  | | |  |
| Locations (please mention the countries where the subsidiaries are established): | | | |  | | |  |
|  | If your institution is part of a group, please annex a schematic representation of the group structure to this document which includes the necessary geographical information (locations) of the different entities of the group structure, including the activities carried out by branches, agents or other structures that are not legal persons. | | | | | | | |  |
| **3.B. Branches of foreign institutions and institutions operating in Belgium through agents or distributors (only to be completed by the branches in Belgium of foreign institutions and by the central contact points of foreign institutions operating in Belgium through agents or distributors)** | | | | | | | | | |
|  | Number of agents, agencies or distributors in Belgium as at 31/12/2016: | | |  | | | | |  |
|  | Please annex a schematic representation of the group structure to this document which includes the necessary geographical information (locations) of the different entities of the group structure, including the activities performed by branches, agents or other structures which are not legal persons. | | | | | | | |  |
|  | Does the institution represented by you have a physical presence in one of the countries included in Annex 1 as at 31/12/2016? | | | | YES | |  | |  |
| NO | |  | |
| N/A | |  | |

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| 1. **E-money activities** | | | | **Notes / Comments** |
|  | Please indicate which general activities are **effectively** performed by your institution as at 31/12/2016 (activities for which your company has received authorisation but which are not actually performed, need **not** be mentioned): | A. Issuance of electronic money |  |  |
| B. Distribution/redemption of electronic money |  |  |
| Not applicable (not authorised as an electronic money institution) |  |  |

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| 1. **Payment services** | | | | **Notes / Comments** |
|  | Please indicate which payment services are **effectively** performed by your institution as at 31/12/2016 (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; |  |  |
| 2. Services enabling cash withdrawals from a payment account as well as all the operations required for operating a payment account; |  |  |
| 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 credit transfers, including standing orders; |  |  |
| 4. Execution of payment transactions where the funds are covered by a credit line for a 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 credit transfers, including standing orders; |  |  |
| 5. Issuing and/or acquiring of payment instruments; |  |  |
| 6. Money remittance; |  |  |
| 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 and services; |  |  |

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| 1. **Ancillary activities** | | | | **Notes / Comments** |
| 6.1. | Please indicate whether or not this ancillary activity is **effectively** performed by your institution as at 31/12/2016 (if you are authorised to perform this activity but you do not actually do so, you should **not** check the box): | Granting credit related to the payment services as referred to in points 4, 5 or 7 above (see question 5.1) |  |  |

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| 1. **Network of agents (only to be completed by institutions providing money transfer (money remittance) services)** | | | | | | | **Notes / Comments** |
| *Note: your institution's answers should only take into account activities carried out in Belgium.* | | | | | | | |
|  | As at 31/12/2016, 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 |  | | | | |  |
| * Information not available |  | | | | |  |
|  | Please provide the breakdown of the number of agents by category as at 31/12/2016 | | | | | | |
| * Number of exclusive agents: | |  | | | |  |
| * Number of non-exclusive agents: | |  | | | |  |
|  | Based on the following categories, please indicate which sectors your delegated agents primarily operate in as at 31/12/2016 (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.) | | % | | |  |  |
| * Postal sector (Bpost, etc.) | | % | | |  |  |
| * Trade (newsagents, bookshops, night shops, etc.) | | % | | |  |  |
| * Other (please specify in the notes) | | % | | |  |  |
|  | Please provide the percentage of your delegated agents that have direct access themselves to the software application used to perform money transfers as at 31/12/2016? | |  | | | |  |
|  | With how many new delegated agents did your institution conclude a cooperation agreement in 2016? | |  | | | |  |
|  | Please indicate which formalities are employed by your institution as at 31/12/2016 for the affiliation of new agents? | |  | | | |  |
|  | | YES | NO | | |  |
| * Identity card of the agent (or of the managers in case of a legal person): | |  |  | | |  |
| * A certificate of good conduct of the agent (or of the managers): | |  |  | | |  |
| * The agent's articles of association if the agent is a legal person: | |  |  | | |  |
| * The ultimate (economic) beneficial owner of the legal person if the agent is a legal person: | |  |  | | |  |
| * Verification of the agent's bank account to be used in the context of the commercial relationship: | |  |  | | |  |
| * Other (please specify in the notes): | |  |  | | |  |
|  | How many candidate agents did you refuse in 2016? | |  | | | |  |
|  | How many of the refused agents as referred to in the previous question were refused by your institution for reasons of integrity or AML/CFT related reasons? | |  | | | |  |
|  | What AML/CFT training courses are provided for new agents before they are allowed to represent your institution for money transfers? | | | | | | |
| * Seminars / presentations: | |  | | | |  |
| * Written notes / assistance (self-study): | |  | | | |  |
| * E-learning: | |  | | | |  |
| * Other: | |  | | | |  |
| * No initial training is provided: | |  | | | |  |
|  | Which type(s) of continuous training does your institution offer to the existing network of agents? | | | | | | |
| * Seminars / presentations: | |  | | | |  |
| * Written notes / assistance (self-study): | |  | | | |  |
| * E-learning: | |  | | | |  |
| * Other: | |  | | | |  |
| * No continuous training is provided: | |  | | | |  |
|  | What is the frequency of the continuous AML CFT training courses? | | | | | | |
| * Quarterly: | |  | | | |  |
| * Biannually: | |  | | | |  |
| * Annually: | |  | | | |  |
| * Other (please clarify in the notes) | |  | | | |  |
|  | Are the delegated agents of your institution assessed periodically? | | YES | |  | |  |
| NO | |  | |
| N/A | |  | |
|  | If you answered 'YES' to the previous question, what is the frequency of this assessment? | |  | | | |  |
|  | For how many agents did your institution decide to terminate the contractual (representative) relationship in 2016, and for what reasons? | | | | | | |
| * Number of agents rejected for commercial reasons: | |  | | | |  |
| * Number of agents rejected for infringements/violations of the internal procedures: | |  | | | |  |
| * Number of agents rejected for reasons of integrity (e.g. reputation, type of customers, etc.): | |  | | | |  |
| * Number of agents for which the relationship was terminated at the agent's request: | |  | | | |  |
| * Other: | |  | | | |  |
|  | 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 2016 (sum of the incoming and outgoing payments); * Total amount of the money transfers performed and received by the agent in 2016 (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 2016; * The average amount of the outgoing money transfers performed by the agent in 2016 (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 2016; * The number of written reports prepared by each agent in 2016 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.* | | | | | |  |

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| 1. **Employees of your institution belonging to first line supervision** | | | **Notes / Comments** |
|  | In 2016, how many of your employees belonging to first line supervision received an oral or written warning for non-conformity with your institution's internal procedures or for reasons of integrity? |  |  |
|  | In 2016, with how many of your employees belonging to first line supervision did your institution terminate the employment contract for non-conformity with your institution's internal procedures or for reasons of integrity? |  |  |

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| 1. **Type of customers** | | | | | | **Notes / Comments** |
| *Note:*   * *If your institution has a significant number of inactive customers, you may specify the number of inactive customers in the notes/comments.* | | | | | | |
|  | Total number of customers with whom a permanent business relationship was initiated as at 31/12/2016: |  | | | |  |
|  | Breakdown of the number of customers as referred to in 9.1 as at 31/12/2016: | number of natural persons: | | |  |  |
| number of legal persons: | | |  |  |
| number of trusts or other legal arrangements (without legal personality): | | |  |  |
|  | Please provide a breakdown of your customers as referred to in 9.1 by risk category as at 31/12/2016 (if you use another breakdown, please fill in this information in a way that most closely approximates the 3 aforementioned categories and provide further clarification in the notes): | | | | | |
| * Number of 'high-risk' customers: | | |  | |  |
| * Number of 'medium-risk' customers: | | |  | |  |
| * Number of 'low-risk' customers: | | |  | |  |
|  | Total number of occasional customers in 2016: | |  | | |  |
|  | Please provide a breakdown of your occasional customers as referred to in 9.4 by risk category (if you use another breakdown, please fill in this information in a way that most closely approximates the 3 aforementioned categories and provide further clarification in the notes): | | | | | |
| * Number of 'high-risk' customers: | | |  | |  |
| * Number of 'medium-risk' customers: | | |  | |  |
| * Number of 'low-risk' customers: | | |  | |  |

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| 1. **Geographical distribution of customers** | | | | **Notes / Comments** |
|  | Number of customers as at 31/12/2016 who are not domiciled in Belgium or whose registered office is not situated in Belgium: | |  |  |
|  | Number of customers as referred to in 10.1 who are domiciled or have their registered office outside Belgium but within the EU: | |  |  |
|  | Number of customers as referred to in 10.1 who are domiciled or have their registered office outside Belgium and outside the EU: | |  |  |
|  | Number of customers as referred to in 10.1 who are domiciled or have their registered office in (i) a high-risk country, (ii) a sanctioned country or (iii), an offshore country, as included in Annex 1. | |  |  |
|  | Give a breakdown of the number of customers as referred to in 10.4 per country (please add additional lines if your institution has clients who are domiciled or have their registered office in more than 5 of the countries mentioned in annex 1): | | | |
| *Country:* | *Number of customers:* | |  |
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| 1. **Remotely identified customers** | | | **Notes / Comments** |
|  | The total number of customers identified remotely by your institution as at 31/12/2016: |  |  |
|  | The number of customers identified remotely by your institution in 2016: |  |  |

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| 1. **Third party business introducers** | | | | | **Notes / Comments** |
|  | Does your institution call on third party business introducers in order to comply with the due diligence requirements regarding new customers (identification, verification, characteristics on the nature and business purpose of the relationship)? | | YES |  |  |
| NO |  |
|  | Please provide the total number of new customers introduced in 2016 by a third party business introducer: | |  | |  |
|  | Please indicate which type of third party business introducers is called on by your institution as at 31/12/2016 in order to introduce new customers, and indicate whether or not these third party business introducers belong to the same group as your own institution: | | | | |
| *Type:* | *Within the group:* | *Outside the group:* | |  |
| Credit institutions: |  |  | |  |
| Life insurance companies: |  |  | |  |
| Intermediaries in banking and investment services: |  |  | |  |
| Other (please clarify in the notes) |  |  | |  |

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| 1. **Correspondent customers (only to be completed by institutions governed by Belgian law or foreign institutions with a branch in Belgium)** | | | | **Notes / Comments** | |
|  | Is your institution involved in correspondent relationships with other financial institutions-respondents or does it intend to initiate such relationships? | YES |  |  |
| NO |  |
| N/A |  |
|  | How many correspondent relationships has your institution initiated as at 31/12/2016 with financial institutions-respondents (customers)? |  | |  |
|  | How many correspondent relationships has your institution initiated as at 31/12/2016 with financial institutions-respondents (customers) established outside the EEA? |  | |  |
|  | How many correspondent relationships has your institution initiated as at 31/12/2016 with financial institutions-respondents (customers) that are established in countries included in Annex 1? |  | |  |

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| 1. **Politically exposed persons (PEPs)** | | | **Notes / Comments** |
| *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 beneficial owners of your customers and the number of PEP beneficial owners of your customers' agents.* | | | |
|  | Please provide the following information regarding PEPs (as at 31/12/2016): | | |
| * Total number of PEPs in your customer base: |  |  |
| * + Number of PEPs – customers (holders of products) |  |  |
| * + Number of PEPs – customers' agents |  |  |
| * + Number of PEPs – UBOs (of both customers and their agents) |  |  |
| * Number of PEPs domiciled outside Belgium: |  |  |
| * Number of PEPs domiciled in a country included in Annex 1: |  |  |

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| 1. **Ultimate beneficial owners (UBOs)** | | | **Notes / Comments** |
|  | Please provide the following information regarding the ultimate beneficial owners of your customers (as at 31/12/2016): | | |
| * Number of UBOs domiciled outside Belgium: |  |  |
| * Number of UBOs domiciled in one of the countries included in Annex 1: |  |  |

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| 1. **Refused customers** | | | **Notes / Comments** |
|  | Please provide the following information regarding persons or entities that fit into your institution's customer acceptance policy but were refused by your institution in 2016 for AML/CFT related reasons (if the figures provided by your institution only cover the refusals decided upon by the compliance function or another competent body, please clarify this in the notes): | | |
| * Total number of refused customers: |  |  |
| * + Number of refused customers – natural persons (including PEPs): |  |  |
| * + Number of refused customers – PEPs: |  |  |
| * + Number of refused customers – legal persons or other legal arrangements (trusts, etc.): |  |  |

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| 1. **Transactions – Electronic money (only to be completed by electronic money institutions)** | | | | | **Notes / Comments** |
|  | Please provide the total amount of electronic money issued by your institution in 2016. | |  | |  |
|  | Please provide the total amount of electronic money redeemed by your institution in 2016: | |  | |  |
|  | Please indicate whether the electronic money products distributed by your institution in 2016 meet the criteria set out below: | | | | |
| * The devices distributed by your institution can be charged with electronic money amounting to 5,000 euros or more: | | |  |  |
| * The devices distributed by your institution allow the customer to perform payments amounting to 2,500 euros or more per transaction: | | |  |  |
| * The electronic money products distributed by your institution can be charged/recharged using cash: | | |  |  |
|  | 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 Law of 11 January 1993): | | YES |  |  |
| NO |  |
| N/A |  |
|  | If you answered 'YES' to the previous question, please provide the maximum limits applied by your institution for charging anonymous electronic money: | | | | |
| * Maximum limit per device if this device cannot be recharged (in euros): |  | | |  |
| * Maximum limit per device per year, if the device can be recharged (in euros): |  | | |  |
|  | If your institution answered 'YES' to question 17.4, what is the total number of devices distributed anonymously by your institution in 2016, and what is the total amount of electronic money issued on these devices? | | | | |
| * Number of electronic money devices distributed anonymously: | |  | |  |
| * Total amount of money issued anonymously: | |  | |  |
|  | 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 cash deposit by a third party on the device of the customer?) | | YES |  |  |
| NO |  |
| N/A |  |
|  | Please indicate whether the electronic money products distributed by your institution meet the following criteria: | | | | |
| * The products allows payments between persons: | | |  |  |
| * The product is accepted as a means of payment by a large number of merchants or points of sale: | | |  |  |
| * The product was designed to be used as a means of payment by merchants offering services or products presenting a high money laundering and/or terrorist financing risk (e.g. online gambling): | | |  |  |
| * The product can be used for cross-border transactions or can be used in different countries: | | |  |  |
| * The product enables cash withdrawals: | | |  |  |

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| 1. **Transactions – Payment activities and services** | | | | **Notes / Comments** |
|  | For each separate payment activity, please provide the total number of transactions performed by your institution in 2016, as well as the total amount of these transactions.  Where possible, please also distinguish between subactivities (e.g. for activity PI3, if possible, please provide a further breakdown by collecting activity, card transactions, mobile payments). If your institution carries out different subactivities, you may add additional lines to provide the requested data for multiple subactivities. | | | |
|  | *Number of transactions* | *Corresponding amount:* |  |
| * PI1 |  |  |  |
| * + Sub PI1 …………………… (please specify activity) |  |  |  |
| * + Sub PI1 …………………… (please specify activity) |  |  |  |
| * PI2 |  |  |  |
| * + Sub PI2 …………………… (please specify activity) |  |  |  |
| * + Sub PI2 …………………… (please specify activity) |  |  |  |
| * PI3 |  |  |  |
| * + Sub PI3 …………………… (please specify activity) |  |  |  |
| * + Sub PI3 …………………… (please specify activity) |  |  |  |
| * PI4 |  |  |  |
| * + Sub PI4 …………………… (please specify activity) |  |  |  |
| * + Sub PI4 …………………… (please specify activity) |  |  |  |
| * PI5 |  |  |  |
| * + Sub PI5 …………………… (please specify activity) |  |  |  |
| * + Sub PI5 …………………… (please specify activity) |  |  |  |
| * PI6 |  |  |  |
| * + Sub PI6 …………………… (please specify activity) |  |  |  |
| * + Sub PI6 …………………… (please specify activity) |  |  |  |
| * PI7 |  |  |  |
| * + Sub PI7 …………………… (please specify activity) |  |  |  |
| * + Sub PI7 …………………… (please specify activity) |  |  |  |

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| 1. **Money transfers / Money remittance (only to be completed by institutions conducting this activity)** | | | | | | | | | **Notes / Comments** | |
|  | Please indicate which means of payment are accepted by your institution for money transfers: | | | | | | | | | |
| * Cash | | | | | |  | |  | |
| * Payment cards (Bancontact, Maestro, etc.) | | | | | |  | |  | |
| * Credit cards (Visa, Mastercard, American Express, etc.) | | | | | |  | |  | |
| * Anonymous prepaid cards | | | | | |  | |  | |
| * Non-anonymous prepaid cards | | | | | |  | |  | |
| * Wire transfers | | | | | |  | |  | |
| * Other (please specify in the notes) | | | | | |  | |  | |
|  | Please provide the total number and the total amount of the money transfers financed with cash in 2016: | | | | | | | | | |
| * Number: | | | |  | | | |  | |
| * Amount: | | | |  | | | |  | |
|  | Please provide the following information on the payment volume in 2016:  *Note:*   * *'National payments' refers to payments made within Belgium.* * *'International payments' refers 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).* | | | | | | | | | |
| * National payments (sum of payments IN & OUT) | Number of payments: | | | |  | | |  | |
| Volume (in euros): | | | |  | | |  | |
| * International payments (sum of payments IN & OUT) | Number of payments: | | | |  | | |  | |
| Volume (in euros): | | | |  | | |  | |
|  | In the following table, please provide the volume and the total amount of the money transfers (OUT payments) performed by your institution in 2016 for the top 10 countries (based on the volume of OUT payments): | | | | | | | | | |
| *Country* | *Number of OUT payments (volume)* | | *Cumulative amount of the payments (in euros):* | | | | |  | |
| 1. |  | |  | | | | |  | |
| 2. |  | |  | | | | |  | |
| 3. |  | |  | | | | |  | |
| 4. |  | |  | | | | |  | |
| 5. |  | |  | | | | |  | |
| 6. |  | |  | | | | |  | |
| 7. |  | |  | | | | |  | |
| 8. |  | |  | | | | |  | |
| 9. |  | |  | | | | |  | |
| 10. |  | |  | | | | |  | |
|  | In the following table, please provide the volume and the total amount of the money transfers (IN payments) received by your institution in 2016 for the top 10 countries (based on the volume of IN payments): | | | | | | | | | |
| *Country* | *Number of IN payments (volume)* | | *Cumulative amount of the payments (in euros):* | | | | |  | |
| 1. |  | |  | | | | |  | |
| 2. |  | |  | | | | |  | |
| 3. |  | |  | | | | |  | |
| 4. |  | |  | | | | |  | |
| 5. |  | |  | | | | |  | |
| 6. |  | |  | | | | |  | |
| 7. |  | |  | | | | |  | |
| 8. |  | |  | | | | |  | |
| 9. |  | |  | | | | |  | |
| 10. |  | |  | | | | |  | |
|  | Please provide the total number and the corresponding amount of the **money transfers (OUT payments) performed** on behalf of your customers in 2016 to a bank account or other type of account or (in the case of cash disbursements) to a person established in a country included in the list of countries in Annex 1: | | | | | | | | | |
| * Number: | | | |  | | | |  | |
| * Amount: | | | |  | | | |  | |
|  | In the following table, please indicate which countries were involved in the payments as referred to in 19.6, as well as the corresponding cumulative amount of the payments from this country (please add additional lines if the number of such countries exceeds 5): | | | | | | | | |
| *Country:* | | *Cumulative amount of the payments (in euros):* | | | | | |  |
|  | |  | | | | | |  |
|  | |  | | | | | |  |
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|  | |  | | | | | |  |
|  | Please provide the total number and the corresponding amount of the **money transfers (IN payments) received** on behalf of your customers in 2016 from a country included in the list of countries in Annex 1: | | | | | | | | | |
| * Number: | | | |  | | | |  | |
| * Amount: | | | |  | | | |  | |
|  | In the following table, please indicate which countries were involved in the payments as referred to in 19.8, as well as the corresponding cumulative amount of the payments from this country (please add additional lines if the number of such countries exceeds 5): | | | | | | | | |
| *Country:* | | *Cumulative amount of the payments (in euros):* | | | | | |  |
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|  | |  | | | | | |  |
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|  | |  | | | | | |  |
|  | Do your institution's internal procedures allow the funds transferred to your institution for the performance of money transfers in the name and on behalf of your customers to be financed by a third party? | | | | YES | |  | |  | |
| NO | |  | |
| N/A | |  | |
|  | Please indicate the number of cash money transfers (and the corresponding amount) amounting to 5,000 euros or more were performed by your institution in 2016: | | | | | | | | | |
| * Number of cash transactions amounting to more than 5,000 euros: | | | | |  | | |  | |
| * Corresponding amount (in euros): | | | | |  | | |  | |
|  | Please indicate the number of transactions (and the corresponding amount) that your institution refused to perform in 2016 for AML/CFT related reasons: | | | | | | | | | |
| * Total number of refused transactions: | | | | |  | | |  | |
| * Corresponding amount (in euros): | | | | |  | | |  | |
| * Number of refused transactions to or from one of the countries included in Annex 1: | | | | |  | | |  | |
| * Corresponding amount (in euros): | | | | |  | | |  | |
|  | 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 | |  |
| N/A | |  |
|  | If you answered 'NO' to question 19.13, have you, in practice, observed one of your employees or one of your delegated agents performing money transfers in their own name but on behalf of a customer? | | | | | YES | |  |  | |
| NO | |  |
| N/A | |  |
|  | If you answered 'YES' to question 19.13, please provide the number and the total amount of the money transfers performed by the employees of your institution or your agents in their own name but on behalf of a customer in 2016: | | | | | | | | | |
| * Number of money transfers: | | | | |  | | |  | |
| * Corresponding amount: | | | | |  | | |  | |
| 19.16 | Number of money transfers performed or received (IN or OUT) by your clients in 2016 for an amount of 3.000 euro or more: | | | | |  | | |  | |

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| 1. **Exchange activities (only to be completed by institutions conducting this activity)** | | | | | **Notes / Comments** | |
|  | Please indicate which means of payment are accepted by your institution for the performance of exchange transactions: | | | | | |
| * Cash | | |  |  | |
| * Payment cards (Bancontact, Maestro, etc.) | | |  |  | |
| * Credit cards (Visa, Mastercard, American Express, etc.) | | |  |  | |
| * Anonymous prepaid cards | | |  |  | |
| * Non-anonymous prepaid cards | | |  |  | |
| * Wire transfers | | |  |  | |
| * Other (please specify in the notes) | | |  |  | |
|  | Please provide the total number and the corresponding amount of the exchange transactions financed with cash in 2016: | | | |  | |
| * Number: | | |  |  | |
| * Corresponding amount: | | |  |  | |
|  | Please provide the total number and the corresponding amount of the exchange transactions performed on behalf of your customers in 2016 using currencies issued by one of the countries included in Annex 1 (with the exception of the euro): | | | |  | |
| * Number: | | |  |  | |
| * Corresponding amount: | | |  |  | |
|  | Please provide a further breakdown of the amounts provided in 20.3 across the top 5 currencies issued by one of the countries included in Annex 1 (with the exception of the euro): | | | | |
| *Currency:* | *Number of transactions* | *Corresponding amount (in euros):* | |  |
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| 1. **Transfers of funds** | | | | | | | | | **Notes / Comments** |
|  | Does your institution receive fund transfers as referred to in Regulation 1781/2006 (Regulation 2015/847 as from 26 June 2017) for its customers? | | | | | | YES |  |  |
| NO |  |
| N/A |  |
|  | If you answered affirmatively to the previous question, does your institution consider the receipt of incomplete transfers of funds and/or fund transfers with irrelevant information to be: | | | | | | | | |
| * Very problematic: | | | |  | | | |  |
| * Problematic: | | | |  | | | |  |
| * Slightly problematic: | | | |  | | | |  |
| * Not at all problematic: | | | |  | | | |  |
| * Not applicable: | | | |  | | | |  |
|  | How many fund transfers did your institution receive in 2016 for which the necessary (relevant) information was not included, and for what amount? | | | | | | | | |
| * Number: | | | |  | | | |  |
| * Corresponding amount in euros: | | | |  | | | |  |
|  | For how many of the transfers of funds as referred to in the previous question did your institution act as intermediary payment service provider? | | | |  | | | |  |
|  | What percentage of the total number and of the total amount of fund transfers received in 2016 consisted of incomplete fund transfers (and/or fund transfers with irrelevant information)? | | | | | | | | |
| * Percentage of the total number: | | | | % | | | |  |
| * Percentage of the total amount: | | | | % | | | |  |
|  | Does your institution have information on the four main countries of origin of incomplete fund transfers and/or fund transfers with irrelevant information? | | | | | | YES |  |  |
| NO |  |
| N/A |  |
|  | If you answered 'YES' to the previous question, please complete the following table for these four countries: | | | | | | | | |
| *Country:* | *Number* | *Amount* | *% of the total number originating from the same country* | | *% of the total amount originating from the same country* | | |  |
|  |  |  |  | |  | | |  |
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|  |  |  |  | |  | | |  |
|  |  |  |  | |  | | |  |
|  | How many notifications of suspicious transactions with regard to incomplete fund transfers (and/or fund transfers with irrelevant information) were sent to the CTIF-CFI in 2016, and for what amount? | | | | | | | | |
| * Number: | | | | | |  | |  |
| * Corresponding amount in euros: | | | | | |  | |  |

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| 1. **Cases of fraud** | | | **Notes / Comments** |
| If possible, please provide the following information regarding the number of fraud cases (card fraud, identity fraud, etc.) for the transactions performed/processed by your institution **in 2016**: | | | |
|  | * Total number of transactions performed / processed in 2016 known by your institution: |  |  |
|  | * Cumulative amount of the transactions performed / processed in 2016 for which fraud has been established: |  |  |
|  | * Percentage of the transactions performed/processed in 2016 for which fraud has been established (in relation to the total number of transactions performed / processed in 2016)? |  |  |

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| 1. **Analysis of atypical transactions** | | | **Notes / Comments** |
|  | How many atypical transactions for which an internal report was submitted to the person responsible for AML/CFT were detected by your institution in 2016? |  |  |
|  | How many of the atypical transactions as referred to in 23.1 were detected by first-line monitoring (the staff maintaining contact with customers) and by second-line monitoring (the automatic system for the detection of atypical transactions)? | | |
| * Number detected by first-line monitoring: |  |  |
| * Number detected by second-line monitoring: |  |  |
|  | What is the total number of customers covered by the reports as referred to in 23.1? |  |  |
|  | How many of the atypical reports as referred to in 23.1 pertain to: | | |
| * ... 'high-risk' customers: |  |  |
| * ... 'medium-risk' customers: |  |  |
| * ... 'low-risk' customers: |  |  |
|  | How many of the reports as referred to in 23.1 pertain to cash transactions? |  |  |
|  | How many of the reports as referred to in 23.1 were analysed in 2016 under the responsibility of the person responsible for AML/CFT in your institution? |  |  |
|  | What was the average number of staff (expressed in FTEs) specifically tasked with analysing the aforementioned internal reports in 2016, both within the department of the person responsible for AML/CFT and in other departments, but under the direction of the person responsible of AML/CFT? |  |  |

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| 1. **Funds and asset freezing** | | | **Notes / Comments** |
|  | Over the course of 2016, how many warnings were handled by your institution in relation to the implementation of financial embargos and asset freezing orders?  *Note: 'warnings' should be understood to mean all possible correspondence with the lists of sanctions or embargos: 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).* |  |  |
|  | Over the course of 2016, how many notifications for asset freezing were sent by your institution to the FPS Finance – Treasury, and what was the total amount (in euros)? | | |
| * Number: |  |  |
| * Corresponding amount: |  |  |

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| 1. **Notification of suspicious transactions to the CTIF-CFI** | | | **Notes / Comments** |
|  | Over the course of 2016, how many notifications of suspicious transactions did your institution submit to the CTIF-CFI, and what was the total amount of the transactions covered by these notifications? | | |
| * Number: |  |  |
| * Corresponding amount: |  |  |
|  | How many of the notifications to the CTIF-CFI as referred to in 25.1 pertain to: | | |
| * ... 'high-risk' customers: |  |  |
| * ... 'medium-risk' customers: |  |  |
| * ... 'low-risk' customers: |  |  |
|  | Over the course of 2016, how many requests for information or other requests regarding AML/CFT did your institution receive concerning persons that effectively are or were your customers, their ultimate beneficial owners, their agents or their counterparties, depending on whether these requests came from: | | |
| * The CTIF-CFI: |  |  |
| * The police or the courts: |  |  |

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| 1. **Termination of the business relationship for AML/CFT related reasons** | | | **Notes / Comments** |
|  | Over the course of 2016, how many business relationships with customers were terminated by your institution for AML/CFT related reasons? |  |  |
|  | 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 2016? |  |  |
|  | In 2016, how many of the terminations as referred to in 26.1 and the other restrictive measures as referred to in 26.2 regarding business relationships pertained to: | | |
| * Customers – natural persons: |  |  |
| * Customers – legal persons or other legal arrangements: |  |  |
|  | How many of the terminations as referred to in 26.1 and the other restrictive measures as referred to in 26.2 regarding business relationships with customers were the subject of a notification to the CTIF-CFI (notifications before as well as after the termination): |  |  |
|  | Please provide the total amount of assets or funds held of customers with whom the business relationship was terminated in 2016 (in euros):  *Note: please provide the amount of assets or funds held at the moment of the decision to terminate the business relationship.* |  |  |
|  | In 2016, how many of the terminations as referred to in 26.1 and the other restrictive measures as referred to in 26.2 regarding business relationships pertained to: | | |
| * ... 'high-risk' customers: |  |  |
| * ... 'medium-risk' customers: |  |  |
| * ... 'low-risk' customers: |  |  |
|  | In 2016, how many of the terminations as referred to in 26.1 and the other restrictive measures as referred to in 26.2 regarding business relationships pertained to PEPs: |  |  |

1. Definition of 'group': a group of companies consisting of a parent company, its branches, its subsidiaries and the entities in which the parent company or its subsidiaries has/have a participating interest, as well as the companies related to each other within the meaning of Article 22 of Directive 2013/34/EU of the European Parliament and of the Council of 26 June 2013 on the annual financial statements, consolidated financial statements and related reports of certain types of undertakings. [↑](#footnote-ref-1)
2. Institutions holding a legal status that places them under the supervision of the NBB or the FSMA. [↑](#footnote-ref-2)
3. Institutions holding a similar legal status as set out in footnote 2. [↑](#footnote-ref-3)
4. Institutions holding a similar legal status as set out in footnote 2. [↑](#footnote-ref-4)