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| 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 AMLF/CFT: | Name: |  | [FREE TEXT] |
| Telephone number:  |  | [FREE TEXT] |
| E-mail address: |  | [FREE TEXT] |

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| 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] |

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| 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] |

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| 1. **Geographical presence**
 |
| Number of subsidiaries of your institution holding the legal status of financial institution[[1]](#footnote-1) (for branches of foreign insurance companies, 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, 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 in Belgium: |  | [Not available] or [Number] |
| Number of active brokers, brokerage firms and/or other third party business introducers of your institution or branch: | 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] |

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| 1. **Activities**
 |
| Please indicate which activities are **effectively** performed by your company as at 31/12/2017 (activities for which your company has received authorisation but which are not actually performed, need **not** be mentioned). Please also indicate whether the portfolios are still actively being offered or whether they are only held in run-off (or both).  |  | Active portfolio(s) | Run-off portfolios |
|  | CLASS 21 | [YES] / [NO] | [YES] / [NO] |
|  | CLASS 22 | [YES] / [NO] | [YES] / [NO] |
|  | CLASS 23 | [YES] / [NO] | [YES] / [NO] |
|  | CLASS 24 | [YES] / [NO] | [YES] / [NO] |
|  | CLASS 25 | [YES] / [NO] | [YES] / [NO] |
|  | CLASS 26 | [YES] / [NO] | [YES] / [NO] |
|  | CLASS 27 | [YES] / [NO] | [YES] / [NO] |
|  | CLASS 28 | [YES] / [NO] | [YES] / [NO] |
|  | CLASS 29 | [YES] / [NO] | [YES] / [NO] |

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| 1. **Product sales by risk group**
 |
| *Note: please answer the following questions taking into account the cartography of risks according to the nature of the insurance product (and the classification of insurance products by risk category) developed by Assuralia in 2012. If your company does not follow the product typology developed by Assuralia for the classification of its life insurance contracts by risk group, please answer the questions in this chapter by matching the risk categories used by your company and the risk categories used in this chapter as closely as possible (insurance products with significant risk / insurance products with moderate risk / insurance products with low risk).* |
| Please indicate whether your institution offers or offered the following products (run-off portfolio): |
| * Life insurance products classified as products with **significant risk** in Assuralia’s cartography:
 |  | [YES] / [NO] |
| * Life insurance products classified as products with **moderate risk** in Assuralia’s cartography:
 |  | [YES] / [NO] |
| * Life insurance products classified as products with **low risk** in Assuralia’s cartography:
 |  | [YES] / [NO] |

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| 1. **Mortgage activity**
 |
| Please provide the number of mortgage receivables recorded by your company on the asset side of its balance sheet, as well as the corresponding accounting value of these receivables (under BGAAP). If your institution does not perform any mortgage activities, your answer to the following questions should be 0 (zero). |
| * Number of mortgage receivables:
 |  | [Not available] or [Number] |
| * Corresponding amount of these receivables (expressed in euro):
 |  | [Not available] or [Number] |

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| 1. **Type of customers**
 |
| *Note: 'customers' refers to the holders of the life insurance contracts or other products (not the proxies of the accounts and/or the legal representatives of the holders of products).* |
| Total number of customers as at 31/12/2017: |  | [Not available] or [Number] |
| Total number of new customers in 2017: |  | [Not available] or [Number] |
| Breakdown of the number of customers by category: | 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] |
| 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 9.1 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 9.1 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 9.1 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 9.4 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] |

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| 1. **Number of customers with a high risk profile**
 |
| Number of 'high-risk' customers (customers for whom one or more enhanced due diligence measures were taken as regards identification, identity verification, collection of additional information on the customers’ characteristics such as the origin of the funds, transaction monitoring, etc.): |  | [Not available] or [Number] |

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

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| 1. **Numbered accounts / contracts**
 |
| *Note: numbered accounts/contracts are accounts/contracts of which only the account or contract number appears on bank statements and not the name of the customer. As a result, only a small number of persons within the financial institution know the name of the account or contract holder and the customer is guaranteed a certain amount of anonymity. However, numbered accounts/contracts are not anonymous accounts/contracts (contracts/accounts of which the holder has not been identified by the institution). Such anonymous accounts/contracts are prohibited.* |
| The total number of your customers that have numbered accounts or numbered contracts as at 31/12/2017: | * 1.
 | [Not available] or [Number] |
| The total number of your customers for whom your company opened numbered accounts or with whom it concluded a numbered contract in 2017: |  | [Not available] or [Number] |

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| 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 – policyholder(s ))
 |  | [Not available] or [Number] |
| * Number of PEPs – customers' agents
 |  | [Not available] or [Number] |
| * Number of PEPs – insured
 |  | [Not available] or [Number] |
| * Number of PEPs – beneficiaries of life insurance contracts
 |  | [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] |

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| 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] |

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| 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] |

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| 1. **Life insurance contracts**
 |
| Please provide the total number of life insurance contracts concluded by your company as at 31/12/2017, as well as the corresponding amount of technical provisions: |
| * Total number of life insurance contracts concluded as at 31/12/2017:
 |  | [Not available] or [Number] |
| * Corresponding amount of technical provisions:
 |  | [Not available] or [Number] |
| Please provide the number of new life insurance contracts concluded by your company in 2017, as well as the corresponding amount of technical provisions: |
| * Total number of life insurance contracts concluded in 2017:
 |  | [Not available] or [Number] |
| * Corresponding amount of technical provisions:
 |  | [Not available] or [Number] |

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| 1. **Volume of life insurance contracts per AML/CFT risk group**
 |
| *Note: please answer the following questions taking into account the cartography of risks according to the nature of the insurance product (and the classification of insurance products by risk category) developed by Assuralia in 2012. If your company does not follow the product typology developed by Assuralia for the classification of its life insurance contracts by risk group, please answer the questions in this chapter by matching the risk categories used by your company and the risk categories used in this chapter as closely as possible (insurance products with significant risk / insurance products with moderate risk / insurance products with low risk).* |
| Number of '**significant risk**' contracts: |  | [Not available] or [Number] |
| Corresponding amount of technical provisions for ‘significant risk' contracts: |  | [Not available] or [Number] |
| Number of '**moderate risk**' contracts: |  | [Not available] or [Number] |
| Corresponding amount of technical provisions for ‘moderate risk' contracts: |  | [Not available] or [Number] |
| Number of 'low-risk' contracts: |  | [Not available] or [Number] |
| Corresponding amount of technical provisions for ‘low-risk' contracts: |  | [Not available] or [Number] |

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| 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/authorised representative 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 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
 |

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| 1. **Sale of life insurance products – numerical data**
 |
| *Note: Please answer the questions in this chapter taking into account Assuralia's product typology.*  |
| Please provide, for the total number of life insurance contracts (as at 31/12/2017), the number of contracts concluded per sales channel as well as the corresponding amount of technical provisions: |
| * Number of contracts through direct sales:
 |  | [Not available] or [Number] |
| * Corresponding amount of technical provisions for ‘direct sales’:
 |  | [Not available] or [Number] |
| * Number of contracts through insurance brokers:
 |  | [Not available] or [Number] |
| * Corresponding amount of technical provisions for ‘insurance brokers’:
 |  | [Not available] or [Number] |
| * Number of contracts through an insurance agent holding the legal status of credit institution or banking agent:
 |  | [Not available] or [Number] |
| * Corresponding amount of technical provisions for ‘agents holding the legal status of credit institution or banking agent’:
 |  | [Not available] or [Number] |
| * Sales through insurance agents other than those holding the legal status of credit institution or banking agent:
 |  | [Not available] or [Number] |
| * Corresponding amount of technical provisions for ‘agents other than those holding the legal status of credit institution or banking agent’:
 |  | [Not available] or [Number] |
| Please provide, for the life insurance contracts carrying a **significant risk** (as at 31/12/2017), the number of contracts concluded through each sales channel, as well as the corresponding amount of technical provisions: |
| * Number of contracts through direct sales:
 |  | [Not available] or [Number] |
| * Corresponding amount of technical provisions for ‘direct sales’:
 |  | [Not available] or [Number] |
| * Number of contracts through insurance brokers:
 |  | [Not available] or [Number] |
| * Corresponding amount of technical provisions for ‘insurance brokers’:
 |  | [Not available] or [Number] |
| * Number of contracts through an insurance agent holding the legal status of credit institution or banking agent:
 |  | [Not available] or [Number] |
| * Corresponding amount of technical provisions for ‘agents holding the legal status of credit institution or banking agent’:
 |  | [Not available] or [Number] |
| * Sales through insurance agents other than those holding the legal status of credit institution or banking agent:
 |  | [Not available] or [Number] |
| * Corresponding amount of technical provisions for ‘agents other than those holding the legal status of credit institution or banking agent’:
 |  | [Not available] or [Number] |

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| 1. **Transactions with cash (coins and notes)**
 |
| Do your company's internal procedures allow premiums for life insurance contracts to be paid in cash (coins and notes)? |  | [YES] / [NO] |
| What is the total amount (expressed in euro) of the premiums received in cash (coins and notes) by your company in 2017? (if you answered ‘no’ to the previous question, your answer should be 0 (zero)) |  | [Not available] or [Number] |

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| 1. **Premiums received**
 |
| Please provide the total amount (expressed in euro) of premiums received in 2017 for life insurance contracts (gross premium income and single premium): |  | [Not available] or [Number] |
| Please provide the total (expressed in euro) of the amounts received in 2017 that were paid from a foreign bank account or other type of account: |  | [Not available] or [Number] |
| Please provide the total (expressed in euro) of the amounts received in 2017 that were paid from a bank account or other type of account from one of the countries included in Annex 1: |  | [Not available] or [Number] |
| Do your company's internal procedures state that customers may only pay their premiums from an account held (partly) in their name? In other words, do your company's internal procedures prohibit the payment of customers' premiums by a third party, barring a number of well-defined exceptions (e.g. transfers from accounts of minors)? |  | [YES] / [NO] |
| If your company answered 'YES' to the previous question, does your company also take concrete control measures to ensure that the premiums on behalf of customers are paid solely by these customers themselves? (e.g. by verifying whether the account numbers that are used to pay the premiums, correspond with the accounts provided by your customers, possibly on a sample basis?) |  | [Yes] / [No] / [Not applicable] |

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| 1. **Capital paid, interest rates or other sums**
 |
| Please provide the total amount of the sums paid by your company in 2017 in the context of the life insurance contracts written by your company (payments to beneficiaries, refunds to the policyholder, etc.): |  | [Not available] or [Number] |
| Please provide the total amount (expressed in euro) of the payments as referred to in question 22.1 that were made to a foreign bank account or other type of account: |  | [Not available] or [Number] |
| Please provide the total amount (expressed in euro) of the payments as referred to in question 22.2 that were made to a bank account or other type of account from one of the countries included in Annex 1: |  | [Not available] or [Number] |

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| 1. **Significant deposits**
 |
| Please indicate for how many life insurance contracts a one-off initial investment or additional deposit amounting to 100,000 euros or more was made in 2017. Please also indicate the total amount of these investments or additional deposits.*Note: this only applies to investments or deposits made by the customer himself, not those originating from another insurer or pension fund.* |
| * Number of life insurance contracts:
 |  | [Not available] or [Number] |
| * Total amount (expressed in euro):
 |  | [Not available] or [Number] |
| Please indicate how many of the deposits as referred to in question 23.1 relate to the life insurance contracts identified as contracts with significant risk in Assuralia's code of conduct: |
| * Number of life insurance contracts:
 |  | [Not available] or [Number] |
| * Total amount (expressed in euro):
 |  | [Not available] or [Number] |

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| 1. **Significant payments**
 |
| With regard to the life insurance contracts, please indicate the number of one-off payments of 250,000 euros or more that were made by your institution in 2017, as well as the total amount of these payments.*Note: this refers only to payments to the customer/beneficiaries, not to payments to other insurers or pension funds.* |
| * Number of payments:
 |  | [Not available] or [Number] |
| * Total amount (expressed in euro):
 |  | [Not available] or [Number] |
| Please indicate how many of the payments as referred to in 24.1 pertain to the life insurance contracts identified as contracts with significant risk in Assuralia's code of conduct: |
| * Number of payments:
 |  | [Not available] or [Number] |
| * Total amount (expressed in euro):
 |  | [Not available] or [Number] |

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| 1. **Surrenders and terminated contracts**
 |
| Please indicate below the number of life insurance contracts (as well as the total value of these contracts) surrendered by customers in 2017. Only life insurance contracts surrendered within three years after conclusion with a value of 100,000 euros or more should be taken into account. |
| * Number of contracts surrendered:
 |  | [Not available] or [Number] |
| * Total amount (expressed in euro):
 |  | [Not available] or [Number] |
| Please indicate how many of the surrenders as referred to in question 25.1 pertain to the life insurance contracts identified as contracts with significant risk in Assuralia's code of conduct: |
| * Number of contracts surrendered:
 |  | [Not available] or [Number] |
| * Total amount (expressed in euro):
 |  | [Not available] or [Number] |
| Please indicate below the number of life insurance contracts terminated within the legal notice period in 2017, for which premium deposits or refunds of 2,500 euros or more were made: |
| * Number of contracts terminated:
 |  | [Not available] or [Number] |
| * Total amount (expressed in euro):
 |  | [Not available] or [Number] |

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| 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 26.1 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 26.1 pertained to transactions in cash (coins and notes)? |  | [Not available] or [Number] |

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| 1. **Notification of suspicious transactions to the CTIF-CFI**
 |
| Over the course of 2017, how many notifications of suspicious transactions did your company 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 (expressed in euro):
 |  | [Not available] or [Number] |

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| 1. **Funds and asset freezing**
 |
| Over the course of 2017, how many warnings were handled by your company 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 company'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 company 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] |

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| 1. **Termination of the business relationship for AML/CFT related reasons**
 |
| If your company 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 company take other restrictive measures in 2017? |  | [Not available] or [Number] |
| How many of the other restrictive measures as referred to in question 29.1 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] |

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| 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] |

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| 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, their ultimate beneficial owners and the beneficiaries of life insurance contracts:
 |  | [Yes] / [No] / [Not applicable] |
| * the identification of the customer's characteristics:
 |  | [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 ML/FT:
 |  | [Yes] / [No] / [Not applicable] |
| * the notification of transactions that are known or suspected to be related to AML/CFT 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] |
| * 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] |

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| 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 and beneficiaries of life insurance contracts
 |  | * Completely
* Mostly
* Partially
* Insufficient
* Not applicable
 | * Completely
* Mostly
* Partially
* Insufficient
* Not applicable
 |
| * Identification of the customer's characteristics
 |  | “ | “ |
| * customer acceptance policy
 |  | “ | “ |
| * ongoing due diligence
 |  | “ | “ |
| * 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’)
 |  | “ | “ |

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| 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, beneficiaries of life insurance contracts):
 |  | * 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:
 |  | “ |

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| 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 performed 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] |

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| 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] |

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| 1. **Identification and identity verification of customers, agents, ultimate beneficial owners and beneficiaries of life insurance contracts**
 |
| 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 of the beneficiaries of life insurance contracts as soon as they have been designated or are identifiable, and for the verification of their identity at the time of payment at the latest? |  | [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] |

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| 1. **Identification of the customer's characteristics**
 |
| 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?  |  | [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 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 (including the funds not held by your institution):
 |  | [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 your customers, including those with a low risk profile, regularly updated or possibly reassessed?  |  | [Yes] / [No] / [Not applicable] |

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| 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] |
| * the beneficiary of the life insurance contract concluded by the customer and, where appropriate, the ultimate beneficial owner of this beneficiary:
 |  | [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 38.1 to 38.7 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 38.8 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 38.1 to 38.7 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
 |

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| 1. **Customer acceptance policy**
 |
| Does your institution, before the commencement of the service, 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, 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 39.1? |  | [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 39.1? |  | [Yes] / [No] / [Not applicable] |

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| 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] |

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| 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] |

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| 1. **Outsourcing**
 |
| Has your institution outsourced tasks (within or outside the group) regarding compliance with the AML/CFT regulations or with the provisions pertaining to the financial sanctions and embargo regime? |  | [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] |

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| 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 questions 43.1 to 43.3:
 |  | [Automated] / [Manual] / [Combination of both] / [Not applicable] |
| * the verifications referred to in questions 43.4 to 43.6:
 |  | [Automated] / [Manual] / [Combination of both] / [Not applicable] |
| * the verifications referred to in question 43.7:
 |  | [Automated] / [Manual] / [Combination of both] / [Not applicable] |
| * the verifications referred to in question 43.8:
 |  | [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 of 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] |

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| 1. **Group policy**
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| 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 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. 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)