**AML/CFT Questionnaire**

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| **Firm Name** | Click or tap here to enter text.  |

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| **AML overview** |
| Is your company subject to local AML laws/ regulations? | Choose an item. |
| Does your company have a legal and regulatory compliance program that includes a designated officer that is responsible for coordinating and overseeing the AML framework? | Choose an item. |
| **Policies and Procedures** |
| Does your company’s AML compliance program require the approval of your board or a senior committee thereof?  | Choose an item. |
| Does your company’s AML program and written policies and procedures comply with current AML legislation, regulations and guidelines issued by the regulatory bodies in the jurisdiction in which you operate? | Choose an item. |
| Does your company keep records and retains written information evidencing the establishing of the identity of clients and such monies or assets for at least 5 years from the date the relationship with the clients has ended?  | Choose an item. |
| **Risk Assessment** |
| Does your company have a risk focused assessment of your customer base and their transactions?  | Choose an item. |
| Does your company conduct enhanced due diligence including the source of wealth and confirming the legitimacy of the source of funds and will continue to do so on an ongoing basis necessary for any client or beneficial owner who is a politically exposed person “PEP” or other high risk customers?  | Choose an item. |
| Does your company take steps to understand the normal and expected transactions of your customers based on your risk assessment of your customers?  | Choose an item. |
| **Know your customer** |
| Has your company implemented systems for the identification of all your customers at account opening, including verification of customer information from independent and reliable sources (e.g. name, address, date of birth, number and type of valid official identification)?  | Choose an item. |
| Does your company has no reason to believe any client and where applicable, beneficial owner are acting, directly or indirectly, (i) in contravention of any applicable laws and regulations, including anti-money laundering regulations or conventions and (ii) on behalf of terrorists or terrorist organisations, including those persons or entities that are included on the List of Specially Designated Nationals and Blocked Persons maintained by the U.S. Treasury Department's Office of Foreign Assets Control ("OFAC") or named on the list of prohibited countries, territories, entities and individuals in the Official Journal of the European Community? | Choose an item. |
| **Transaction Monitoring** |
| Does your company have written policies that have been approved by senior management documenting the processes that have been put in place to prevent, detect and report suspicious transactions?  | Choose an item. |
| Does your company monitors the customers’ account for suspicious activity or transactions? | Choose an item. |
| **AML Training**  |
| Does your company provide AML training to relevant employees and third parties that includes identification and reporting of transactions that must be reported to government authorities, examples of forms of money laundering involving your products and services and internal policies to prevent money laundering? | Choose an item. |

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| Please provide details in case your response was negative to any of the question above | Click or tap here to enter text. |

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| [For any firm dealing with cryptoassets], please elaborate on your crypto transaction monitoring tool and kindly provide us with supporting evidence (i.e. a valid agreement or screenshot showing the date, name of the user and service provider’s name) | Click or tap here to enter text. |

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| Will your company re-certify the foregoing to GCEX on request on a periodic basis?  | Choose an item. |

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| Please specify the jurisdiction of your clients and % of revenue generated from the jurisdiction |
| Jurisdiction | % of Revenue |
| Click or tap here to enter text. | Choose an item. |
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| **AML Compliance Officer**  |
| AML Officer Full Name  | Click or tap here to enter text. |
| AML Officer Tel. no, including country code  | Click or tap here to enter text. |
| AML Officer email  | Click or tap here to enter text. |

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| **Details of the person completing this questionnaire**  |
| Full Name  | Click or tap here to enter text. |
| Date  | Click or tap to enter a date. |
| Signature | Click or tap here to enter text. |