

APPENDIX C

FORMS

C.1 INTRODUCTION LETTER

To: [Regulated person concerned]

Full name of applicant (prospective customer): _____

Title (Mr/Mrs/Miss/Ms): _____

Full address including postcode: _____

I/we are a *regulated person/foreign regulated person* as defined in Anguilla's Anti-Money Laundering Regulations, 2006 and we are providing this introduction in accordance with the Guidance Notes issued by the Financial Services Department of the Government of Anguilla.

Please complete either Option 1 (by deleting either A1 or A2 and either B1 or B2) or Option 2 (by deleting Option 1 and setting out the reasons as requested).

OPTION 1:

A1: The above applicant was an existing customer of ours at [*date*]; OR

A2: We have verified the identity of the Applicant and his/her/its name and address as set out above corresponds with our records; OR

AND

B1: The applicant is applying on his own behalf and not as nominee, trustee or in a fiduciary capacity for any other person.

B2: The applicant is acting as nominee, trustee or in a fiduciary capacity for other persons whose identity has been established by us and appropriate documentary evidence to support the identification is held by us and can be produced on demand.

OPTION 2:

C: We have not verified the identity of the above applicant for the following reasons:

Full name of Introducer _____

Signed: _____

Full name: _____ Position: _____

C.2 REQUEST FOR VERIFICATION OF CUSTOMER IDENTITY

To: [Receiving Institution]

From: [Regulated person sending letter]

Dear Sirs

REQUEST FOR VERIFICATION

In accordance with Anguilla's Anti-Money Laundering Regulations and Guidance Notes, we write to request your verification of the identity of our prospective customer detailed below.

Full name of prospective customer: _____

Title (Mr/Mrs/Miss/Ms): _____

Address including postcode: _____

Date of birth: _____ Account No. (if known): _____

Example of customer's signature _____

Please respond positively and promptly by returning the tear-off portion below.

Signed: _____

Full name: _____ Position: _____

✂-----

To: [The Manager, Originating Institution]

From: [Receiving Institution]

Request for verification of the identity of [title and full name of customer] _____

With reference to your enquiry dated we:

1. Confirm that the above customer *is/is not known to us.
2. *Confirm/cannot confirm the address shown in your enquiry.
3. *Confirm/cannot confirm that the signature reproduced in your enquiry appears to be that of the above customer.

The above information is given in strict confidence, for your private use only, and without any guarantee or responsibility on the part of this institution or its officials.

Signed: _____

Full name: _____ Position: _____

*DELETE AS APPLICABLE.

C.3 AUTHORITY TO DEAL BEFORE CONCLUSION OF VERIFICATION

Name of regulated person: _____

Name and address of introducer (if appropriate): _____

Introducer's regulator (if appropriate): _____

Name and address of prospective client: _____

By reason of the exceptional circumstances set out below and notwithstanding that the identity of the above prospective client has not been verified in accordance with the Anti Money Laundering Regulations, 2006 and the Guidance Notes, I authorise:

[Action to be undertaken, eg opening of account]

The exceptional circumstances are as follows:

I confirm that a copy of this authority has been delivered to the MLRO.

Signed: _____

Name: _____

Position: _____

Date: _____

[Note that this form must be signed by a senior manager of the regulated person.]

C.4 INTERNAL REPORT FORM

Name of client/prospective client: _____

Full account name (if appropriate) [existing client]: _____

Account No or Internal reference no (if appropriate): _____

Date account opened or client accepted [existing client]: _____

Date client made application for business [prospective client]: _____

Date and place of birth: _____ Nationality: _____

Full address: _____

Passport/Driving licence no. (specifying which): _____

Other evidence of identification:
(attach copies of any references)

Details of transaction or proposed transaction arousing suspicion:

As relevant/appropriate: Amount Currency Date of Receipt Sources of funds

Other relevant information:

Name and position of employee making report: _____

Signature of employee making report: _____ Date: _____

Name of MLRO: _____

Decision [MLRO should briefly set out the reason for regarding the transactions as suspicious or, if he decides against making a report, his reasons for that decision:

Signature of MLRO: _____ Date: _____

Name of senior manager: _____

Approved/Rejected (delete as appropriate) Date: _____

Reasons: _____

Date report made to Authority (if appropriate): _____

C.5 SUSPICIOUS TRANSACTION REPORT TO REPORTING AUTHORITY

ANGUILLA MONEY LAUNDERING REPORTING AUTHORITY

Suspicious Transaction or Activity Report

Notes: 1. Complete a separate form in respect of each suspect person, company or business.
2. Either type or print this form.
3. When submitting this form attach all relevant material and use an additional page if necessary.
4. Send this form when complete to:
(address etc)

For completion by Authority
MLRA Ref. No.:
Reporting Entity Ref:
Date report received:
Report received by (post/fax etc):
Category:
Date acknowledgement sent:
Action taken:

Reporting Entity Details

Name and address of reporting entity: _____
Telephone no: _____ Fax No: _____
Contact at reporting authority: _____

Disclosure Subject

Name: _____
Full address: _____
Telephone no (H): _____ Tel no (W): _____ Fax No: _____
Date and place of birth: _____
Nationality: _____ Occupation: _____
Name and address of employer (if appropriate): _____

Existing client/Prospective client/Other*

If Other, provide details: _____

If Client or Prospective Client, date accepted or made application: _____

Details of identification evidence obtained: _____

Other relevant information (eg associated persons): _____

If previous report(s) made in respect of this subject, provide MLRA ref no(s): _____

If this report is linked to other reports, please provide details: _____

Details of transaction or proposed transaction arousing suspicion:

PLEASE CONTINUE OVERLEAF

Reasons for Suspicion:

Name of person completing report: _____

Position in reporting entity: _____

MLRO of reporting entity (if different): _____

Telephone No: _____ Date: _____

Signed: _____

C.6 SAMPLE LETTER OF ACKNOWLEDGEMENT

ANGUILLA MONEY LAUNDERING REPORTING AUTHORITY

[Address etc]

[Date]

[Name and Address of reporting entity]

MLRA Ref. No:

Dear Sir/Madam

Acknowledgement of suspicious transaction/activity report

I acknowledge receipt of the information supplied by you to the Anguilla Money Laundering Reporting Authority under the provisions of the Proceeds of Criminal Conduct Act, 2000 concerning *[name of disclosure subject(s)]*.

As the enquiry progresses, contact will be maintained on the progress of the enquiries.

Thanking you for your continued co-operation.

Yours faithfully

[Name]

Anguilla Money Laundering Reporting Authority

C.7 Sample Feedback Report

ANGUILLA MONEY LAUNDERING REPORTING AUTHORITY

[Address etc]

[Date]

[Name and Address of reporting entity]

MLRA Ref. No:

Dear Sir/Madam

Suspicious Transaction/Activity Feedback

Following the receipt of the disclosure of the above reference number made by you and the subsequent enquiries made by the Authority, I enclose for your information a summary of the present position of the case (see below).

The current status shown, whilst accurate at the time of making this report, should not be treated as a basis for subsequent decision without reviewing the up-to-date position.

Please do not hesitate to contact the Authority should you require any further information or assistance.

Yours faithfully

[Name]

Anguilla Money Laundering Reporting Authority

STATUS REPORT:

- Still under active investigation
- Investigation concluded