**AML Return for Financial Institutions (FIs)[[1]](#footnote-1) and Designated Non-Financial Businesses & Professions (DNFBPs)**

|  |  |
| --- | --- |
| ***Guidance*** | |
| 1. In completing this AML Return, Relevant Persons should refer to the Anti-Money Laundering and Sanctions Rules and Guidance (AML). | |
| 1. A Glossary of defined terms is provided in AML Chapter 3. | |
| 1. A reference in the AML Return to "Money Laundering" includes also a reference to Terrorist Financing (TF), Proliferation Financing (PF), the financing of unlawful organizations and sanctions non-compliance unless the context provides or implies otherwise. | |
| 1. All Relevant Persons must complete and submit this AML Return by the end of April each year in accordance with AML 4.6.1. The AML Return must cover the period from 1 January to 31 December of the preceding year (unless previously authorized by the FSRA). | |
| 1. Relevant Persons must complete all applicable questions within the AML Return. |  |
| 1. Relevant Persons must retain a signed copy of the completed AML Return along with all supporting materials. |  |
| 1. Separately, a Relevant Person must also report at least semi-annually to its Governing Body or Senior Management on the matters set out in AML 12.4.1. In accordance with AML 12.4.3, copies of these reports and the records made under AML 12.4.2(c) must be submitted to the Relevant Person’s ADGM Regulator. |  |

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**Core Information**

# Details of Relevant Person

|  |  |
| --- | --- |
| *Relevant Person’s Name:* | *[insert answer]* |
| *Commercial License or Financial Services*  *Permission Number:* | *[insert answer]* |
| *Relevant Person’s Type:* | FIs DNFBPs |
| *If FI, specify Category (“Cat.”):*  *If DNFBP, specify Sector:* | Cat. 1  Cat. 2  Cat. 3A  Cat. 3B  Cat. 3C  Cat. 4  Cat. 5  Real estate agents  Dealer in precious metals or precious stones or dealer in any saleable item of a price equal to or greater than USD 15,000  Lawyers, notaries, other independent legal professionals, and accountants  Trust and Company Service Providers |
| *Submission Date:* | *[DD/MM/YYYY]* |
| *Reporting Period: 1 January to 31 December:* | *[insert answer]* |

# 

# Money Laundering Reporting Officer (MLRO)

|  |  |
| --- | --- |
| * + 1. *Name of MLRO:* | *[insert answer]* |
| 1. *Did the MLRO hold any other roles with the Relevant Person or its Group during the reporting period?* | Yes No |
| *If yes, please list all role(s):* | Compliance Officer |
| Risk Manager |
| Group MLRO |
| Group Compliance Officer |
| Other (specify below) |
| *[insert answer]* |
| 1. *Is the MLRO function outsourced?* | Yes No |
| *If yes:* | |
| 1. *On average, how many hours per month did the MLRO provide their services to the Relevant Person?* | |
| *[insert answer]* | |
| 1. *How many entities did the MLRO act for?* | |
| *[insert answer]* | |
| 1. *Has the Relevant Person changed MLRO during the reporting period?* | Yes No |
| *If yes, please provide the reason(s) for the change in MLRO:* | |
| *[insert answer]* | |
| 1. *Please specify the MLRO reporting lines/s [AML12.2.1 (a)]:* | Senior Management |
| Governing Body |
| Committee of Governing Body |
| Risk Management Department |
| Other (specify) |
| *[insert answer]* |
| * + 1. *Deputy MLRO* | |
| *Name of Deputy MLRO:* | *[insert answer]* |

# 

# Governance and Oversight

Specify whether the Senior Management or Governing Body were involved in any of the following during the reporting period:

|  |  |  |
| --- | --- | --- |
| ***Action*** | ***Senior Management*** | ***Governing Body*** |
| 1. *Approval of the Business Risk Assessment:* | Yes No | Yes No |
| 1. *Discussion on AML risks at Governing Body*   *meetings:* | Yes No | Yes No |
| 1. *Oversight of AML compliance review(s) conducted in accordance with AML 4.1.1(4) and any subsequent remedial action:* | Yes No | Yes No |
| 1. *Review of regular AML compliance reports:* | Yes No | Yes No |
| 1. *Approval of business partners or respondent/correspondent banks:* | Yes No | Yes No |
| 1. *Approval of Politically Exposed Persons (PEPs), higher-risk clients, transactions or products:* | Yes No | Yes No |
| 1. *Approval of policies, procedures or other relevant systems and controls:* | Yes No | Yes No |
| 1. *Influencing any decisions regarding Suspicious Activity Reports:* | Yes No | Yes No |
| 1. *Other (specify):* | *[insert answer]* | |

# 

# Reporting

|  |  |  |
| --- | --- | --- |
| 1. *Specify the frequency of the MLRO’s internal reports [AML 12.4.1]:* | Monthly | |
| Quarterly | |
| Semi-annually | |
| Other (specify) | |
| *[insert answer]* | |
| 1. *Specify to whom the internal reports were circulated:* | Senior Management | |
| Members of Governing Body | |
| Committee of Governing Body | |
| Group Compliance/AML Department | |
| Risk Management Department | |
| Other (Specify) | |
| *[insert answer]* | |
| 1. *Confirm whether the semi-annual report has been prepared in accordance with AML 12.4.1:* | | Yes No |
| 1. *Confirm whether copies of the reports submitted to the Governing Body and Senior Management and the associated assessments made during the reporting period have been submitted to the Regulator in accordance with AML 12.4.3:* | | Yes No |

# Business Risk Assessment (BRA)

|  |  |  |
| --- | --- | --- |
| 1. *Provide the date of the last BRA undertaken by the Relevant Person [AML 6.1.1]:* | | *[DD/MM/YYYY]* |
| 1. *Did this BRA take into consideration the results of the most recent UAE National Anti-Money Laundering and Terrorist Financing Risk Assessment Report?* | | Yes No |
| 1. *Did the Relevant Person identify and assess Terrorism Financing (TF) and Proliferation Financing (PF) risks for their customers, countries or geographic areas, products, services, transactions, or delivery channels?* | | Yes No |
| 1. *Did the Relevant Person consider other factors in conducting its BRA?* | | Yes No |
| *If yes, please provide details of these factors considered in the BRA:* | | |
| *[insert answer]* | | |
| 1. *Did the Relevant Person introduce any of the following during the reporting period? [AML 6.1.3]:* | 1. New productYes No | |
|  | 1. New service Yes No | |
|  | 1. New business practice Yes No | |
|  | 1. New or developing technology Yes No | |
| *If yes:* | | |
| 1. *did any of these introductions impact the BRA during the reporting period?* | | Yes No |
| 1. *Please provide details of the impact of these introductions:* | | |
| *[insert answer]* | | |
| 1. *Is there any type of client, transaction, or product (within the scope of the Relevant Person’s commercial license or Financial Services Permission) which the Relevant Person prohibits due to its AML risk appetite?* | | Yes No |
| *If yes, please describe these and the reasons why:* | | |
| *[insert answer]* | | |
| 1. *Does the Relevant Person assess the potential risk arising from other financial crimes, such as fraud and the theft of personal data?* | | Yes No |
| *If yes, please describe process/es in place for this assessment:* | | |
| *[insert answer]* | | |

# Policies, Procedures, Systems and Controls

|  |  |  |
| --- | --- | --- |
| 1. *Provide the date of the last review of the effectiveness of the Relevant Person’s AML policies, procedures, systems and controls [AML 4.1.1(4) and AML 6.2.1(c)]:* | | *[DD/MM/YYYY]* |
| 1. *Specify who the review was undertaken by [AML 4.1.1 (5) and AML 10.4.1] (where applicable)* | Internal audit department | |
| Internal compliance department | |
| Independent audit firm | |
| Independent compliance | |
| Other (specify) | |
| *[insert answer]* | |
| 1. *Specify the scope of this review [AML 4.1.1(6)]:* | | |
| *[insert answer]* | | |
| 1. *Provide the date of the last review and update of your AML policy(ies):* | *[DD/MM/YYYY]* | |
| 1. *Does your AML policies, procedures, systems and controls cover Targeted Financial Sanctions (TFS) and Proliferation Finance (PF) measures:* | Yes No | |

# 

# Groups, Branches and Subsidiaries

|  |  |
| --- | --- |
| 1. *Is the Relevant Person an ADGM Entity, with a branch, subsidiary, or a Group entity in the ADGM?* | Yes No |
| *If yes, describe the arrangements in place to ensure that its operations comply with its policies, procedures, systems and controls [AML 4.2]:* | |
| *[insert answer]* | |
| 1. *Is the Relevant Person part of a Group?* | Yes No |
| *If yes; describe the arrangements in place with Group entities to ensure the appropriate sharing of AML-related information [AML 4.3]:* | |
| *[insert answer]* | |

# 

# Sanctions

|  |  |  |  |
| --- | --- | --- | --- |
| 1. *Did the Relevant Person screen all of its customers and transactions against local and international lists?* | | | Yes No |
| 1. *Please specify which lists the Relevant Person screens against:* | | | OFAC  HMT  EU  UNSC  UAE  Other (specify)  *[insert answer]* |
| 1. *What arrangements did the Relevant Person have in place to comply with relevant resolutions and Sanctions? The response should specify the:* | | | |
| 1. *roles involved:* | | | *[insert answer]* |
| 1. *frequency of any screening:* | | | Upon any updates to the Local Terrorist List or UN Consolidated List  Prior to onboarding new customers  Upon KYC reviews or changes to a customer’s information  Before processing any transaction  Other (specify) |
| *[insert answer]* |
| 1. *maintenance of lists:* | | | Manual  Automated  Both manual and automated  Other (specify) |
| *[insert answer]* |
| 1. *any technology utilised [AML 11.1.1(1)] Specify the respective name(s) of the service provider(s):* | | | *[insert answer]* |
| 1. *Did the Relevant Person rely on in-house or third- party technology for sanctions screening?* | | | Yes No  Both |
| 1. *During the reporting period, did the Relevant Person become aware of an event specified under AML 11.1.1(2) that required it to make a report to its Regulator?* | | | Yes No |
| *If yes; Please specify the following information:* | ***Sanction Action*** | | ***Number of Events*** |
| *Events Identified* | | *[insert answer]* |
| *Events Reported to Regulator* | | *[insert answer]* |
| 1. *Specify the number of Sanctions Screening alerts reviewed during the reporting period:* | | | |
| ***No. of Payment***  ***Screening Alerts:*** | | | ***No. of Customer Database***  ***Screening Sanctions Alerts:*** |
| *[insert answer]* | | | *[insert answer]* |
| 1. *Where the Relevant Person relies on third party technology for sanctions screening, please specify the following:* | | | |
| 1. *How it has satisfied itself that the technology includes a comprehensive and up-to-date list of resolutions and Sanctions that the Relevant Person must comply with?* | | | |
| *[insert answer]* | | | |
| 1. *The frequency that the screening lists are updated by the technology provider:* | | Daily  Weekly  Monthly  Quarterly  Annually  Other (specify) | |
| *[insert answer]* | |
| 1. *Describe the arrangements in place to ensure that the Relevant Person complies with relevant government, regulatory and international findings, resolutions and Sanctions [AML 11.2.1(1)]:* | | | |
| *[insert answer]* | | | |
| 1. *Has the Relevant Person subscribed to the website of the Executive Office for Control and Non-Proliferation (EOCN) to receive updates whenever a change is applied on the United Nations Security Council Resolutions and UAE national sanctions lists?* | | | Yes No |
| 1. *Did the Relevant Person screen the database and transactions on a regular basis against the names listed on the United Nations Security Council Resolutions and UAE national sanctions lists issued under the EOCN website?* | | | Yes No |
| 1. *Is the Relevant Person aware that they are required to notify the Supervisory Authority in case of the detection of a positive match?* | | | Yes No |
| 1. *In the event where the Relevant Person identified a "positive hit" of any designated person or entity, what Targeted Financial Sanctions actions were taken to ensure full compliance with the obligations under Article 21 of Cabinet Decision No.74 of 2020?* | | | |
| *[insert answer]* | | | |
| *m) When a match is found through the screening process, did the Relevant Person implement freezing measures as well as submitting a reporting without delay through GoAML platform?* | | | Yes No |
| *n) Did Relevant Person maintain records of all screening results (negative, false positive, potential, and confirmed matches) for a period of at least five years?* | | | Yes No |
| 1. *Is the Relevant Person aware of completing the TFS mandatory survey after each sanction alert notification received by the EOCN?* | | | Yes No |
| 1. *Does the Relevant Person conduct business involving dual-use goods?* | | | Yes No |
| *If yes; did the Relevant Person:* | | | |
| 1. *Have a clear dual-use goods policy?* | | | Yes No |
| 1. *Have a screening mechanism for transactions involving dual-use goods?* | | | Yes No |
| 1. *Update dual-use goods list into its sanctions screening system?* | | | Yes No |
| *If yes; how did the Relevant Person update dual-use goods list into its sanctions screening system?* | | | |
| *[insert answer]* | | | |
| 1. *Review dual-use goods in transactions to ensure that they do not involve weapons of mass destruction?* | | | Yes No |
| *If yes; detail the standard operating procedure.* | | | |
| *[insert answer]* | | | |

# 1.9 Suspicious Activity Reports (SARs) / Suspicious Transactions Reports (STRs)

|  |  |
| --- | --- |
| *Specify the number of SARs / STRs reported during the reporting period [AML 14.2.2 and AML 14.3.1(c)]:* | |
| ***SAR / STR Type*** | ***Number of SARs / STRs*** |
| 1. *Internal (to MLRO)* | *[insert answer]* |
| 1. *External (to UAE Financial Intelligence Unit)* | *[insert answer]* |
| 1. *Has the Relevant Person registered on the UA Financial Intelligence Unit’s (FIU) goAML system?* | Yes No |
| 1. *Have all external SARs / STRs been submitted to the UAE FIU via the goAML system?* | Yes No N.A |
| 1. *Number of SARs/STRs raised through the goAML system* | *[insert answer]* |
| 1. *Has the Relevant Person notified the Regulator of SARs /STRs reported to the UAE FIU?* | Yes No N.A |

# 

# Training

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. *List the AML/CFT and TFS training, conferences and events attended by the MLRO and Deputy MLRO, where applicable, during the reporting period:* | | | | |
| ***MLRO*** | | ***Deputy MLRO*** | | |
| Trainings' Number: | *[insert answer]* | Trainings’ Number: | | *[insert answer]* |
| Trainings’ Details: | *[insert answer]* | Trainings’ Details: | | *[insert answer]* |
| 1. *Did relevant Person conduct adequate internal training and awareness on AML obligations and sanctions evasion typologies to relevant staff and senior management?* | | Yes No | | |
| *If yes; specify below the number of relevant Employees that completed AML training during the reporting period:* | | | | |
| ***Role*** | | ***Number Completed*** | ***Number Not Completed*** | |
| *Senior Management & Government Body* | | *[insert answer]* | *[insert answer]* | |
| *Client Facing Employees* | | *[insert answer]* | *[insert answer]* | |
| *Risk, Compliance & Internal Audit* | | *[insert answer]* | *[insert answer]* | |
| *Operations (Finance, IT, HR, administration etc)* | | *[insert answer]* | *[insert answer]* | |
| *Other (specify):* | | *[insert answer]* | *[insert answer]* | |
| 1. *Did Relevant Person conduct adequate internal training and awareness on TFS (TF & PF) obligations and typologies to relevant staff and senior management?* | | Yes No | | |
| *If yes; specify below the number of relevant Employees that completed TFS (Proliferation & Terrorism Financing) training during the reporting period:* | | | | |
| ***Role*** | | ***Number Completed*** | ***Number Not Completed*** | |
| *Senior Management & Government Body* | | *[insert answer]* | *[insert answer]* | |
| *Client Facing Employees* | | *[insert answer]* | *[insert answer]* | |
| *Risk, Compliance & Internal Audit* | | *[insert answer]* | *[insert answer]* | |
| *Operations (Finance, IT, HR administration etc)* | | *[insert answer]* | *[insert answer]* | |
| *Other (specify):* | | *[insert answer]* | *[insert answer]* | |
| 1. *Where relevant Employees did not complete training during the reporting period, what were the reasons for this?* | | | | |
| *[insert answer]* | | | | |
| 1. *Specify when the Relevant Person provided AML and Sanctions trainings to relevant Employees during the reporting period:* | | Shortly after employment commenced  Annually  Other (specify) | | |
| *[insert answer]* | | |
| *Specify the scope of topics covered in the training material:* | | | | |
| *[insert answer]* | | | | |
| 1. *Specify how the training was provided:* | | Presented by an external training provider  Presented by MLRO  Online training tool  External course  Self-study  Other (specify) | | |
| *[insert answer]* | | |

# 

# 1.11 Notifications

|  |  |
| --- | --- |
| 1. *Has an event occurred requiring the Relevant Person to notify the Regulator under the AML Rules? [AML 4.1.2, 4.4.1, 4.4.2]* | Yes No |
| *If yes, specify the date/s of this/these notification/s and the event/s that occurred:* | |
| *[insert answer]* | |

1. 2

**Supplementary Information**

* 1. **Customer Risk Assessments (CRAs)**

|  |  |  |  |
| --- | --- | --- | --- |
| 1. *Specify from which channels the Relevant Person accepted new customers:* | Face-to-face  Non face-to-face  Introductions from Group entities  Introductions from third parties  Other (Specify) | | |
| *[insert answer]* | | |
| 1. *Describe the process for conducting CRAs including the roles involved and any technology or templates utilised:* | | | |
| *[insert answer]* | | | |
| 1. *For non-face-to-face client, please specify the below:* | | | |
| 1. *The roles involved:* | *[insert answer]* | | |
| 1. *Did the Relevant Person have process in place for conducting e-KYC CRAs?* | Yes No | | |
| *If yes; provide details about the process in place:* | | | |
| *[insert answer]* | | | |
| 1. *Did the Relevant Person have any technology utilized for e-KYC?* | Yes No | | |
| *If yes; please specify the respective name(s) of technology utilized?* | | | |
| *[insert answer]* | | | |
| 1. *Did the Relevant Person adopt measures to mitigate e-KYC risks [AML 8.3 Guidance]?* | Yes No | | |
| *If yes; provide details about these measures:* | | | |
| *[insert answer]* | | | |
| 1. *Provide an overview of the Relevant Person’s CRA methodology including the prescribed customer risk ratings, associated due diligence levels and frequency of reviews:* | | | |
| *[insert answer]* | | | |
| 1. *Describe the onboarding procedure in place and illustrate how the Relevant Person adopts a risk-based approach when dealing with customers:* | | | |
| *[insert answer]* | | | |
| 1. *Describe the CDD conducted during the onboarding process, including the roles involved and any technology or templates utilised [AML 8.1 to 8.2]:* | | | |
| *[insert answer]* | | | |
| 1. *What measures did the Relevant Person have in place to ensure that a consistent level of CDD is undertaken for each client type (individual, body corporate, partnership, trust etc) relative to their risk rating [AML 8.3 to 8.5]:* | | | |
| *[insert answer]* | | | |
| 1. *For non-face to face customers, did the Relevant Person combine e-KYC with transaction monitoring, anti-fraud and cyber-security measures to support a wider framework preventing applicable Financial Crime?* | Yes No | | |
| 1. *Please specify the number of prospective customers that were “Rejected" due to the implementation of a risk-based CDD measures:* | *[insert answer]* | | |
| 1. *Please provide details of all cases of prospective customers’ rejections due to the implementation of a risk-based CDD measures (brief description of the related CDD conducted and the reason for rejection):* | | | |
| *[insert answer]* | | | |
| 1. *Please provide the number of existing customers that were “Terminated” due to the implementation of a risk-based CDD measures:* | | | *[insert answer]* |
| 1. *Please provide details of all cases of terminations of existing customers due to the implementation of a risk-based approach (brief description of the related CDD conducted and the reason for termination):* | | | |
| *[insert answer]* | | | |
| 1. *Describe the process for conducting ongoing CDD, including the roles involved and any technology or templates utilised. Please specify whether this process differs depending on the customer’s risk profile [AML 8.6]:* | | | |
| *[insert answer]* | | | |
| 1. *Specify how customer data is maintained by the Relevant Person:* | | Electronically;  Manually  A combination of both  Other (Specify) | |
| *[insert answer]* | |
| 1. *Specify the location of the Relevant Person’s customer data:* | | | |
| *[insert answer]* | | | |
| 1. *Specify whether the Relevant Person’s transaction monitoring process is:* | | Manual  Automated  Both manual and automated  Not applicable as no transaction monitoring is  undertaken. | |
| 1. *If the Relevant Person’s transaction monitoring is “automated”, specify the technology used:* | | | |
| *[insert answer]* | | | |
| 1. *If the Relevant Person’s transaction monitoring is “manual”, please describe the related process:* | | | |
| *[insert answer]* | | | |
| 1. *Specify the number of transaction monitoring alerts reviewed during the reporting period:* | | *[insert answer]* | |
| 1. *Is any of the transaction monitoring alerts reviewed during the reporting period related to cases of fraud or theft of personal data?* | | Yes No  *If yes; specify the number*: | |
| *[insert answer]* | |
| 1. *Did the Relevant Person have in place arrangements to comply with the Decision of the National Committee for Combating Money Laundering and Financing Terrorism and Illegal Organizations (the Committee) regarding FATF High-Risk Jurisdictions?* | | Yes No | |
| *If yes, specify what arrangement did the Relevant Person have in place to comply with this Decision?* | | | |
| *[insert answer]* | | | |
| 1. *Did the Relevant Person apply enhanced CDD measures to all business relationships and transactions with FATF high-risk jurisdictions?* | | Yes No | |
| 1. *Does the Relevant Person report to Financial Intelligence Unit (“FIU”) any transactions involving natural persons or legal entities from FATF high-risk jurisdictions before conducting such transactions?* | | Yes No | |
| 1. *What is the number of transactions involving natural persons or legal entities from FATF high-risk jurisdictions reported to the FIU?* | | *[insert answer]* | |

* 1. **Reliance and Outsourcing**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. *Did the Relevant Person rely on a third party “qualified professional” to conduct one or more elements of CDD on its behalf?* | | | Yes No | |
| *If yes; please list these below [AML 9.1.1(1)]:* | | | | |
| ***Name of Qualified Professional*** | ***Type of Qualified***  ***Professional***  *(e.g. financial institution, group entity, law firm etc)* | | | ***Element/s of CDD***  ***undertaken***  *(e.g. collection of documentation, data entry, due diligence checks etc)* |
| *[insert answer]* | *[insert answer]* | | | *[insert answer]* |
| *[insert answer]* | *[insert answer]* | | | *[insert answer]* |
| *[insert answer]* | *[insert answer]* | | | *[insert answer]* |
| 1. *Describe the arrangements in place to ensure that the Relevant Person has access to the CDD information from the third party, in compliance with AML 9.1.1(3)(a) and (b):* | | | | |
| *[insert answer]* | | | | |
| 1. *Did the Relevant Person have an outsourcing agreement in place with the third party that complies with GEN 3.3.32 [AML 9.3.1]?* | | Yes No N.A | | |

* 1. **Business Partner Identification**

|  |  |  |
| --- | --- | --- |
| 1. *Did the Relevant Person have a process for conducting Business Partner identification including the roles involved and any approvals sought [AML 9.2.1]:* | Yes No | |
| *If yes;* | | |
| 1. *Describe the Relevant Person’s process for conducting Business Partner identification including the roles involved and any approvals sought [AML 9.2.1]:* | | |
| *[insert answer]* | | |
| 1. *How frequently is the ongoing due diligence on Business Partners undertaken?* | | Quarterly  Semi-annually  Annually  Never  Other (specify |
| *[insert answer]* |

1. 3

**Correspondent Banking & Wire Transfers**

* 1. **Correspondent Banking**

|  |  |
| --- | --- |
| 1. *Did the Authorised Person conduct any correspondent banking activities with a respondent bank?* | Yes No N.A |
| 1. *Is the Authorised Person satisfied that the respondent bank undertook CDD at least equivalent to that in AML 8.3.1 in respect of its customers who were party to the correspondent banking relationship and this information is available upon the Authorised Person’s*   *request [AML 10.2.1(g)]?* | Yes No N.A |
| 1. *Has the Authorised Person maintained records to demonstrate compliance with the requirements in AML 10.2.1?* | Yes No N.A |

* 1. **Wire Transfers**

|  |  |
| --- | --- |
| 1. *Did the Authorised Person send or receive funds by wire transfer on behalf of a customer [AML 10.3.1]?* | Yes No N.A |
| *If yes;* | |
| 1. *Did the Authorised Person screen all of the originators and beneficiaries of these wire transfers?* | Yes No N.A |
| 1. *Did the Authorised Person screen other details in these wire transfers.* | Yes No N.A |
| *If yes; provide details about the fields screened:* | |
| *[insert answer]* | |
| 1. *Specify whether all completed wire transfers contained:* | |
| * *accurate originator and beneficiary information [AML 10.3.2(1)(a)]?* | Yes No N.A |
| * *the minimum information specified in AML 10.3.2(3)?* | Yes No N.A |
| 1. *Describe the process for screening wire transfers including the roles involved, any technology used and the policy for rejecting or suspending wire transfers:* | |
| *[insert answer]* | |

1. 4

**Customers and Transactions Data**

*As at the end of the reporting period.*

# Breakdown of customers by nationality (for natural persons) or domicile (for non- natural persons)

|  |  |  |
| --- | --- | --- |
| ***Geographical Area*** | ***Number of Customers which are natural persons*** | ***Number of Customers which are non-natural persons*** |
| UAE | *[insert answer]* | *[insert answer]* |
| GCC (other than UAE) | *[insert answer]* | *[insert answer]* |
| Middle East (other than UAE & GCC) | *[insert answer]* | *[insert answer]* |
| Africa | *[insert answer]* | *[insert answer]* |
| Asia | *[insert answer]* | *[insert answer]* |
| Oceania | *[insert answer]* | *[insert answer]* |
| North America | *[insert answer]* | *[insert answer]* |
| South America | *[insert answer]* | *[insert answer]* |
| Europe and UK | *[insert answer]* | *[insert answer]* |
| **Overall Total Number of Customers** | *[insert answer]* | *[insert answer]* |

# 4.2 Breakdown of customers by residency status (for natural persons)

|  |  |  |
| --- | --- | --- |
| ***Geographical Area*** | ***Number of Customers which are natural persons*** | ***Specify the country (ies)*** |
| UAE | *[insert answer]* | *[insert answer]* |
| GCC (other than UAE) | *[insert answer]* | *[insert answer]* |
| Middle East (other than UAE & GCC) | *[insert answer]* | *[insert answer]* |
| Africa | *[insert answer]* | *[insert answer]* |
| Asia | *[insert answer]* | *[insert answer]* |
| Oceania | *[insert answer]* | *[insert answer]* |
| North America | *[insert answer]* | *[insert answer]* |
| South America | *[insert answer]* | *[insert answer]* |
| Europe and UK | *[insert answer]* | *[insert answer]* |
| **Overall Total Number of Customers** | *[insert answer]* | *[insert answer]* |

**4.3 Breakdown for customers which are non-natural**

|  |  |  |
| --- | --- | --- |
| ***Legal Persons*** | ***Legal Arrangements*** | ***Type of Legal Arrangements*** |
| *[insert answer]* | *[insert answer]* | *[insert answer]* |

# 4.4 Breakdown of customers from FATF high risk and other monitored jurisdictions

|  |  |
| --- | --- |
| ***FATF Jurisdiction*** | ***Number of Customers*** |
| *[insert answer]* | *[insert answer]* |
| *[insert answer]* | *[insert answer]* |
| *[insert answer]* | *[insert answer]* |
| *[insert answer]* | *[insert answer]* |
| *[insert answer]* | *[insert answer]* |
| *[insert answer]* | *[insert answer]* |
| *[insert answer]* | *[insert answer]* |
| *[insert answer]* | *[insert answer]* |

# 

# 4.5 Breakdown of customers by risk rating

|  |  |
| --- | --- |
| ***Risk Rating***  **(e.g. low, medium, high)** | ***Number of Customers*** |
| *[insert answer]* | *[insert answer]* |
| *[insert answer]* | *[insert answer]* |
| *[insert answer]* | *[insert answer]* |
| *[insert answer]* | *[insert answer]* |
| *[insert answer]* | *[insert answer]* |

# 

# 4.6 Breakdown of customers by type of due diligence:

|  |  |
| --- | --- |
| ***Number of Standardised due diligence*** | ***Number of Enhanced due diligence*** |
| *[insert answer]* | *[insert answer]* |

# 4.7 Customers and beneficial owners identified as PEPs [AML 8.3 Guidance]:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***PEP Type*** | ***Number of Customers*** | ***Nationality*** | ***Number of Beneficial Owners*** | ***Nationality*** |
| 1. Domestic | *[insert answer]* | *[insert answer]* | *[insert answer]* | *[insert answer]* |
| 1. Foreign | *[insert answer]* | *[insert answer]* | *[insert answer]* | *[insert answer]* |

# 4.8 Breakdown of customers by status for a Relevant Person which is an Authorised Person

|  |  |  |
| --- | --- | --- |
| ***Customer Status*** | ***Internal Definition of Status*** | ***Number of Customers*** |
| 1. Active | *[insert answer]* | *[insert answer]* |
| 1. Inactive | *[insert answer]* | *[insert answer]* |
| 1. Dormant | *[insert answer]* | *[insert answer]* |

5

**Declaration**

* 1. I declare that, to the best of my knowledge and belief, having made due enquiry, the information given in this return is complete and correct.
  2. I understand that under ADGM’s:
     1. Financial Services and Markets Regulations 2015, section 219, it is an offence to mislead the Regulator by knowingly or recklessly providing to the FSRA any information which is false, misleading, or deceptive or to conceal information where the concealment of such information is likely to mislead or deceive the FSRA; and
     2. Commercial Licensing Regulations 2015, section 39(4), it is a contravention of the Regulations to provide false or misleading information knowingly or recklessly to the Registrar, in a material particular.
  3. I understand that any personal data provided to the ADGM will be used to discharge its regulatory functions under the Abu Dhabi Law No. 4 of 2013 and other relevant legislation and may be disclosed to third parties for those purposes only.
  4. I confirm that I have the authority to complete this form, to declare as specified above and sign this form for, or on behalf of, the Relevant Person.

Signature of Member of Governing Body / Senior Management Date: *[DD/MM/YYYY]*

|  |
| --- |
| *Name:* |
| *[insert answer]* |

|  |
| --- |
| *Title:* |
| *[insert answer]* |

Signature of Money Laundering Reporting Officer Date *[DD/MM/YYYY]*

1. Other than Representative Offices. [↑](#footnote-ref-1)