



GOVERNMENT OF ANTIGUA AND BARBUDA

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**THE SUPERVISORY AUTHORITY**

(Section 11(xiii) of the Money Laundering (Prevention) Act 1996 and  
Regulation 3(1)(a)(vi) of the Money Laundering (Prevention) Regulations 2007)

**Directive No. 3 of 2011**

**Date: 8 August 2011**

**To: All Financial Institutions** (as listed in the First Schedule to the Money Laundering (Prevention) Act)

**Subject: The Annual AML/CFT Review/Audit Report**

As part of the annual review of the AML/CFT systems of financial institutions required by regulation 15 of the Money Laundering (Prevention) Regulations 2007 as amended, financial institutions should complete and submit to the Supervisory Authority by 30 September 2011, the form titled "AML/CFT Systems Implementation Report 2010" a copy of which is exhibited with this directive. Read carefully the instructions on the first page. The form is available in electronic format, which can be printed to produce a hard copy, and can be obtained from the ONDCP or accessed on the ONDCP website at [www.ondcp.gov.ag](http://www.ondcp.gov.ag).

Edward Croft  
Lt. Col.  
Supervisory Authority under  
the Money Laundering (Prevention) Act  
and Director, ONDCP



# Anti-money laundering and counter-terrorism financing AML/CFT SYSTEMS IMPLEMENTATION REPORT 2010

## Section 15 of the Money Laundering (Prevention) Regulations 2007

### SECTION I — SURVEY

#### Introduction

All financial institutions, without exception, are required to complete Section I of the AML/CFT Systems Implementation Report 2010 (this Form) and submit it to the Supervisory Authority by 30 September 2011. If you are a financial institution listed in Schedule II of the Money Laundering (Prevention) Regulations, then in addition to this form you are required to submit Section II of the report to the Supervisory Authority. If you have already submitted Section II you are still required to complete and submit this form.

The AML/CFT (anti-money laundering and combating the financing of terrorism) Systems Report has two sections: Section I is a brief survey of the AML/CFT system of the reporting institution, and Section II is a detailed report prepared according to criteria set out in the supplemental guidelines issued by the Supervisory Authority dated 19 May 2008

Regulation 15 of the Money Laundering (Prevention) Regulations 2007 requires a financial institution to annually prepare an AML/CFT review/report which should be available to the Supervisory Authority if requested. The AML/CFT review/report should incorporate an assessment of a financial institution's CFT compliance. It is intended that the AML/CFT report set out a financial institution's state of compliance with the Money Laundering (Prevention) Act (MLPA), its Regulations, the Prevention of Terrorism Act and their Guidelines.

An internal reviewer or external auditor can complete this form. There should be a factual basis for all responses provided, which should be grounded in the comprehensive review of your AML/CFT system completed as required by the Regulations, Guidelines and Supplemental Guidelines.

AML/CFT reports contribute to an aggregated understanding of ongoing industry compliance with the AML/CFT Acts, Regulations and Guidelines and how effectively the risk of money laundering and terrorism financing is being dealt with.

#### Reporting Financial Institutions

**Financial institutions required to report by law are those businesses that engage in activities listed in**

**the First Schedule to the Money Laundering (Prevention) Act.**

#### Reporting period

The responses you provide in your AML/CFT Systems report should be for your activities during the reporting period. The reporting period for the 2010 compliance report is:

**1 January 2010 to 31 December 2010.**

#### Submission period

The AML/CFT report should be completed and submitted to the Supervisory Authority during the period provided by the Money Laundering (Prevention) Regulations. The submission period for the 2010 AML/CFT report is:

**1 January 2011 - 30 September 2011**

#### Address for Submission

Please complete and print this form and return it with a cover letter to:

The Supervisory Authority  
ONDCP Headquarters  
Camp Blizard  
P.O. Box W827  
St. John's  
Antigua

and send a copy to the regulator of your financial sector. Include this page with your report.

#### Key terms

For the purposes of this AML/CFT Systems report: Terms and expressions used in the report will have the meaning given to them in the Money Laundering (Prevention) Act (MLPA), Money Laundering (Prevention) Regulations (MLPR), Prevention of Terrorism Act (PTA), Money Laundering and Financing of Terrorism Guidelines (MLFTG), unless indicated otherwise.

#### Help

If you need assistance in completing this form, please contact the financial intelligence unit at the ONDCP.

For further information please call  
Telephone 268 562-3255  
email: [supervisoryauthority@ondcp.gov.ag](mailto:supervisoryauthority@ondcp.gov.ag)



## Anti-money laundering and counter-terrorism financing report Part A — General AML/CFT Controls & Procedures

1. Did you have set out in writing an AML/CFT system of controls and procedures on 31 December 2010 (does not have to be in a single document)?

Yes  No

2. For each component of your AML/CFT system, indicate your status on 31 December 2010.

(a) AML/CFT sensitization and risk awareness training provided to employees:

(The fourth response option (“not applicable”) should only be selected if you do not have any employees.)

Not commenced  Partially implemented  Implemented  Not applicable

(b) Procedures for screening to ensure high standards when hiring employees:

(The fourth response option (“not applicable”) should only be selected if you do not have any employees.)

Not commenced  Partially implemented  Implemented  Not applicable

(c) Oversight of the AML/CFT System by board of directors and senior management (or equivalent):

(The fourth response option (“not applicable”) should only be selected if you operate a single person business.)

Not commenced  Partially implemented  Implemented  Not applicable

(d) AML/CFT compliance officer appointed:

Yes  No

(e) Procedures for internal review of your AML/CFT system:

Not commenced  Partially implemented  Implemented

(f) (i) When was the annual review of your AML/CFT system completed?

dd-mmm-yyyy

(ii) How long did it take to complete?

 days

(iii) Was the review conducted by:

(a) an internal party?

Yes  No

(b) an external party?

Yes  No

(g) Procedures for independent review of your AML/CFT system:

Not commenced  Partially implemented  Implemented

(h) Procedures to respond to Supervisory Authority directives and feedback:

Not commenced  Partially implemented  Implemented



## Anti-money laundering and counter-terrorism financing report

# Part A — General AML/CFT Controls & Procedures

**(i) Enhanced customer due diligence procedures:**

Not commenced  Partially implemented  Implemented

**(j) Transaction monitoring system to identify suspicious customer activity:**

Not commenced  Partially implemented  Implemented

<b>3. (a) From the following list, please select the customer types to which you provided a service as part of an activity listed in the First Schedule to the MLPA:</b>	<b>(b) Did you assess the money laundering/terrorism financing risks posed by these customer types:</b> <small>(responses to question 3(b) are only required for each customer type selected in 3(a))</small>
Individuals <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Companies <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Trustees <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Partnerships <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Incorporated and unincorporated associations <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Co-operatives <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Government bodies <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

**4. Did you assess the money laundering/terrorism financing risk of each of your services listed as an MLPA First Schedule business activity?**

Yes  No

**5. Did you have a procedure to assess the money laundering/terrorism financing risk of any new service listed as a MLPA First Schedule business activity before making them available to customers?**

Yes  No

**6. (a) Did you provide services listed as MLPA First Schedule business activities from a permanent establishment in a foreign country?**

Yes  No

**(b) Did you assess the money laundering/terrorism financing risk posed by the provisions of services listed as MLPA First Schedule business activities in that country?**

(a response for question 6(b) is only required if you responded "Yes" to question 6(a)).

Yes  No



## Anti-money laundering and counter-terrorism financing report Part A — General AML/CFT Controls & Procedures

7. Did you assess the money laundering/terrorism financing risk posed by the methods used to deliver all your MLPA First Schedule activities? Some examples of delivery methods are:

- face-to-face
- non face-toface, such as internet, telephone, mail, facsimile, email
- via a third party such as an agent, broker or intermediary

Yes  No

8. Did you have a procedure to assess the money laundering/terrorism financing risk of any new delivery methods of services before making them available to your customers?

Yes  No

9. (a) Did you provide First Schedule services over the internet?

Yes  No

(b) Name them:

10. Have all members of your business group conducting MLPA First Schedule business activities adopted a joint AML/CFT system?

(a response for question 10 is only required if you belong to a business group.)

Yes  No

11. (a) Did you screen employees or agents who were in a position to facilitate money laundering or terrorism financing?

Yes  No

(b) Did you have a procedure in place to manage employee or agent non-compliance with your AML/CFT system?

Yes  No



## Anti-money laundering and counter-terrorism financing report

# Part B — Customer Identification Procedures

**12. For each of your customer types, indicate if you had procedures to:**

(Responses to question 12 are only required for each customer type that was selected in question 3(a).)

Customer Type	Collect the minimum know you customer information (KYC)?		Verify the minimum KYC information?		Identify if additional KYC information needed to be collected?		Identify if additional KYC information needed to be verified?	
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Individual	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Company	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Trustees	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Partnerships	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Incorporated and unincorporated associations	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Co-operatives	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Government bodies	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**13. Did you have procedures in place to respond to discrepancies that arose in the course of verifying KYC information?**

Yes  No

**14. Did you have procedures in place to identify agents of customers?**

Yes  No  Not applicable

**15. Did you have any high-risk customers or groups of customers (including politically exposed persons)?**

Yes  No

**16. (a) Did you delegate any of your customer identification or verification procedures (including obtaining source of funds declarations) to third parties?**

Yes  No

**(b) List the areas delegated:**



Anti-money laundering and counter-terrorism financing report  
**Part B — Customer Identification Procedures**

17. Did members of your business group conducting MLPA First Schedule activities rely on the customer identification and verification procedures carried out by another member?  
(A response to question 17 is only required if you belong to a designated business group.)  
Yes  No
18. Did you make and retain records of all customer identification information?  
(The third response option for question 18 ("Done by another group member") is only applicable if you belong to a business group.)  
Yes  No  Done by another group member
19. Did you make checks to determine whether you had conducted transactions with specified entities (terrorists or terrorist organizations) or the financiers of terrorism?  
Yes  No



Anti-money laundering and counter-terrorism financing report  
**Part C — Reporting Procedures**

**20. Indicate whether you had procedures in place to report the following to the Supervisory Authority, as at 31 December 2010.**

**(a) Threshold transactions (Significant payments over US\$25,000)**

(This question is for internet gaming companies, and the fourth response option (“not applicable”) is only required if you are not an internet gaming company.)

Not commenced  Partially implemented  Implemented  Not applicable

**(b) Suspicious transactions and activities**

Not commenced  Partially implemented  Implemented

**21. Do you use an automated system for identifying and monitoring suspicious transactions?**

Yes  No

**22. How many suspicious transactions resulted in a Suspicious Activity Report to the Supervisory Authority?**

**23. How many internal suspicious transaction reports did not result in a Suspicious Activity Report to the Supervisory Authority because after assessment it was ultimately determined that they were not suspicious?**





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**Part D — Correspondent Banking Relationships**

24. How many correspondent banking relationships did you have with overseas financial institutions on 31 December 2010?

(Note: a response for question 24 is only required if you are an authorised deposit taking institution, a bank or a credit union.)

0  1 - 5  >5

25. (a) Did you conduct preliminary risk assessments of all correspondent banking relationships?

(Responses for question 25(a), (b) and (c) are not required if your response to question 22 is '0'.)

Yes  No

(b) Did you conduct due diligence assessments of all correspondent banking relationships?

Yes  No

(c) Did you have a procedure to terminate a correspondent banking relationship?

Yes  No



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**Part E — Money and Value Transmission Procedures**

26.(a) Did you keep transaction records of the payer (full originator information) for all money or value transmission instructions?

(Note: a response to question 26 is only required if you are a deposit taking financial institution, a bank, a credit union, or a money transmission service.)

Yes  No

(b)(i) Did you receive any transfer of funds or value in which the originator was inadequately identified?

Yes  No

(ii) How many transactions were involved?

(c)(i) Did you receive any transfer of funds or value in which the beneficiary was inadequately identified?

Yes  No

(ii) How many transactions were involved?

## REMEDIAL ACTION

27. Have you prepared an action plan of steps to be taken to remedy any area of non-compliance that you have uncovered in the review of your AML/CFT system?

Yes  No

## Declaration and signature

I confirm that the information contained in this form is true and correct to the best of my knowledge and belief.

Date:

dd-mmm-yyyy

Name:

Position:

Signature  
SIGN HERE

**X**

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