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| **fsc logo1 (2)** | **TURKS & CAICOS ISLANDS FINANCIAL SERVICES COMMISSION** |
| **Update Form for Accountants, Auditors and Bookkeepers** |
| 1. **WHO SHOULD USE THIS FORM?**

This form should be completed by all accountants, auditors, bookkeepers, etc, registered as designated non-financial businesses and professions (DNFBPs). The purpose of this form is to enable the DNFBP Supervisor to conduct ongoing fit and proper assessments on registered DNFBPs in accordance with sections 27 and 27A of the Anti-Money Laundering and Prevention of Terrorist Financing Regulations (as amended 2021).Please note that this form is required to be submitted on a periodic basis and covers the reporting period from January 1st to December 31st of the previous year.***1.1 How to submit this form***This form and supporting documents can be submitted electronically via email at aml\_supervision@tcifsc.tc or a paper version can be submitted by hand to the Commission’s offices in Providenciales or Grand Turk. |
| **2 GENERAL INFORMATION/DNFBP PROFILE** |
| **Reporting Period** | 1 January       to 31 December       |
| **Name of the DNFBP** |       |
| **Present Legal Structure** | Company [ ]  | Sole Proprietorship [ ]  | Partnership [ ]  |
| Other [ ]  (please describe)       |
| ***If a company or limited partnership, please provide the below information–*** |
| Name of the Registered Agent |       |
| **Principal Address of the DNFBP** |       |
| **Telephone Number of the DNFBP:** |       |
| **Email Address of the DNFBP:** |       |
| **Website Address for the DNFBP:** |       |
| **Number of Employees** |       |
| **Is the business part of a franchise?** | Yes [ ]  | No [ ]  |

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| **Services** | **Tick** | **% of service offered** |
| Audit and assurance services (including reporting accountant work in initial public offerings) | [ ]  |       |
| Book-keeping and the preparation of annual and periodic accounts | [ ]  |       |
| Tax compliance work | [ ]  |       |
| Tax advice | [ ]  |       |
| Internal audit (as a professional service), and advice on internal control and risk management | [ ]  |       |
| Regulatory and compliance services, including outsourced regulatory examinations and remediation services | [ ]  |       |
| Company liquidation/insolvency/receiver-managers/bankruptcy related services | [ ]  |       |
| Advice on the structuring of transactions | [ ]  |       |
| Due diligence in relation to mergers and acquisitions | [ ]  |       |
| Succession advice | [ ]  |       |
| Advice on investments and custody of client money | [ ]  |       |
| Forensic accounting | [ ]  |       |
| Other (please describe):       | [ ]  |       |
| **3 ML/TF RISK INDICATORS** |
| **Total Income from your business activities for the reporting period.** | **Estimate the Total Income** |
| $0 - $10,000 | [ ]  | $300,001 - $500,000 | [ ]  |
| $10,001 - $50,000  | [ ]  | $500,001 - $1,000,000 | [ ]  |
| $50,001 - $150,000  | [ ]  | $1,000,000 -$2,000,000 | [ ]  |
| $150,001 - $300,000  | [ ]  | Above $2,000,000 | [ ]  |
| **List the countries where the income was generated, and the percentage of the income generated.** | **Country** | **% of Income Generated** |
|       |       |
|       |       |
|       |       |
|       |       |
|       |       |
| **Customer Payment Methods Used During the reporting period.** | **Payment Method** | **%[[1]](#footnote-1)** | **Payment Method** | **%** |
| Cash | [ ]  |       | Mobile Payment  | [ ]  |       |
| Wire Transfer | [ ]  |       | Digital Currency  | [ ]  |       |
| Credit Card | [ ]  |       | eCheck  | [ ]  |       |
| Digital Wallet | [ ]  |       | Cheques  | [ ]  |       |
| Prepaid/Debit Card | [ ]  |       | Bank Drafts  | [ ]  |       |
| Direct Deposit | [ ]  |       |  |  |  |
| Other | [ ]  |       | (Describe)       |
| **Indicate which category best describes your customers and the percentage of your customers falling into this category.** | **Customer Type** | **%** |
| Natural Person |       |
| Company |       |
| Trust |       |
| Limited Partnership |       |
| Ordinary Partnership |       |
| Other (describe below)      |       |
| **What percentage of your customers are not resident in the TCI?** | **Indicate the Percentage** |
| 0% | [ ]  | 26 – 50% | [ ]  |
| 1 – 10%  | [ ]  | 51 – 75% | [ ]  |
| 11 – 25%  | [ ]  | 76% - 100% | [ ]  |
| **What percentage of your customers are domestic PEPs?** | **Indicate the Percentage** |
| 0% | [ ]  | 26 – 50% | [ ]  |
| 1 – 10%  | [ ]  | 51 – 75% | [ ]  |
| 11 – 25%  | [ ]  | 76% - 100% | [ ]  |
| **What percentage of your customers are foreign PEPs?** | **Indicate the Percentage** |
| 0% | [ ]  | 26 – 50% | [ ]  |
| 1 – 10%  | [ ]  | 51 – 75% | [ ]  |
| 11 – 25%  | [ ]  | 76% - 100% | [ ]  |
| **What percentage of your customers are third parties acting on behalf of, or on the instructions of, another party?** | **Indicate the Percentage** |
| 0% | [ ]  | 26 – 50% | [ ]  |
| 1 – 10%  | [ ]  | 51 – 75% | [ ]  |
| 11 – 25%  | [ ]  | 76% - 100% | [ ]  |
| **What percentage of your customers are repetitive customers?** | **Indicate the Percentage** |
| 0% | [ ]  | 26 – 50% | [ ]  |
| 1 – 10%  | [ ]  | 51 – 75% | [ ]  |
| 11 – 25%  | [ ]  | 76% - 100% | [ ]  |
| **Are your products or services offered solely face to face?** | Yes  | [ ]  | No  | [ ]  |
| **Have audited accounts been prepared for the organisation during the reporting period?** | Yes  | [ ]  | No  | [ ]  |
| **Indicate the percentage of your customers falling under the money laundering/terrorist financing risk categories listed.** | **ML/TF Risk Category** | **%** |
| High Risk |       |
| Medium/Normal Risk |       |
| Low Risk |       |
| **Holds a valid (current) Business License**  | Yes | [ ]  | No | [ ]  |
| **Holds a valid (current) Business Name Registration** | Yes | [ ]  | No | [ ]  | Not applicable | [ ]  |

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| **4 OWNERSHIP, MANAGEMENT AND KEY PERSONNEL****The names** **of all the persons owning or controlling 10 % (percent) or more of the DNFBP must be stated below. The DNFBP Supervisor may require updated due diligence documents where these expired** |

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| **Name of Person[[2]](#endnote-1)** | **% of Ownership** | **Principal Residential Address[[3]](#endnote-2)** | **Telephone** | **Email Address** |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
| **The names of all the Managers, the Money Laundering Compliance Officer (MLCO), and the Money Laundering Reporting Officer (MLRO) of the DNFBP are stated below. *The DNFBP Supervisor may require updated due diligence documents where these expired.*** |
| **Name of Person[[4]](#endnote-3)** | **Position** | **Principal Residential Address[[5]](#endnote-4)** | **Telephone** | **Email Address** |
|       | MLCO |       |       |       |
|       | MLRO |       |       |       |
|       |       |       |       |       |
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| **5 ANTI – MONEY LAUNDERING COMPLIANCE PROGRAM** |
| Have you fully implemented an AML compliance program in your organization? | Yes | [ ]  | No | [ ]  |
| Do you have written policies, procedures, controls for AML/CFT? | Yes | [ ]  | No | [ ]  |
| Are these policies and procedures accessible to all employees? | Yes | [ ]  | No | [ ]  |
| Do you have an up-to-date ML/TF Business Risk Assessment? | Yes | [ ]  | No | [ ]  |
| Have you independently tested your organisation’s compliance (including sample testing) with its AML/CFT policies, systems, and controls during the reporting period? | Yes | [ ]  | No | [ ]  |
| Have internal suspicious activity reports been generated by your organisation during the reporting period? | Yes | [ ]  | No | [ ]  |
| Has an external suspicious activity report(s) been filed by your organisation during the reporting period? | Yes | [ ]  | No | [ ]  |
| Was any part of your AML/CFT compliance program outsourced during the reporting period? | Yes | [ ]  | No | [ ]  |
| *If yes, please describe below the activity which has been outsourced and the person to whom the activity was outsourced:*      |
| **6 FIT AND PROPER ASSESSMENT** |
| Has the DNFBP, whether under the laws of the Turks and Caicos Islands or any other jurisdiction, been investigated, charged, or convicted of an offence involving dishonesty e.g., theft, fraud, money laundering, bribery, corruption, making false or misleading statements, dishonest use of position, embezzlement, etc? | Yes | [ ]  | No | [ ]  |
| **If yes, give details.**      |
| Has the DNFBP or any of its officers, during the reporting period, been disciplined by any professional body to which they belonged, or has any of its officers been dismissed from office or employment or refused entry to any profession or occupation in the Turks and Caicos Islands or elsewhere? | Yes | [ ]  | No | [ ]  |
| **If yes, give details.**      |
| Has the DNFBP at any time failed to satisfy a debt adjudged due and payable as judgement debtor under an order or court in the Turks & Caicos Islands? | Yes | [ ]  | No | [ ]  |
| **If yes, give details.**      |
| Has the DNFBP at any time been found liable in a civil suit involving dishonest or unlawful conduct? | Yes | [ ]  | No | [ ]  |
| **If yes, give details.**      |
| **Please confirm to the best of your knowledge and belief that during the reporting period you have complied with the following:** | Yes | [ ]  | No | [ ]  |
| * The Proceeds of Crime Ordinance 2007 (as amended) (POCO)
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| * The Anti-Money Laundering and Prevention of Terrorist Financing Regulations (AML/PTF Regulations)
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| * The Anti-Money Laundering and Prevention of Terrorist Financing Code
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| * Guidelines and directions issued by the Commission
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| **7 DECLARATIONS** |
| Only an authorised official of the organisation should sign this form. The directors (or equivalent) of the organisation are ultimately responsible for the accuracy of the information provided on this form.I declare that – * I have the authority to sign this form.
* I have answered every question and included all relevant details. Where necessary, I have continued my answers on a separate sheet of paper which is attached to this form.
* The information given is true and complete, to the best of my knowledge
* I understand that I must advise the Commission in writing as soon as possible of a material change or significant inaccuracies in any information or documentation provided in this form.
* I will provide any further information as the Commission may consider appropriate to support this form
 |
| **Name** |       |
| **Signature** |  | **Date** |       |
| **Position in the Organisation** |       |
| **Contact Telephone Number** |       |

1. Indicate how much of transactions were paid in cash, wire transfers, etc. during the reporting period [↑](#footnote-ref-1)
2. The DNFBP Supervisor may require ID if the version on file has expired. ID presented must not be expired regardless of whether it is used to verify identity or residential address. The ID must be certified by a suitable certifier as outlined on page 59 of the Anti-Money Laundering and Prevention of Terrorist Financing Code which can be found at <http://tcifsc.tc/aml-ctf-sanctions/aml-legislation/aml-ctf>. Alternatively, original documents may be presented to the DNFBP Supervisor for certification by an analyst. [↑](#endnote-ref-1)
3. The DNFBP Supervisor may require proof of address if the version on file is outdated. If a utility bill or bank statement is used, it must not be dated more than 3 months from the date it was presented to the DNFBP Supervisor. Address must match principal residential address stated on this form. The document must be certified by a suitable certifier as outlined on page 59 of the Anti-Money Laundering and Prevention of Terrorist Financing Code which can be found at <http://tcifsc.tc/aml-ctf-sanctions/aml-legislation/aml-ctf>. Alternatively, original documents may be presented to the DNFBP Supervisor for certification by an analyst. [↑](#endnote-ref-2)
4. [↑](#endnote-ref-3)
5. [↑](#endnote-ref-4)