

Annual AML/CFT report 2019

Important – Only complete this report if the FMA is your supervisor for AML/CFT

PART ONE

Answer all questions in this Part.

1. Period of report

1.1 Period of Report	1 July 2018 to 30 June 2019
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Note: This is the period referred to as "during the year" or "at the end of the year" by this form.

2. Contact details

2.1 Entity registration details

The reporting entity's legal name:	
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Registered or company incorporation number (or equivalent):	
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FSP number (refer to New Zealand's Financial Service Providers Register) (if applicable):	FSP
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Registered charity number (if applicable):	
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Trading name(s):	
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2.2 Physical address

If you have more than one physical address, provide details of the main address from where the activities covered by the Act are conducted.

Street name and number:	
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Address Line 2:	
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Suburb:	
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Town or City:	
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Postcode:	
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Country:	
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2.3 Postal address (if different from physical address)

If you have more than one postal address, provide details of the address where we can contact your AML/CFT compliance officer.

Street name and number or PO Box:

Address Line 2:

Suburb:

Town or City:

Postcode:

Country:

2.4 Other Contact Details

AML/CFT compliance officer (full name):

First name:

Middle name (s):

Last name:

AML/CFT contact telephone number:

Country:

Area Code:

Number:

AML/CFT email address:

Website (if available):

3. Organisation Structure

3.1 Is this reporting entity a branch or a subsidiary?

Yes

No

If yes, specify:

Branch

Subsidiary

If this reporting entity is a subsidiary, name your parent company.

Responding to this question is optional; however information you provide will assist and inform FMA.

3.2 In what country is your largest owner based?

3.3 Number of physical locations in New Zealand (exclude agent's office locations) If none record 0.

3.4 Number of New Zealand subsidiaries. If none record 0.

3.5 Number of physical locations outside New Zealand. If none record 0.

3.6 Number of subsidiaries outside New Zealand. If none record 0.

PART 2

Answer all relevant questions.

Note: A member of a designated business group (**DBG**) can rely on another member to carry out some obligations on their behalf, as set out in section 32 of the Anti-Money Laundering and Countering Financing of Terrorism Act 2009 (the Act). These include risk assessments and parts of an AML/CFT Programme. If you are a member of a DBG you may allow another member to answer this Part on your behalf. However, please note that you are responsible for the information provided.

You are required to answer all other parts of this form.

If you are eligible, are you relying on another member of the designated business group for answering Part 2 on your behalf?	Yes	No
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If yes please provide details of member who will answer Part 2 on your behalf.

Legal name:	
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Registered number:	
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Additional Comments (if required). Include the name of the DBG agreed with the FMA	
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Once you have completed the details above for the member of your DBG, who will complete Part 2 on your behalf, go to Part 3. All other reporting entities must complete the remaining questions in Part 2 below.

4. AML/CFT risk assessment

4.1 Does your risk assessment meet the requirements of [section 58 of the Act](#)?

Meets all	Meets some	Meets none
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4.2 If your risk assessment meets only some of the requirements of [section 58 of the Act](#), please select all subsections that it is not fully compliant with.

Options	
• Section 58(1)	
• Section 58(2)(a)	
• Section 58(2)(b)	
• Section 58(2)(c)	
• Section 58(2)(d)	
• Section 58(2)(e)	
• Section 58(2)(f)	
• Section 58(2)(g)	
• Section 58(2)(h)	
• Section 58 (3)	
• Section 58(3)(a)	

• Section 58(3)(b)	
• Section 58(3)(c)	

4.3 When was the most recent internal review of the risk assessment completed?	(DD/MM/YYYY)
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4.4 Has the risk assessment been independently audited?	Yes	No
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4.5 If yes to 4.4, when was the most recent audit of the risk assessment completed?	(DD/MM/YYYY)
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4.6 If yes to 4.4, did the most recent audit of the risk assessment highlight any deficiencies?	Yes	No
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4.7 If yes to 4.4 and 4.6, have you made the changes identified as being necessary in the most recent audit?	Yes, complete	Not yet complete
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4.8 During the year, did you make available a new product, service, or channel?	Yes	No
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4.9 If yes to 4.8, before making this product, service, or channel available, did you assess the ML/TF risk?	Yes	No
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5. AML/CFT Programme

5.1 Does your programme meet the requirements of section 57 of the Act ?		
Meets all	Meets some	Meets none

5.2 If your AML/CFT programme meets only some of the requirements [of section 57 of the Act](#), please list all subsections that it is not fully compliant with.

Options	
•Section 57	
•Section 57(a)	
•Section 57(b)	
•Section 57(c)	
•Section 57(d)	
•Section 57(e)	
•Section 57(f)	
•Section 57(g)	
•Section 57(h)	
•Section 57(i)	
•Section 57(j)	
•Section 57(k)	
•Section 57(l)	

5.3 When was the most recent internal review of the programme completed?	(DD/MM/YYYY)
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5.4 Has the programme been independently audited?	Yes	No
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5.4A Who performed the most recent audit? (i.e. name your independent audit company) <i>Responding to this question is optional; however information you provide will assist and inform the FMA.</i>	
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5.5 If yes to 5.4, when was the most recent audit of the programme completed?	(DD/MM/YYYY)
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5.6 If yes to 5.4, did the most recent audit of the programme highlight any deficiencies?	Yes	No
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5.7 If yes to 5.4 and 5.6, have you made the changes identified as being necessary in the most recent audit?	Yes, complete	Not yet complete
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5.8 Do you have procedures to identify and verify the identity of—		
a) A new customer (including the customer's beneficial owners or any person acting on behalf of a customer)?	Yes	No
b) A person seeking to conduct an occasional transaction through your reporting entity?	Yes	No
c) An existing customer, according to the level of risk involved, if there has been a material change in the nature or purpose of the business relationship and your reporting entity considers that it has insufficient information about the customer?	Yes	No

5.9 Do you have exception handling procedures for issues related to customer due diligence (CDD) (e.g., clause 4 of the Amended Identity Verification Code of Practice 2013)?	Yes	No
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5.10 Outside a DBG, do you outsource any CDD requirements to third parties (as set out in sections 32 to 34 of the Act)?	Yes	No
5.10A If yes; list the third parties you outsource your CDD requirements to and explain what activities you have outsourced; <i>Responding to this question is optional; however information you provide will assist and inform the FMA.</i>		
Third party name;		
Activities outsourced		

5.11 Are your reporting entity's AML/ CFT transaction monitoring and account monitoring processes best described as electronic, manual, or a combination of both?		
Electronic	Manual	Both

PART 3

Answer all questions in this Part.

6. Products and Services

6.1 Estimate the value and number of all transactions settled by your reporting entity during the year. Add the number of receipts and payments together, record the total number, and repeat for value—

Gross number of transactions:	No.
Gross value of transactions:	(NZD): \$

6.2 If your reporting entity offers the products and services listed in the table below, check the box to indicate "yes" and estimate the proportion of annual revenue of your business during the year.

For questions 6.2.1 up to and including 6.2.74 the total percentage (%) should add up to 100%

<i>Product / Service</i>	Offered <i>check box for Yes</i>	Estimate percent of annual revenue of your business (%)
Domestic		
1. Domestic account and deposit taking services		%
2. Domestic lending (excluding residential mortgages and motor vehicle finance)		%
3. Residential mortgage lending		%
4. Motor vehicle finance		%
5. Debt instruments/bonds		%
6. Finance and leasing		%
7. Government/specialist finance and leasing		%
8. Domestic wire transfer/electronic funds transfer services		%
International		
9. International wire transfer/electronic funds transfer services		%
10. International mobile telephone transfer services		%
11. Forex trading and multi-currency and foreign currency accounts		%
12. Foreign currency/money exchange services		%
13. Issuing travellers cheques and bearer negotiable instruments		%
14. Cashing travellers cheques and bearer negotiable instruments		%
15. International correspondent banking		%

16. Trade finance and related bonds/guarantees, forfeiting and export/import finance		%
Trust and company service providers (TCSPs)		
17. Company formation		%
18. Trust formation		%
19. Provider of office services (including registered address, virtual office, serviced offices, and phone/mail forwarding)		%
20. Nominee director/company secretary services/partner services		%
21. Nominee shareholder services		%
22. Professional trustee services		%
Service provision		
23. Debt collection		%
24. Factoring services		%
25. Cash transport or courier services		%
26. Safe deposit boxes, cash storage		%
27. Payroll remittance services		%
28. Securities registry duties and other fiduciary duties associated with securities/debt issuance		%
Cash and card services		
29. Credit cards (as card issuer only)		%
30. Credit cards (all other roles)		%
31. Card merchant facilities		%
32. Cash transactions (excluding ATM withdrawals, foreign currency)		%
33. Stored value instruments/cards		%
Investing		
34. Sharebroking		%
35. Derivatives trading		%

36. Issuing derivatives			%
37. Providing a brokers' cash management account			%
38. Providing other brokering services			%
39. Funds management and administration of superannuation and KiwiSaver funds			%
40A. Funds management and administration of unit trusts, PIE, hedge funds, option funds, commodity funds, fund of funds, foreign unit trusts, group investment funds, collective investment schemes, and listed investment trusts			%
40B. Funds management and administration of property investment schemes, land investment products, property syndicates, forestry syndicates, listed property trusts, unlisted property trusts, and real estate investment trusts			%
40C. Funds management and administration of venture capital and private equity funds			%
40D. Funds management and administration of exchange traded funds (ETFs)			%
40E. Funds management and administration of all other retail and wholesale funds (list these types in the notes section in Part 6)			%
41. Discretionary investment management services (including class and personalised)			%
42. Financial advice or financial planning			%
43. Custodian services			%
44. Issuing debt securities			%
45. Issuing equity securities			%
46. Supervisory activities			%
46A. Treasury functions			%
46B. Operating a financial product market			%
46C. Peer-to-peer lending services			%
46D. Crowd funding services			%

<i>Life Insurance</i>		
47. Term life insurance		%
48. Permanent (whole life, universal, limited-pay, endowment, accidental death)		%
49. Other life-related products and services associated with annuities, surrender options, etc.		%
50. Reinsurance associated with life insurance		%
<i>Casinos - Products/services 51 to 70 are only relevant to casinos only.</i>		
51. Conducting electronic international money transfers in		%
52. Conducting electronic international money transfers out		%
53. Conducting electronic domestic money transfers in		%
54. Conducting electronic domestic money transfers out		%
55. Foreign currency exchange in (including travellers cheques and cash)		%
56. Foreign currency exchange out		%
57. Cash take from table games (including chip purchase vouchers)		%
58. Cash take from electronic gaming machines (including tickets/tokens)		%

Note: Questions 59 to 67 (inclusive) are relevant to Casinos only and should not be treated as parts of Question 6.2. The answers to these questions do not require you to estimate the percentage of annual revenue of your business derived from these particular activities.

59. Do you have foreign holding accounts?	Yes	No
60. If yes , specify - Number of foreign holding accounts	No.	
61. Do you have domestic casino operating accounts?	Yes	No
62. If yes specify the number of accounts - Locations of accounts	No.	
63. Do you have cheque cashing facilities?	Yes	No
64. If yes, specify number during the year and average value	No.	\$(NZD)
65. Do you offer stored value instruments? (do not include casino chips)	Yes	No

66. If yes, what sort of stored value instrument is it?	
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67. What estimated percentage of your gambling activity utilises stored value instruments?	%
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Note: Products/services 68 to 74 are parts of Question 6.2. The answers to these questions require you to estimate the percentage of annual revenue of your business derived from these particular activities. Together with the answers to parts 1 to 58 the total should add up to 100%.

68. Debit/credit card facilities out (exclude food and beverage purchases)		%
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69. Cheque in		%
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70. Cheque out		%
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Other		
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71. Loyalty schemes provided, e-cash, and virtual credit provided		%
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72. Auction house		%
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73. Online auctions		%
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74. Other relevant products/services		%
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List these other relevant products/services here together with estimates		
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Total	<i>Must equal 100%</i>	%
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7. Customers/members		
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7.1 Estimate the number of customers your reporting entity had a business relationship with during the year:	
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7.2 How many customers (question 7.1 above) are classified as politically exposed persons (PEP)? (Include your customers that are beneficially owned, controlled by, or for the benefit of a PEP.)	
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7.3 How many customers (question 7.1. above) are a trust or another vehicle for holding personal assets?	
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7.4 How many customers (refer question 7.1. above) are non-residents?	
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7.5 Estimate, as at the end of the reporting period, the percentages of the following types of customers:		
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Types of customer	<i>Estimate percentages as at end of the year for</i>	
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1. New Zealand resident individuals		%
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2. Non-resident individuals		%
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3. New Zealand resident entities (including companies, partnerships, trusts, charities, and incorporated/unincorporated entities)		%
4. Non-resident entities (including companies, partnerships, trusts, charities, and incorporated/unincorporated entities)		%
5. Overseas government bodies (or similar)		%
6. Other		%
List these other types here:		
Total	<i>Must equal 100%</i>	%

8. Channels		
8.1 Estimate the proportion of your new customers who were accepted via the following methods during the year:		
Method of acceptance		
1. Face-to-face (over the counter, other than intermediaries)		%
2. Non face-to-face (including electronic, telephone, post and all other types of remote access—other than intermediaries)		%
3. Domestic intermediaries/agents/third-party referral (exclude your reporting entity's employees)		%
4. Overseas intermediaries/agents/third-party referral (exclude your reporting entity's employees)		%
5. Other		%
List these other methods here:		
Total	<i>Must equal 100%</i>	%

PART 4

Answer all questions from your relevant AML/CFT supervisor, Financial Markets Authority.

10 - Questions from the Financial Markets Authority

10.1 Identify which sub-sector your reporting entity belongs to (You may select more than one sub-sector):

1. Issuer of securities	
2. Trustee corporation / Licensed supervisor	
3. Fund manager	
4. Brokers / Custodian	
5. Financial adviser	
6. Derivative issuer	
7. DIMS provider	
8. Peer-to-peer lender	
9. Equity crowd funding service provider	
10. Other	
If you select other, list these other sub-sectors your reporting entity belongs to (not listed above) here:	

10.2 Refer to your previous answer to question 7.4 ("how many of your total customers are non-resident customers?"). Please pick from the menu on the right hand side the top 5 countries (high to low in descending order) according to where the largest numbers of your non-resident customers are:

1. (highest)	
2.	
3.	
4.	
5. (lowest)	

PART 5

Conditions of Ministerial exemption

12.1 Have you been granted any ministerial exemption that is subject to conditions?	Yes	No
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12.2 If yes, please provide a description of your compliance - with all conditions on any such exemption.

PART 6

Use this space to provide any other information that is material and relevant to the AML/CFT report and not already submitted above

DECLARATION

A reminder: "A person commits an offence if, without reasonable excuse, the person provides information to an AML/CFT supervisor knowing that information to be false or misleading in any material respect". ([See section 103 of the Act](#))

I confirm I have the authority to submit this report on behalf of the reporting entity.

I have reviewed the answers and information and I confirm that I am satisfied that, to the best of my knowledge, after undertaking all reasonable enquiries, all answers are true and correct.

I undertake to save or print a copy of this report which the FMA may ask to inspect in the future.

Date:

(DD/MM/YYYY)

Full name:

Position/Job title:

To submit your report to the FMA, please email this completed form to us at aml@fma.govt.nz.