

1	Counterparty information		
1.1	Business name		
1.2	Years the counterparty has been in operation		
1.3	Counterparty website / web address		
1.4	Provide a detailed description of the products offered (use separate sheet as necessary)		

2	Expected transaction activity			
2.1	Monthly volume of outgoing payments:		Monthly volume of incoming payments:	
2.2	List the top 5 countries for payment flows and % of volume			
	Destination country(outgoing payment)	%	Country of origin(incoming payment)	%
2.3	Average HKD value of outgoing payments:		Average HKD value of incoming payments:	
2.4	Business portfolio			
	Remittance	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	Cash exchange	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	Bank exchange	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
2.5	Transaction currency portfolio (may tick more than one)			
	USD <input type="checkbox"/>	EUR <input type="checkbox"/>	GBP <input type="checkbox"/>	JPY <input type="checkbox"/>
	SGD <input type="checkbox"/>	RMB <input type="checkbox"/>		
	Others (please specify):			
2.6	Customer portfolio			
	MSO	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	Company	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	Personal	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

3	Compliance information		
3.1	Is the counterparty registered/licensed to provide financial services? If "No" provide explanation below	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.2	Financial services registration/licence number		
3.3	Name of financial regulator with which counterparty is registered		
3.4	Name of compliance officer		
3.5	Email address and telephone number of compliance officer		

3.6	Has the counterparty adopted an AML/CTF compliance program? If "No" provide explanation below	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.7	Have the business or owners/directors, ever been subject to any of the following? If "Yes" provide details below		
	Relationship terminated or suspended by another payment services provider	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Licence suspended or revoked	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Regulatory enforcement action	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Convicted of any crime	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.8	Does the counterparty maintain accounts or relationships with shell banks? (A shell bank is defined as a bank incorporated in a jurisdiction in which it has no physical presence and which is unaffiliated with a regulated financial group)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

4	Counterparty ownership			
4.1	List names and % of ownership of people/companies that own 10% or more of the counterparty			
	Name	%	Name	%
4.2	List the company directors of the counterparty (use separate sheet as necessary)			

5	Documents	Submitted	
5.1	Proof of contract signatory's authority	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5.2	Financial services licence/registration from regulatory authority	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5.3	AML/CTF compliance policy or its equivalent	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5.4	Most recent annual report	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5.5	Articles of incorporation, including amendments to original document	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5.6	Certified copy of business/trade license	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5.7	Audited financials statements for the last three years	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5.8	Certified copy of identification for all company directors	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5.9	Proof of address for all company directors	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5.10	Certified copy of identification for the signatory	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5.11	Proof of address for the signatory	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5.12	Certified copy of identification for all shareholders with 10% or more of ownership	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5.13	Proof of address for all shareholders with 10% or more of ownership	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5.14	Ownership structure chart for multi-tiered ownership structures	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5.15	Current company extract or equivalent document verifying directors/ownership	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5.16	Certified copy of identification for the ultimate beneficial owner	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5.17	Proof of address for the ultimate beneficial owner	<input type="checkbox"/> Yes	<input type="checkbox"/> No

6	Additional counterparty information					
6.1	Provide a detailed history of the counterparty (use separate sheet as necessary)					
6.2	List countries where the counterparty has locations/subsidiaries/franchises outside of the country of main operations (provide a separate list as necessary)					
6.3	Does the counterparty conduct any activities with the countries listed below? Tick all that apply.					
	Belarus	<input type="checkbox"/>	Liberia	<input type="checkbox"/>	Myanmar (Burma)	<input type="checkbox"/>
	Bosnia and Herzegovina	<input type="checkbox"/>	Libya	<input type="checkbox"/>	Cuba	<input type="checkbox"/>
	Congo, Dem Rep of	<input type="checkbox"/>	Somalia	<input type="checkbox"/>	Iran	<input type="checkbox"/>
	Cote d'Ivoire	<input type="checkbox"/>	Yemen	<input type="checkbox"/>	North Korea	<input type="checkbox"/>
	Iraq	<input type="checkbox"/>	Zimbabwe	<input type="checkbox"/>	Sudan	<input type="checkbox"/>
	Lebanon	<input type="checkbox"/>			Syria	<input type="checkbox"/>

7	Expected transaction activity			
7.1	Describe the business activities of the customers the client is receiving funds from (incoming funds)			
7.2	Describe the business activities of the customers the client is sending funds to (outgoing funds)			
7.3	Describe how the operational cash flow facilitated by the UniSoft service is generated and the source of liquidity that will be held in UniSoft accounts			
7.4	Describe the mechanisms for interaction with customers and how the funds will be obtained from, or provided, to the customer			
7.5	Expected nature (person vs. business) of transactions and % of volume			
	Transaction type	%	Transaction type	%

8	Counterparty relationships		
8.1	Provide the contact information for two bank relationships the counterparty currently operates with		
	Name of financial institution	Email	Tel
8.2	List current and past payment service business relationships and periods of relationship(s):		
	Name:	Periods:	

9	Compliance		
9.1	How many employees are assigned to the compliance function?		
9.2	Is the AML/CTF compliance manual accessible to all employees?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9.3	Does the compliance officer receive training on a periodic and on-going basis?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9.4	Frequency of compliance officer training		
9.5	Is compliance training provided to all employees?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9.6	Describe the mechanism used to provide compliance training to employees		
9.7	Frequency of employee training		
9.8	Does the counterparty perform an external audit of its AML Compliance Program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9.9	Date of last audit (mm/yyyy)		
9.10	Has the counterparty established procedures to verify the identity of customers that request products and services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9.11	Does the counterparty provide services to occasional (one-off) customers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9.12	Has the counterparty established Know Your Customers' business procedures in place?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9.13	Describe the Know Your Customer procedures for vetting and on-boarding customers		
9.14	Does the counterparty have policies for the retention of customer records?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9.15	What is the retention period?		
9.16	Does the counterparty have an automatic AML/CTF monitoring process for transactions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9.17	Do procedures include reporting suspicious activity to a regulatory authority?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9.18	Describe the procedures for monitoring transactions and reporting suspicious activity		
9.19	Does the counterparty have a screening process against sanctioned individuals and countries?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9.20	Describe the screening procedures and actions in the case of matches		

10	Does your company use the following ways to monitor client transactions and compare them against the client profiles? (may tick more than one)		
10.1	Computer/Information system	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10.2	Manual work	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10.3	If manual work is used, please advise the frequency in monitoring client transactions (e.g. daily, weekly, monthly, etc.):		

11	With regard to the keeping of transaction record that facilitates AML screening and monitoring, which of the following format(s) is/are used by your company? (may tick more than one)		
11.1	Paper file	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11.2	Database of a computer	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11.3	Microfilm	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11.4	Others (please specify):		

Complete the Signature section

I affirm that i am duly authorised to sign this form and that the information provided in this form and in conjunction with this form is true and accurate.

Name:

Position:

Signature:

Date:

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