

# C:\Users\jose.farias\Desktop\logo.jpgCOVER SHEET

ANBIMA’s Due Diligence Questionnaire for AML/CFT

**Hired Company:**

|  |
| --- |
|  |

**Hiring Company:**

|  |
| --- |
|  |

**Questionnaire completed by:**

|  |
| --- |
|  |

**Date:**

|  |
| --- |
|  |

All fields must be filled out. If any field is not applicable to your institution, it shall be filled in with “N/A”).

**Version:** [-]

This document is intended to assist institutions in their programs to prevent money laundering, the financing of terrorism and the financing of the proliferation of weapons of mass destruction (“AML/CFT”), as provided for in the Resolution of the Securities Commission No. 50, of August 31, 2021 ("Resolution 50"), and Circular of the Central Bank No. 3,978, of January 23, 2020, amended by Central Bank Resolution No. 119, of July 27, 2021 ("Circular 3,978”).

These entities are subject to this questionnaire, within the limits of their attributions:

1. fiduciary managers
2. securities broker dealers
3. custodians
4. securities distributors
5. bookkeepers
6. third-party asset managers and wealth managers
7. non-resident investors’ representatives
8. securitization companies.

This questionnaire shall be answered by an institution’s legal representative and may take into account other institutions of the conglomerate and/or economic group, provided that the answers apply to all of them. After completing this questionnaire, any change in relation to the answers sent and to the documents submitted shall be informed to the service providers within a period not exceeding thirty (30) days.

[Place and date].

Summary

1. COVER SHEET ………………………………………………………………………………………………………………………………………2

[2. REGISTRATION DATA 4](#_Toc108473042)

[3. GENERAL INFORMATION 5](#_Toc108473043)

[4. AML/CFT PROGRAM 6](#_Toc108473044)

[5. KYC (KNOW YOUR CLIENT) 8](#_Toc108473045)

[6. MONITORING AND COAF’S NOTIFICATION 10](#_Toc108473046)

# 1. REGISTRATION DATA

|  |  |
| --- | --- |
| **1.1** | Business name. |
|  |
| **1.2** | Trading name, if any. |
|  |
| **1.3** | CNPJ |
|  |
| **1.4** | Date of Incorporation. |
|  |
| **1.5** | Headquarter/address/country of incorporation. |
|  |
| **1.6** | Website. |
|  |
| **1.7** | Nome, position, telephone and e-mail of the person responsible for the filling out of this questionnaire. |
|  |
| **1.8** | Is it a domestic or foreign institution? Inform the CNAE (National Classification of Economic Activities) of the main activity(ies).  |
|  |
| **1.9** | Are there branches/offices/subsidiaries? If so, how many and where are they located? Highlight if there are branches, offices or subsidiaries incorporated in a tax haven.  |
|  |
| **1.10** | Is the institution or company of its conglomerate or economic group a publicly traded company?  |
|  |
| **1.11** | What are the regulatory and self-regulatory authorities with which the institution is registered and to which it is subject? Provide details about the records, such as name, date and activity’s registration number. |
|  |
| **1.10** | Are there legal and/or administrative proceedings related to money laundering, terrorist financing and financing of the proliferation of weapons of mass destruction (“ML/FT”) filed against the institution, its partners and/or directors, whether on going and/or final, with the penalty being observed?  |
|  |
| **1.11** | Does the institution or any of its branches operate under an offshore banking license? If yes, provide the name of a relevant branch or branches. |
|  |
| **1.12** | Is it a signatory to ANBIMA's regulation and best practices codes? If yes, list the code(s). |
|  |
| **1.13** | Is it a signatory to other codes or similar documents? If so, please list the codes and entities. |
|  |

# 2. GENERAL INFORMATION

|  |  |
| --- | --- |
| **2.1** | Make available the institution's corporate chart with the indication of the partners, individuals who are members of the administration and/or board of directors who are responsible for conducting strategic AML/CFT matters (“senior management”).  |
|  |
| **2.2** | Inform:1. the name and CPF of senior management with a participation equal to or greater than 25% (up to the ultimate beneficial owner).
2. the name and activity of persons not included above, but who exert on the institution a significant influence over the conduct of its businesses (e.g., hidden partner, advisory board, independent member of the board of directors).
3. whether any member of senior management or director (or managing directors) is a politically exposed person (“PEP”).
 |
|  |
| **2.3** | 2.3What is the institution's business model, including its client base, type of products and services. |
|  |
| **2.4** | Does the institution or companies in its conglomerate or economic group accept, locally or in other jurisdictions, any type of relationship with shell banks, whether as a partner, client or counterpart?  |
|  |
| **2.5** | Does the institution have a Wolfsberg questionnaire? If yes, please attach hereto. The institutions may, by mutual agreement, consider the Wolfsberg questionnaire as a replacement to sections 3, 4 and 5 of this questionnaire. |
|  |

# 3. AML/CFT PROGRAM

|  |  |
| --- | --- |
| **3.1** | Attach the institution's AML/CFT policy and inform:1. If applicable, whether the policy is applied to all branches and subsidiaries in the home country and abroad.
2. policy approval governance and frequency for its review.
3. if it is an asset manager, include, if not included in the policy, the AML/CFT procedure adopted for the assets that make up the investment funds and managed portfolios.
 |
|  |
| **3.2** | Does the institution have an AML/CFT structure that is autonomous and independent of the business areas? Please describe such applicable governance.  |
|  |
| **3.3** | Does the institution have a committee or body dealing with AML/CFT? If so, please inform:1. frequency in which it is carried out;
2. areas involved, position of its members and number of participants; and
3. whether decisions are put in writing (minutes).
 |
|  |
| **3.4** | How many employees are dedicated to AML/CFT activity?  |
|  |
| **3.5** | How long has the AML/CFT director been working at the institution? Provide a brief summary of his/her qualifications and attach his/her CV. |
|  |
| **3.6** | Does the AML/CFT director carry out another activity at the institution? If so, which one(s)? |
|  |
| **3.7** | Does senior management receive, without prejudice to the deadline provided for in current regulations, reports on the status of the AML/CFT program? If yes, at what frequency? |
|  |
| **3.8** | Does the institution have procedures for getting to know its staff members? Describe how it is done and the frequency of its review or indicate the item that deals with this topic in the AML/CFT policy. |
|  |
| **3.9** | Does the institution use third parties or contracted systems to carry out any of the components of its AML/CFT program? If so, please describe.  |
|  |
| **3.10** | Pursuant to the terms above, if the institution uses third parties or contracted systems to carry out any of the components of its AML/CFT program, what are the rules adopted for contracting and monitoring such third party? |
|  |
| **3.11** | Does the institution have an AML/CFT initial training and retraining training programs? If so, highlight at a minimum: 1. the scope, including how training is provided to service providers and agents, if applicable.
2. the frequency.
3. ff any system is used.
4. whether an exam is required at the end to test knowledge.
5. whether there is a record and storage of the trainings carried out.
 |
|  |
| **3.(12)** | Does the institution periodically monitor its AML/CFT program? If so, what is the frequency? |
|  |
| **3.(13)** | In the monitoring referred to in the previous item, if inconsistencies are detected, what is the procedure to be adopted?  |
|  |
| **3.14** | Does the institution test its AML/CFT program using an independent department (e.g., internal or external audit, internal controls, compliance or risk management)? If so, with what frequency?  |
|  |
| **3.15** | Regarding the previous item, if there are tests, what is the governance for receiving the results? How are possible treatments for the test’s remarks (action plan)?  |
|  |
| **3.16** | Does the institution follow anti-corruption practices and/or policies as required by current regulations? If so, attach a document with the practices and/or policy.  |
|  |
| **3.17** | Does the institution have an anonymous whistle blower channel to receive occurrences referring to ethical and behavior deviations, alleged illicit acts and corruption? If yes, describe access and governance criteria for handling such complaints. |
|  |
| **3.18** | Does the institution have activities and/or businesses in the virtual currencies or cryptoassets market? If so, detail the activities and/or businesses and how AML/CFT is monitored.  |
|  |

# 4. KYC (KNOW YOUR CLIENT)

|  |  |
| --- | --- |
| **4.1** | inform the KYC procedure adopted by the institution and detail, at a minimum, how the following processes are carried out:1. client identification processes up to the ultimate beneficial owner, when applicable.
2. client identification and characterization, when applicable.
3. identify PEP, as well as its family and close associates (“Related PEP”) and non-profit organization.
4. carrying out due diligence, including validation of information received (whether consultations are made with internal or external bureaus).
 |
|  |
| **4.2** | Does the institution have, pursuant to the terms of current regulations, a direct business relationship with the client? (e.g., distributor has a direct business relationship with the client). |
|  |
| **4.3** | Is the client identification a paper or digital process? If it is digital, how is the client's identity checked? Mention the mechanisms used, if applicable.  |
|  |
| **4.4** | Notwithstanding the above item, does the KYC process provide for face-to-face visits to clients (individuals or legal entities)? If so, in what situations and frequency?  |
|  |
| **4.5** | Do the institution's policies and procedures establish when the on-boarding process shall be completed, for example, prior to the beginning of the relationship or there is a pre-established deadline (if so, what is such deadline)? Is there an authority/exemption policy? |
|  |
| **4.6** | Of the items that can be completed after the beginning or continuity of the relationship, pursuant to the terms of the preceding item, which steps are taken by the institution to obtain them? And what are the consequences if there can’t be gathered?  |
|  |
| **4.7** | What is the procedure adopted by the institution to obtain from its clients the following information? 1. type of client and its legal nature.
2. whether it is a PEP or non-profit association.
3. business activity.
4. financial capacity.
5. source of assets and resources.
6. geographic location.
7. business model, if applicable.
8. product, service, operations, transactions and distribution channels used.
9. counterpart to transactions carried out on behalf of the client, in the case of transactions carried out in registered environments.
10. legal, reputational and socio-environmental risk for the institution.
11. relationship with other service providers, including the AML/CFT policies of such providers.

Adverse information (specify). Indicate non-used criteria and justify its non-use. |
|  |
| **4.8** | What is the approval process adopted for high-risk clients? What is the treatment given after approval, if applicable?  |
|  |
| **4.9** | Describe register and the KYC review procedures.  |
|  |
| **4.10** | What is the level of diligence adopted by the institution to identify reputational information related to AML/CFT? Is such process manual or done through some system (owned or third party’s)?  |
|  |
| **4.11** | From the question above, regardless of whether the process is manual or systemic, how does this feed back into the institution's KYC processes? |
|  |
| **4.11** | What process does the institution adopt to search restricted lists? At a minimum, inform: 1. whether the search is manual or automated.
2. which lists are searched.
3. which frequency.
 |
|  |

# 5. MONITORING AND COAF’S NOTIFICATION

|  |  |
| --- | --- |
| **5.1** | What monitoring is adopted for high-risk clients?  |
|  |
| **5.2** | If not included in the above item, How the PEP status and non-profit organizations monitoring is carried out? |
|  |
| **5.3** | What procedure does the institution adopt if it is identified, in the course of the relationship with the client, that it is a PEP or a non-profit organization? |
|  |
| **5.4** | Inform which area notifies COAF and the governance adopted by the institution in this process (approval hierarchical level, if applicable). |
|  |
| **5.5** | What are the procedures used by the institution to monitor atypical activities transactions (intended or carried out)? Detail whether the institution uses an automated system (indicate supplier thereof) or if it is manual.  |
|  |
| **5.6** | Based on the identification of atypical activities, does the Institution have procedures to review them and characterize them as suspicious? Additionally, describe the measures to be taken in these cases.  |
|  |
| **5.7** | What procedures are adopted by the institution to comply with the measures established in the sanctioning resolutions of the United Nations Security Council (“UNSC”), pursuant to the terms of current regulations?  |
|  |
| **5.8** | How is the direct and permanent monitoring of the determinations of unavailability foreseen by the UNSC, as well as any information to be observed for their adequate service? |
|  |
| **5.9** | How does the institution carry out the freezing of assets, pursuant the terms requested by the UNSC? |
|  |
| **5.10** | How does the institution keep, according to current regulations, a record of all transactions carried out by clients, as well as the products and services hired? |
|  |
| **5.11** | What process has been adopted by the institution to keep, for at least 5 years COAF’s reporting history?  |
|  |

[PLACE, DATA]

|  |  |
| --- | --- |
| [SIGNATURE OF THE INSTITUTION'S AML/CFT DIRECTOR] | [SIGNATURE OF THE INSTITUTION’S LEGAL REPRESENTATIVE] |
| [BUSINESS PHONE NUMBER AND EMAIL] | [BUSINESS PHONE NUMBER AND EMAIL] |