**APPENDIX VII**

**APPENDIX VII.1**

**Annual Summary Report on Exposure to Customers and Beneficial Owners from High Risk Countries**

**For Bank**

**SULIT**

**Reporting Institution** :

**Officer's Name** :

**Designation** :

**E-mail** :

**Telephone** :

**Guides to complete the survey**

* Please answer all questions below with mandatory fields marked in yellow
* Please provide amount as at 31 December YYYY (except for Question 2 & 3 which require full year data)
* Please input "n/a" for unused text field and "0" for unused number field

**Category:**

1. **Customers and beneficial owners from jurisdictions subject to a FATF call on its members and other jurisdictions to apply counter- measures to protect the international financial system from the on-going and substantial money laundering and terrorist financing (ML/TF) risks emanating from the jurisdiction.**
2. **Customers and beneficial owners from jurisdictions subject to a FATF call on its members and other jurisdictions to apply enhanced due diligence measures proportionate to the risks arising from the jurisdiction.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **QUESTION 1**:  No. of customer and account balance by:   * product/services used, & * customer profile | | **Country A** | | **Country B** | |
| No. of customers | Account balance @ 31 Dec YYYY  (USD) | No. of customers | Account balance @ 31 Dec YYYY (USD) |
| **1. Loan / Financing** | | | | | |
| **Individual** | Expatriate |  |  |  |  |
|  | Government Representative |  |  |  |  |
|  | PEP |  |  |  |  |
|  | Student |  |  |  |  |
|  | Businessman / Businesswoman |  |  |  |  |
|  | Housewife |  |  |  |  |
|  | Retiree |  |  |  |  |
|  | Others (please specify) |  |  |  |  |
| **Legal Person** | Resident Company/Business |  |  |  |  |
|  | Foreign Company/Business |  |  |  |  |
|  | NGOs |  |  |  |  |
| Others (please specify) | |  |  |  |  |
| **2. Deposit** | | | | | |
| **Individual** | Expatriate |  |  |  |  |
|  | Government Representative |  |  |  |  |
|  | PEP |  |  |  |  |
|  | Student |  |  |  |  |
|  | Businessman / Businesswoman |  |  |  |  |
|  | Housewife |  |  |  |  |
|  | Retiree |  |  |  |  |
|  | Others (please specify) |  |  |  |  |
| **Legal Person** | Resident Company/Business |  |  |  |  |
|  | Foreign Company/Business |  |  |  |  |
|  | NGOs |  |  |  |  |
| Others (please specify) | |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **QUESTION 1**: No. of customer and account balance by:- product/services used, &- customer profile | | **Country A** | | **Country B** | |
| No. of customers | Account balance @ 31 Dec YYYY  (USD) | No. of customers | Account balance @ 31 Dec YYYY  (USD) |
| 1. **Others** | | | | | |
| **Individual** | Expatriate |  |  |  |  |
|  | Foreign Labour |  |  |  |  |
|  | Government Representative |  |  |  |  |
|  | PEP |  |  |  |  |
|  | Student |  |  |  |  |
|  | Businessman / Businesswoman |  |  |  |  |
|  | Housewife |  |  |  |  |
|  | Retiree |  |  |  |  |
|  | Others (please specify) |  |  |  |  |
| **Legal Person** | Resident Company/Business |  |  |  |  |
|  | Foreign Company/Business |  |  |  |  |
|  | NGOs |  |  |  |  |
| Others (please specify) | |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| QUESTION 2:  Funds transferred to/received from in YYYY | | **Country A** | **Country B** |
| Total funds transferred to (in USD) | |  |  |
| Total funds received from (in USD) | |  |  |
|  | | | |
| QUESTION 3:  Transactions with correspondent bank (operating in  these countries) in YYYY (in USD) | | **Country A** | **Country B** |
| Bank 1: |  |  |  |
| Bank 2: |  |  |  |
| Bank 3: |  |  |  |
| Bank 4: |  |  |  |
| Bank 5: |  |  |  |

**APPENDIX VII.2 For Insurance and Takaful**

**SULIT**

**Reporting Institution** :

**Officer's Name** : **Designation** :

**E-mail** :

**Telephone** :

**Guides to complete the survey**

* Please answer all questions below with mandatory fields marked in yellow
* Please provide amount as at 31 December YYYY
* Please input "n/a" for unused text field and "0" for unused number field
* The institution is required to provide the overall number of customer of each jurisdiction regardless of how many policies held by the same customers (refer column “Total number of customers from the jurisdiction”)

**Category:**

1. **Customers and beneficial owners from jurisdictions subject to a FATF call on its members and other jurisdictions to apply counter-measures to protect the international financial system from the on-going and substantial money laundering and terrorist financing (ML/TF) risks emanating from the jurisdiction.**
2. **Customers and beneficial owners from jurisdictions subject to a FATF call on its members and other jurisdictions to apply enhanced due diligence measures proportionate to the risks arising from the jurisdiction.**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| No. of customer and account balance by:   * product/services used, & * customer profile | |  | **Country A** |  |  | **Country B** |  |
| No. of customers | Premium/ Contribution received @ 31 Dec YYYY  (USD) | Sum Insured/ Participated (USD) | No. of customers | Premium/ Contribution received @ 31 Dec YYYY  (USD) | Sum Insured/ Participated (USD) |
| **1. Whole life** | | | | | | | |
| **Individual** | Expatriate |  |  |  |  |  |  |
|  | Government Representative |  |  |  |  |  |  |
|  | PEP |  |  |  |  |  |  |
|  | Student |  |  |  |  |  |  |
|  | Businessman / Businesswoman |  |  |  |  |  |  |
|  | Housewife |  |  |  |  |  |  |
|  | Retiree |  |  |  |  |  |  |
|  | Others (please specify) |  |  |  |  |  |  |
| **Legal Person** | Resident Company/Business |  |  |  |  |  |  |
|  | Foreign Company/Business |  |  |  |  |  |  |
|  | NGOs |  |  |  |  |  |  |
|  | Government |  |  |  |  |  |  |
| Others (please specify) | |  |  |  |  |  |  |
| **2. Annuity** | | | | | | | |
| **Individual** | Expatriate |  |  |  |  |  |  |
|  | Government Representative |  |  |  |  |  |  |
|  | PEP |  |  |  |  |  |  |
|  | Student |  |  |  |  |  |  |
|  | Businessman / Businesswoman |  |  |  |  |  |  |
|  | Housewife |  |  |  |  |  |  |
|  | Retiree |  |  |  |  |  |  |
|  | Others (please specify) |  |  |  |  |  |  |
| **Legal Person** | Resident Company/Business |  |  |  |  |  |  |
|  | Foreign Company/Business |  |  |  |  |  |  |
|  | NGOs |  |  |  |  |  |  |
|  | Government |  |  |  |  |  |  |
| Others (please specify) | |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| No. of customer and account balance by:   * product/services used, & * customer profile | |  | **Country A** |  |  | **Country B** |  |
| No. of customers | Premium/ Contribution received @ 31 Dec YYYY  (USD) | Sum Insured/ Participated (USD) | No. of customers | Premium/ Contribution received @ 31 Dec YYYY  (USD) | Sum Insured/ Participated (USD) |
| **3. Investment-Linked** | | | | | | | |
| **Individual** | Expatriate |  |  |  |  |  |  |
|  | Government Representative |  |  |  |  |  |  |
|  | PEP |  |  |  |  |  |  |
|  | Student |  |  |  |  |  |  |
|  | Businessman / Businesswoman |  |  |  |  |  |  |
|  | Housewife |  |  |  |  |  |  |
|  | Retiree |  |  |  |  |  |  |
|  | Others (please specify) |  |  |  |  |  |  |
| **Legal Person** | Resident Company/Business |  |  |  |  |  |  |
|  | Foreign Company/Business |  |  |  |  |  |  |
|  | NGOs |  |  |  |  |  |  |
|  | Government |  |  |  |  |  |  |
| Others (please specify) | |  |  |  |  |  |  |
| **4. Fire** | | | | | | | |
| **Legal Person** | Resident Company/Business |  |  |  |  |  |  |
|  | Foreign Company/Business |  |  |  |  |  |  |
|  | NGOs |  |  |  |  |  |  |
|  | Government |  |  |  |  |  |  |
| Others (please specify) | |  |  |  |  |  |  |
| **5. Marine/Aviation/Transit** | | | | | | | |
| **Legal Person** | Resident Company/Business |  |  |  |  |  |  |
|  | Foreign Company/Business |  |  |  |  |  |  |
|  | NGOs |  |  |  |  |  |  |
|  | Government |  |  |  |  |  |  |
| Others (please specify) | |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| No. of customer and account balance by:   * product/services used, & * customer profile | | **Country A** | | | **Country B** | | |
| No. of customers | Premium/ Contribution received @ 31 Dec YYYY  (USD) | Sum Insured/ Participated (USD) | No. of customers | Premium/ Contribution received @ 31 Dec YYYY  (USD) | Sum Insured/ Participated (USD) |
| **6. Engineering** | | | | | | | |
| **Legal Person** | Resident Company/Business |  |  |  |  |  |  |
|  | Foreign Company/Business |  |  |  |  |  |  |
|  | NGOs |  |  |  |  |  |  |
|  | Government |  |  |  |  |  |  |
| Others (please specify) | |  |  |  |  |  |  |
| **7. Motors** | | | | | | | |
| **Legal Person** | Resident Company/Business |  |  |  |  |  |  |
|  | Foreign Company/Business |  |  |  |  |  |  |
|  | NGOs |  |  |  |  |  |  |
|  | Government |  |  |  |  |  |  |
| Others (please specify) | |  |  |  |  |  |  |
| **8. Miscellaneous** | | | | | | | |
| **Legal Person** | Resident Company/Business |  |  |  |  |  |  |
|  | Foreign Company/Business |  |  |  |  |  |  |
|  | NGOs |  |  |  |  |  |  |
|  | Government |  |  |  |  |  |  |
| Others (please specify) | |  |  |  |  |  |  |
| ***Total number of customers from the jurisdiction*** | |  |  | |  |  | |