

**DUE DILIGENCE QUESTIONNAIRE CORPORATE
TRAVELLERS CHEQUE ENCASHMENT SERVICES LTD**

Please answer all questions accurately. Failure to do so, may result in delays or services impacted.

Section 1. Relationship Manager Details

These people must to authorised to act on on behalf of your Company. Please provide verification

Office Use only.
Tick if
complete/rec.

Contact Name				
Role Title				
Email				
Telephone				
How many people are in your Compliance department?				
Within this department how many persons are dedicated to Anti-Money Laundering and Counter Terrorist Financing?				
Nominated Officer/MLRO:				
Role Title				
Email				
Telephone				

Section 2. Company Information and Details

Full Legal/Registered Name				
Trading Name Used (if different)				
Company Registered Number				
Country of Incorporation				
Date of Incorporation	DD	MM	YY	
Number of Employees (approx)				
Address of Registered Office				
Building Number/Name				
Street				
City				
Postcode/Zip Code				
Country				
What is the legal form or your Company? - If listed on a stock exchange, please highlight the exchange and code				
Private Owned Entity?		Public Owned Entity?		

Stock Code	Exchange	Stock Code	Exchange
Does your Company maintain a physical presence in the jurisdiction where it is authorised to operate?		Yes	No
Does your Company/Affiliate operate as a shell company?		Yes	No

Section 3. Regulatory Supervision/Background

Is your Company regulated for its activities by a Financial Regulator		Yes	No
Name of Regulator/s			
Number of Regulators			
Is your Country a member of the FATF or FSRB?		Yes	No
Name of FSRB (I/A)			
Is your Company subject to regulation in relation to the prevention of ML and TF?		Yes	No
Name of Authority			
Does your regulatory authority conduct reviews on your compliance with AML laws?		Yes	No
If yes, how often			
What was the date of the last regulatory audit/review?		DD	MM YY
Did the findings result in any fine or fines or restrictions by any regulator /supervisor or financial sanctions by any state?		Yes	No
Are you a member of any associations or trade bodies?		Yes	No
If Yes, please provide details.			

Section 4. Ultimate Beneficial Ownership and Senior Management

Please provide a list of the controllers/shareholders of your entity who own 10% or more of shares, showing the percentage ownership of each of the principal controllers/shareholders as follows. For the purpose of this questionnaire "shareholders" is any person or legal entities that, directly or indirectly, own / controls or has voting power of 10% or more of share or any class of securities of your institution. In addition please include an ownership structure chart/description (if applicable).

Entity (Legal Name)	Corporate/Natural Person	% Ownership	Country of Origin

--

Section 5. Senior Management

Please provide your senior management structure chart / board of director. Please provide their full name and position in your institution. Should you require more space either use the appended sheet; or detail the website where the full information can be found below:

Website Address	
-----------------	--

Name	Designation/Role

Does the Company have a legal and regulatory compliance program that includes a designated officer that is responsible for coordinating and overseeing the AML framework?	Yes	No
---	-----	----

If Yes, please provide their details in section 1.

Section 6. Anti Money Laundering / Counter Terrorist Financing Policies/ Practice/ Commitment

Please answer all questions accurately. Failure to do so, may result in delays or services impacted.

Does the Company have a written poicy designed to prevent money laundering and terrorist financing?	Yes	No
---	-----	----

--

If yes, is the compliance programme approved by the Companies Board or senior committee?	Yes	No
--	-----	----

--

Does the Company document it's procedures, ensuring compliance with AML/CTF regulations?	Yes	No
--	-----	----

--

Does the Company periodically audit it's AML/CTF policies and procedures to ensure that they meet the required standards and are relevant?	Yes	No
--	-----	----

--

If Yes, please detail the frequency and whether it is an internal/external function

--

Does the Company report suspicious transactions to the FIU and have developed written processes which are in place to prevent and detect the above?	Yes	No
---	-----	----

--

Does the Company have a policy prohibiting relationships with Shell Banks/anonymous customers?	Yes	No	
Does the Company have policies to reasonably ensure that they will not conduct transactions with or on behalf of Shell banks through any of it's products?	Yes	No	
Does the Company have a policy in place to deal with Politically Exposed Persons?	Yes	No	
Does the Company record customer/transactions information in compliance with applicable laws?	Yes	No	

Know your Customer, Due Diligence and Enhanced Due Diligence for Cheques to be Encashed

Does the Company have procedures to establish a record for each new customer noting their respective identification documents and 'Know Your Customer' information?	Yes	No	
Does the Company verify the identity of their customers on whose behalf it maintains accounts with or documents transactions on behalf of?	Yes	No	
Does the Company make risk-based assessments of their customer base and their transactions?	Yes	No	
Does the Company determine the appropriate enhanced due diligence for customers and transaction that you have identified that may pose a heightened risk of illicit activities at, or through your company/branches?	Yes	No	
Does the Company assess its Co customers AML policies/practices (if applicable)?	Yes	No	
Does the Company periodically review and update customer information in relation to it's client base?	Yes	No	
Please indicate the frequency of reviews			
Does the Company record customer/transaction information to understand the normal?	Yes	No	
Does the Company collect information surrounding it's customer's business activities?	Yes	No	
Does the Company conduct ongoing monitoring of it's customer's that covers all products	Yes	No	
Please describe whether such processes are manual or automated.	Manual	Automated	

Reportable Transactions - Sanctions / AML / CTF/ Mandatory

Does the Company screen customers and transactions against sanctions lists of persons, entities or countries issued by government / competent authorities?	Yes	No	
--	-----	----	--

If so, what sanction programmes are used?			
Where cash transaction reporting is mandatory, does the Company have procedures to identify transactions structured to avoid such obligations?	Yes	No	
Does the Company have policies to reasonably ensure that it only operates with a correspondence bank which possess relevant licences in their countries of origin?	Yes	No	
Is there a regulatory requirement to file currency transaction reports?	Yes	No	
If yes, what is the threshold?			
Does your company have internal procedures for documenting these transactions?	Yes	No	
Are there any restrictions on currency / cash transactions imposed by regulation (internal or external driven restriction on the amount, type or number of currency transactions)?	Yes	No	
Does the legislation in your country prescribe the offence of tax evasion as a criminal offence?	Yes	No	
Does your bank/company consider the risk of tax evasion when on boarding a new customer or supplier?	Yes	No	
Does your bank/company have controls in place to mitigate the risk associated with tax evasion?	Yes	No	

Section 7. Payment Details

Name of Bank		
Registered Address		
Registered Number		
Bank Account Number		
Bank Sort Code		
Reference Number		
IBAN Number		
Swift Address		

Transaction details	
---------------------	--

--

Section 8. Authorised Signatory

Where names of individuals have been requested and provided, please ensure that you provide FULL names as they would appear on government issued ID e.g. a passport. By signing below, Client hereby acknowledges and confirms that the information that it has provided is accurate and correct and that the contact name(s) and authorised signatories are authorised to transact on behalf of the client submitting the application to Travelex. The client also agrees that where any changes occur, they will provide Travelex with the notice of changes within 30 days of them taking effect. A facsimile copy of the signature shall have the same force and effect as an original and shall be binding.

Authorised Signatory:			
Print Name:			
Position Role			
Date:	DD	MM	YY

Authorised Signatory:			
Print Name:			
Position Role			
Date:	DD	MM	YY

Return Address:			
Travellers Cheques Encashment Services Ltd Worldwide House Thorpe Wood Peterborough PE3 6SB United Kingdom			

Registered Address:			
----------------------------	--	--	--

Travellers Cheques Encashment Services Ltd
Kings Place
4th Floor
90 York Way
London
N1 9AG
United Kingdom

Registered Number: 05393803

Documents to be returned with this form:

Certified Certificate of Incorporation

Ownership and Management Structure appropriately certified

Passport copy/ valid photo ID for shareholders who own or control more than 10% of your business

Company Compliance/ AML Policy/ Procedures

Authorised Signatory List/ Company Signing Mandate

Section 9. Personal Data - Information

Using your information

The information we ask for when you apply for this account is used to:

Check applicants' identities and their eligibility for this account.

Manage your account and relationship with us.

Facilitate our statutory anti-money laundering and anti-fraud checks, which may include sharing data with credit reference agencies.

You don't have to give us any of this information, but if you don't provide all the requested items, we won't be able to deal with your application. We will not use your data for any other purpose.

Travelex recognises the importance of safeguarding the personal information of our customers. Our Privacy Notice sets out the basis on which your information will be collected, stored and used by us, and reflects Travelex's commitment to maintain the confidentiality and security of your information, and provide the best possible service.