

Part A - General Information		Language of preference/Langue préférée English/Anglais French/Français	
	Date questionnaire completed	DD MM YYYY	
	Organization's legal name and Head address	Office	
	Please indicate the type of premises the above Head Office address	for Commercial / Retail Residential / Dwelling House Other (If other, specify)	
	Name and title of the individual compl questionnaire	leting	
	Contact information:		
	Business telephone		
	Business fax		
	E-mail		
A1	Does your organization have branche	es operating in Canada?	
A2		t the locations of the branches. If there is not enough room below, attach a separate sheet ure to indicate that this information belongs in answer A2.	
A3	Does your organization have branches outside Canada? Yes No		
A4	If you answered yes to question A3, please list the other countries where the branches are located. If there is not enough room below, attach a separate sheet to provide all the relevant information. Make sure to indicate that this information belongs in answer A4.		
A5	Does your organization have agents operating in Canada?		
A6		t the name(s) and location(s) of the agent(s) operating in Canada. If there is not o provide all the relevant information. Make sure to indicate that this information belongs in	
A7	Are you an agent of any other organiz	zation?	
A8	If you answered yes to question A7, please list the name(s) of the organization(s) you are an agent for? If there is no enough room below, attach a separate sheet to provide all the relevant information. Make sure to indicate that this information belongs in answer A8.		

Part A - General Information Cont'd

A9	How many employees are there in your organization?		
A10	Please indicate the approximate annual value of all currency exchange and money services business you conduct. \$		
A11	Does your organization provide currency exchange and/or wire transfer services to other Money Services Businesses or Foreign Exchange Dealers? Yes No		
A12	What is your organization's primary bank / credit union / caisse populaire / trust company?		
A13	What is your organization's secondary bank / credit union / caisse populaire / trust company?		
A14	Is your organization a subsidiary of any other entity subject to the <i>Proceeds of Crime (Money Laundering)</i> Yes No and Terrorist Financing Act and Regulations? If so, what is the name and address of the parent organization?		
A15	Does your organization own any other entities that are subject to the <i>Proceeds of Crime</i> (Money Laundering) and Terrorist Financing Act and Regulations? If so, what are the name and address of these entities? If there is not enough room here, attach a separate sheet to provide all the relevant information. Make sure to indicate that this information belongs in answer A15.		
A16	Please indicate if you are licensed in any of the following sectors. Check all that apply. Life Insurance Securities Real Estate Accounting None applicable		
Part B	- Compliance Regime		
B1	Have you fully implemented a compliance regime in your organization (which includes the appointment of a compliance officer, development and application of compliance policies and procedures, review of yourcompliance policies and procedures as necessary, and ongoing compliance training)? Refer to FINTRAC's website Guideline 4 at http://www.fintrac.gc.ca/publications/guide/Guide4/4_e.asp		
B2	If you answered no to question B1, at what stage of implementation is your compliance regime? If there is not enough room below, attach a separate sheet to provide all the relevant information. Make sure to indicate that this information belongs in answer B2.		
B3	Have you appointed a compliance officer to meet your reporting, record keeping and client identification obligations?		
B4	If you answered yes to question B3, please provide the name and telephone number of the compliance officer.		
B5	Does your compliance officer report directly to senior management of the organization? (Senior management could be the owner or chief operating officer of the business, any senior executive or any member of senior management or the board of directors)		

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Part B	- Compliance Regime Cont'd		
B6	How does your organization keep up with any changes in reporting, record keeping or client identification obligations? (check all that apply)		
	☐ Media (newspæer, television, etc.) ☐ Seminars, training or conferences		
	FINTRAC's Web site Other (If other, specify)	
	Other web sites	/	
B7	Have you consulted the FINTRAC Guidelines?	Yes	No
B8	If you answered yes to question B7, do you find them useful?	Yes	No
B9	Do you have any suggestions for improving the guidelines?		
Dort C	Compliance Delicies and Dresedures		
Part C	- Compliance Policies and Procedures		
C1	Do you have policies and procedures to ensure your reporting, record keeping and client identification requirements are being met?	Yes	No
C2	Are your policies and procedures in writing?	Yes	No
СЗ	Within the last twelve months, has your organization conducted financial transactions with individuals or entities based in any of the countries on the Financial Action Task Force (FATF) List of Non-Cooperative Countries or Territories? For information about this list, please refer to FINTRAC's advisories at http://www.fintrac.gc.ca/publications/avs/2005-02-16_e.asp		□ No
C4	If you answered yes to question C3, which countries were involved and approximately how many transactions were conducted with each country? If there is not enough room below, attach a separate sheet to provide all the relevant information. Make sure to indicate that this information belongs in answer C4.		
C5	Does your organization cross-reference the names of clients with any anti-terrorism lists of names published by the Canadian government? For more information about these, please refer to the List of Names Subject to the Regulations Establishing a List of Entities made under subsection 83.05(1) of the Criminal Code or the United Nations Suppression of Terrorism Regulations provided by the Office of the Superintendent of Financial Institutions at http://www.osfi-bsif.gc.ca	Yes	□ No
Part D	- Review of Compliance Policies and Procedures		
D1	Have you implemented a process for reviewing your organization's compliance policies and procedures to determine their effectiveness?	Yes	No
D2	Has such a review already been conducted for your organization?	Yes	No
D3	If you answered yes to question D2, how often do you conduct a review?		
	☐ More than once a year ☐ Once a year ☐ Less than once a year		
D4	If you answered yes to question D2, the review was conducted by: (Check all that apply)		
	☐ Compliance officer ☐ Internal Audit ☐ External Audit ☐ Consultant ☐ Other _		
D5	If you answered yes to question D2, when was the review completed?		
D6	Are the results of the review documented?	Yes	□ No

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Part E - Ongoing Compliance Training

	Does your organization provide training about your reporting, record keeping and Client identification obligations?				
frequenc	If you answered yes to question E1, describe how your training is delivered. Include information about the mode and frequency of delivery as well as a general description of who is required to take the training. If there is not enough room below, attach a separatesheet to provide all the relevant information. Make sure to indicate that this information belongs in answer E2.				
Self-dir	ssroom with trainer/Seminar ected ter-based	Frequency of training Annually More often than amually (quarterly, etc.) When new staff is hired In special circumstances (Specify circumstances ———————————————————————————————————			
Only the	ers ate security	Type of material Handouts Test administered with pass or fail mark Presentation or group discussion Other (If other, specify			

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