



151. Financial Crime Risk Return

Start

Reporting Suspicion

Governance & Controls

Relationships

Geographical

Declaration

* = mandatory field

Introduction

The Commission has introduced the Financial Crime Risk Return ("the FCR Return") as a means of gathering important information and statistical data which will be used for supervisory purposes to assist the Commission in forming a view of the financial crime risks within individual firms; within a sector; and within the industry as a whole.

For further information on completing the FCR Return, please refer to the guidance document which can be found [here](#)

The Reporting Period for the FCR Return covers 1 July in the previous year through to 30 June in the reporting year. All data provided should be given as at the end of the Reporting Period, or where required (for example with regard to occasional transactions), an accumulation of occurrences within the Reporting Period.

All licensed and registered firms and individuals, including administered and managed entities, are required to submit one FCR Return covering the entirety of those business activities which are subject to the requirements of the Regulations and Handbooks.

Please complete all sections of this return fully. For questions which do not apply, or where the firm has no business in that area, please enter '0'.

If you encounter any difficulty in completing this return, or have any questions about the information to be provided, please contact the Commission's Helpdesk, either by e-mail to: support@gfsc.gg or via telephone on 01481 712706.

Company Name *

Data collection for period ending *

* = mandatory field

Introduction

This section concerns information on the number of internal suspicion reports filed with the MLRO or Nominated Officer, together with a more detailed breakdown of those disclosures made to the FIS.

With regard to the latter, in addition to the total number of disclosures, the return also requires an indication as to the portion of this total figure relating to each of the given categories. For the avoidance of doubt, each disclosure can cover one or more of the categories as required.

Where a disclosure does not fit within the categories provided, please provide a very short heading in the 'Other' box.

A narrative box has been included to allow for further information to be provided where this is considered appropriate to support the statistical information given, for example where there has been a spike in reports in respect of a given category.

Please do not provide any sensitive information or information which identifies any underlying parties within either of these boxes.

Reports

Number of internal suspicion reports made to the MLRO or Nominated Officer *

Number of disclosures made to the FIS by the MLRO or Nominated Officer *

Number of Disclosures by Nature of the Disclosure

Tax Evasion *

Bribery and Corruption *

Fraud *

Adverse Due Diligence *

Terrorist Financing *

Unusual Activity *

Other *

Further Detail (optional)

Number of disclosures resulting from declined business opportunities *

MLRO and Nominated Officer Contact Details

Please provide up-to-date contact details for your MLRO and Nominated Officer
Money Laundering Reporting Officer

Title *

First Name *

Middle Name

Surname *

Date of Birth *

Email *

Telephone *

Nominated Officer

Title *

First Name *

Middle Name

Surname *

Date of Birth *

Email *

Telephone *

* = mandatory field

Introduction

This section requests information on the policies, procedures and controls of the firm, together with details of any outsourced functions.

The 'AML/CFT legislation' referred to within this section is as set-out within the Handbooks.

Policies

Has the Business Risk Assessment been reviewed by the Board? *

Yes No

Please provide the date of the last review *

Have the AML/CFT policies, procedures and controls been reviewed by the Board? *

Yes No

Please provide the date of the last review *

Further Detail (optional)

Outsourcing

Are any of your measures or controls for compliance with AML/CFT legislation outsourced to a third party? *

Yes No

Please indicate below where you outsource the following measures or controls and whether this outsourcing is to a third party or intra-group

Where you outsource other measures or controls not listed below, please provide a very short heading in the 'Other' box.

MLRO and/or Nominated Officer *

Compliance Officer *

Customer Due Diligence and/or Risk Assessment *

Payments (Screening) *

Other (Please provide details)

Further Detail (optional)

* = mandatory field

Introduction

This section concerns information about your business relationships and/or occasional transactions, including the number and nature, as well as information on the use of technology within the CDD process.

All questions are mandatory therefore please enter '0' if you have no business relationships or occasional transactions which fall under each of the requested categories.

For further details on the statistics to be provided within this section, please refer to the guidance document.

Please indicate whether the figures you will be providing in response to the questions below are by mandate/account or by customer *

Account/Mandate Customer

Business Relationships

Do you establish business relationships? *

Yes No

Please provide the total number of business relationships *

Please provide the total number of High risk business relationships *

Please provide the total number of PEP business relationships *

Occasional Transactions

Do you carry out occasional transactions? *

Yes No

Please provide the total number of occasional transactions *

Please provide the total number of High risk occasional transactions *

Please provide the total number of PEP occasional transactions *

High Risk by Sector

Please provide the total number of high risk business relationships and occasional transactions broken down by the category of licence or registration associated with the connected activity

Banking *

Fiduciary *

Life Insurance *

Intermediary - Insurance *

Investment *

Prescribed Business *

Further Detail (optional)

Other

How many business relationships and/or occasional transactions have been referred to the States of Guernsey Policy Council as a result of a connection with a sanctioned individual or entity? *

How many business relationships do you have where you treat an intermediary as a customer? *

How many business relationships do you have where reliance is placed on an introducer for CDD purposes? *

How many business relationships and/or occasional transactions have you exited during the period because they were outside your risk appetite? *

How many business relationships and/or occasional transactions have you declined during the period because they were outside your risk appetite? *

The Use of Technology with CDD Processes

We would like to understand whether you are using any electronic products or services within your firm's due diligence processes.

Please indicate whether you are making use of any electronic products or services in the following areas

- Digitally signing documents
- Digitally certifying scanned versions of physical documentation
- Identifying one or more pieces of personal identification about a client/customer
- Verifying one or more aspect of a client/customer's identity in conjunction with traditional verification methods
- Verifying the identity of a client/customer
- Undertaking risk assessment of client/customer

Further Detail (optional)

* = mandatory field

Introduction

This section concerns information on the geographical breakdown of your business relationships and/or occasional transactions.

Please provide the number of accounts/mandates or customers (in the same manner as used previously) connected with countries listed in sections A, B and C of the Business from Sensitive Sources Notice and beneficially owned by persons located within the Bailiwick of Guernsey.

For further details on the statistics to be provided within this section, please refer to the guidance document.

Geographic Breakdown

Countries listed in sections A, B & C of the Business from Sensitive Sources Notice *

Bailiwick of Guernsey *

Further Detail (optional)

* = *mandatory field*

Declaration

This form is now ready for submission.

By selecting 'I agree' and clicking 'Submit' below, you are confirming that the information supplied is complete and correct to the best of your knowledge and belief at the time of submission.

I agree to the above *