

# C:\Users\jose.farias\Desktop\logo.jpgPRESENTATION

ANBIMA due diligence questionnaire for Intermediation Service Abroad

**Contractor:**

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**Client:**

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**Questionnaire filled out by:**

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|  |

**Date:**

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

**Version:** [23/4]

[Place and date]

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# 1. Registration information

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| --- | --- |
| **1.1** | Corporate name. |
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| **1.2** | Trade name, if any. |
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| **1.3** | Inform what type of institution comprising the distribution system the service provider is: |
|  | |
| **1.4** | Date of incorporation. |
|  | |
| **1.5** | Head office/address/country of incorporation. |
|  | |
| **1.6** | Website. |
|  | |
| **1.7** | Name, position, telephone and email of the person responsible for completing the questionnaire. |
|  | |
| **1.8** | What are the regulatory authorities with which the service provider is registered and the registration number, if applicable? |
|  | |
| **1.9** | Do you have branches/agencies/subsidiaries? If so, how many and where are they located? Highlight mainly if any branch, agency or subsidiary is located in a tax haven. |
|  | |
| **1.10** | Is the institution or company of your conglomerate or economic group a publicly held 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 registration number of the activity. |
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# 2. Institutional information

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| **2,1** | | What is the institution’s business model, including its client base, type of products and services. |
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| **2.2** | | Please inform:   1. the name and CPF (SSN) of senior management with an equity interest equal to or greater than 25% (up to the ultimate beneficiary). 2. the name and activity of persons who are not included in the above item, but who exercise significant influence in the institution on the conduct of business (e.g., silent partner, advisory board, independent board member). 3. whether any member of senior management or director (or managing directors) is a politically exposed person (“PEP”). |
|  | | |
| **2.3** | | Inform whether the institution or its partners/managers/directors, in relation to the contracted activity, have already been punished or are party to sanctioning proceedings at the local regulatory and/or supervisory authority in the last five years. If so, and if it is not confidential, inform:   1. The proceeding number; 2. Its status (closed/on trial/conviction); and 3. A brief report on the proceedings. |
|  | | |
| **2.4** | Inform whether the institution or its partners/managers/directors are party to legal and/or administrative proceedings relating to anti-money laundering, combating the financing of terrorism and the financing of proliferation of weapons of mass destruction (“AML/CFT”) in progress and/or closed in which the sentence is being served.  If so, and if it is not confidential, inform:   1. The proceeding number; 2. Its status (closed/on trial/conviction);   A brief report on the proceedings. | |
|  | | |
| **2.5** | | Describe the judicial, administrative or arbitration proceedings, which are not confidential, in which the institution appears as a defendant and are relevant to the contracted activity, indicating:   1. Main facts; and 2. Amounts, assets or rights involved. |
|  | | |
| **2.6** | | Inform whether the institution is a member of a class association. If so, which one(s)? |
|  | | |
| **2.7** Is it a signatory of other self-regulation codes or similar? If so, mention the codes and entities. | | |
| 2.8 Inform investor protection mechanisms present in the country’s legislation: | | |
|  | | |

# 3. Revenue and financial data

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| **3.1** | Forward the last two balance sheets. |
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# 4. Human Resources

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| **4.1** | Provide the institution’s organizational chart indicating the names of the persons responsible for each area. |
|  | |
| **4.5** | Inform whether the institution has a qualification and training process for its professionals, specifically detailing the topics listed below. If so, briefly describe the procedures adopted and the frequency with which they are applied. Attach the full document at the end of the questionnaire.   1. Anti-Corruption; 2. Content of the Code of Ethics; 3. Internal Controls and Compliance; 4. Anti-Money Laundering/Combating the Financing of Terrorism (AML/CFT); and 5. Suitability 6. Information Security |
|  | |
| **4.6** | Regarding the previous question, if the institution offers internal controls and compliance training for its professionals, inform whether the content includes at least the following:   1. Identification and reporting of suspicious transactions subject to government authorities; 2. Examples of different means of money laundering involving the institution’s products and services; 3. Internal AML/CFT and anti-corruption rules; and 4. Record of their training, frequency and materials used. |
|  | |
| **4.7** | Inform if the institution has a training process for contracted service providers. If so, briefly describe the procedures adopted and the frequency with which they are applied. Attach the full document at the end of the questionnaire. |
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# 5. Compliance and Internal Controls

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| **5.1** | Does the institution have its own internal controls and compliance area with rules, policies and regulations (compliance)? If so, attach a summary of the professional(s) responsible for the area(s). If not, does the institution hire third parties to perform these activities? |
|  | |
| **5.2** | Does the institution use any system to carry out compliance and internal control activities? Please describe. |
|  | |
| **5.3** | Does the institution have an internal controls and compliance committee? If so, please inform:   1. Frequency; 2. Composition; 3. Reporting lines; 4. Main guidelines; and 5. Whether decisions are formalized. |
|  | |
| **5.4** | Describe the institution’s structure for providing a reporting channel through which employees, collaborators, clients, users, partners or suppliers can report, without the need to identify themselves, situations with indications of illegality of any nature related to the institution’s activities. |
|  | |
| **5.5** | Describe the rules for the segregation of duties adopted by the institution. |
|  | |
| **5.6** | Inform the name of the director responsible for compliance and internal controls. |
|  | |

# 6. General Information (AML/CFT)

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| **6.1** | Does the institution have a Wolfsberg questionnaire? If so, please attach it. Institutions may, by mutual agreement, consider the Wolfsberg questionnaire as a replacement for sections 7, 8 and 9 of this questionnaire. |

# 7. AML/CFT Program

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| --- | --- |
| **7.1** | Attach the institution’s AML/CFT policy and inform:   1. whether the policy is applied to all branches and subsidiaries in the home country and abroad, if applicable. 2. the policy approval governance and frequency for its review. 3. if it is an asset manager, please include, if not included in the policy, the AML/CFT process adopted for the assets comprising the investment funds and managed portfolios. |
|  | |
| **7.2** | Does the institution have a AML/CFT structure that is autonomous and independent from the business areas? Please inform the applicable governance. |
|  | |
| **7.3** | Does the institution have a committee or body that addresses AML/CFT? If so, please inform:   1. frequency in which it is carried out; 2. areas involved, position of members and number of participants; and 3. whether decisions are formalized. |
|  | |
| **7.4** | How many employees are dedicated to the AML/CFT activity? |
|  | |
| **7.5** | How long has the AML/CFT director been performing his functions in the institution? Indicate a brief summary of his qualifications and attach his Resume. |
|  | |
| **7.6** | Does the AML/CFT director carry out another activity in the institution? If so, which one(s)? |
|  | |
| **7.7** | Does senior management receive, without prejudice to the term provided for in the current regulation, reports on the status of the AML/CFT program? If so, how frequently? |
|  | |
| **7.8** | Does the institution have Know Your Employee procedures? Describe how it is performed and the frequency of revision, or indicate the item addressing this topic in the AML/CFT policy. |
|  | |
| **7.9** | Does the institution use third parties or contracted systems to perform any of the components of its AML/CFT program? If so, please indicate which ones. |
|  | |
| **7.10** | Pursuant to the item 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 this third party? |
|  | |
| **7.11** | Does the institution have an initial AML/CFT training and refresher program? If so, highlight at least the following:   1. the scope, including how training is given to service providers and agents, if applicable. 2. the frequency. 3. if it uses any system. 4. if an exam is requested at the end to evaluate knowledge. 5. whether there is a record and storage of the training carried out. |
|  | |
| **7.12** | Does the institution periodically monitor its AML/CFT program? If so, what is the frequency? |
|  | |
| **7.13** | In the monitoring referred to in the previous item, if inconsistencies are detected, what procedure is adopted? |
|  | |
| **7.14** | Does the institution perform tests in its AML/CFT program using an independent area (e.g., internal or external audit, internal controls area, compliance or risk management)? If so, how often? |
|  | |
| **7.15** | Regarding the previous item, if there are tests performed, what is the governance for receiving the result? How are the possible actions for the notes (action plan) addressed? |
|  | |
| **7.16** | Does the institution follow anti-corruption practices and/or policies, as required by current regulations? If so, attach a document with practices and/or policy. |
|  | |
| **6.17** | Does the institution have an anonymous reporting channel to receive incidents related to ethical misconduct, misconduct, suspected wrongdoing and corruption? If so, describe the access and governance criteria for handling reports. |
|  | |
| **6.18** | Does the institution have activities and/or businesses in the virtual currency or crypto assets market? If so, detail the activities and/or businesses and how AML/CFT is controlled. |
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# 8. KYC (Know Your Client)

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| **8.1** | Inform the KYC procedure adopted by the institution and detail at least how the following processes are carried out:   1. client identification process up to the ultimate beneficiary, when applicable. 2. client identification and qualification, when applicable. 3. identify PEP, as well as their family members and close associates (“Related PEP”) and nonprofit organization. 4. conduct due diligence, including validating information received (whether inquiries are made to internal or external bureaus). |
|  | |
| **8.2** | Does the institution have a direct commercial relationship with the client, under the terms of current regulation? (e.g., a distributor has a direct commercial relationship with the client). |
|  | |
| **8.3** | Is the client identification process physical or digital? If it is digital, how is the client’s identity checked? Please mention the mechanisms used, if applicable. |
|  | |
| **8.4** | Without prejudice to the item above, does the KYC process provide for presential visits to your customers (individuals or legal entities)? If so, in which situations and frequency? |
|  | |
| **8.5** | Do the institution’s policies and procedures establish when the onboarding process must be completed, for example, prior to the beginning of the relationship or is there a pre-established deadline (if so, which one?)? Is there any authority/exception policy? |
|  | |
| **8.6** | Of the items that can be completed after the start or continuation of the relationship, under the terms of the previous item, what steps does the institution take to obtain them? And what are the consequences if the company does not obtain them? |
|  | |
| **8.7** | What is the procedure adopted by the institution to obtain the information below from clients?   1. type of client and its nature. 2. whether it is a PEP or a non-profit association. 3. activity. 4. financial capacity. 5. origin of assets and resources. 6. geographic location. 7. business model, if applicable. 8. products, services, operations, transactions and distribution channels used. 9. counterparty of transactions carried out on behalf of the client, in the case of transactions performed in registration 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 (please specify). Indicate the criteria disregarded and justify their non-use. |
|  | |
| **8.8** | What is the approval process for higher risk clients? What is the treatment given after approval, if applicable? |
|  | |
| **8.9** | Describe the registration review procedures and the KYC process. |
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| **8.10** | What is the level of diligence adopted by the institution to identify reputational information related to AML/CFT? Is the process manual or done through a system (own or third party)? |
|  | |
| **8.11** | From the question above, regardless of whether the process is manual or systemic, how does this feedback into the institution’s KYC processes? |
|  | |
| **8.12** | What process does the institution adopt to query restrictive lists? Inform at least the following:   1. whether the query is manual or automated. 2. which lists are consulted. 3. what is the frequency. |
|  | |

# 9. Monitoring and Reporting to authorities

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| **9.1** | What monitoring is adopted for higher risk clients? |
|  | |
| **9.2** | How is the monitoring of the condition of PEP and non-profit organization carried out, if not included in the item above? |
|  | |
| **9.3** | 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? |
|  | |
| **9.4** | Inform which area makes the communication to the body responsible for monitoring and fighting financial crimes and the governance adopted by the institution in this process (approval body, if applicable). |
|  | |
| **9.5** | What are the procedures used by the institution to monitor transactions of atypical activities (proposed or carried out)? Detail whether the institution uses an automated system (please indicate supplier) or if it is manual. |
|  | |
| **9.6** | From the identification of atypical activities, does the Institution have procedures to review them and classify them as suspicious? Furthermore, please describe the measures to be adopted in these cases. |
|  | |
| **9.7** | What procedures is adopted by the institution to comply with the measures established in the sanctioning resolutions of the United Nations Security Council (“UNSC”), under the terms of the current regulations? |
|  | |
| **9.8** | How is the direct and permanent monitoring of the determinations of unavailability provided for by the UNSC, as well as any information to be followed for its adequate service? |
|  | |
| **9.9** | How does the institution block assets, under the terms requested by the UNSC? |
|  | |
| **9.10** | How does the institution maintain, in accordance with current regulations, a record of all transactions carried out by clients, as well as the products and services contracted? |
|  | |
| **9.11** | What process has the institution adopted to maintain the reporting history to the body responsible for monitoring and combating financial crimes over the last 5 years? |
|  | |
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# 10. Risk management

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| **10.1** | Does the institution have its own risk management area(s)? If not, does it hire third parties to perform that activity? Describe the contractor’s experience and form of supervision. |
|  | |
| **10.2** | Inform which risk control system is adopted by the institution. |
|  | |
| **10.3** | Does the institution have a risk management committee? If so, please inform:   1. Frequency of meetings; 2. Areas involved and number of participants; and 3. Whether decisions are formalized. |
|  | |
| **10.4** | Attach the Business Continuity Plan (BCP) adopted by the institution, informing at least:   1. If it is audited and how often; 2. If it is validated/tested by an independent area; 3. Location, distance from the main environment and assessment on the location; 4. Process for crisis management; and 5. Contact persons/decision tree. |
|  | |

# 11. Legal

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| **11.1** | Does the institution have its own legal department? If so, inform the composition of the area. If not, inform whether third parties are hired for this activity. Please detail. |
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# 12. Distribution

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| **12.1** | Inform the name of the director responsible for distribution. Attach a summary of that professional at the end of the questionnaire. |
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| **12.2** | Inform the investment products distributed by the institution and how much they represent of the total volume distributed. |
|  | |
| **12.3** | How selected investment products are distributed? |
|  | |
| **12.4** | What channels are used to distribute investment products? |
|  | |
| **12.5** | Does the institution have a service channel (Ombudsman)? |
|  | |
| **12.6** | How does the Institution guarantee that professionals who work in distribution have the appropriate certification for performing the activity? |
|  |  |
| **12.7** | Inform the existence or not of a service structure in Portuguese and through human interaction. |
| **12.8** | Does the institution perform the suitability of its clients? If so, attach the methodology used at the end of the questionnaire. |
|  |  |
| **12.9** | Does the institution make investment recommendations abroad? If so, attach a summary of the professional responsible at the end of the questionnaire. |
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# 13.Backoffice

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| **13.1** | Inform if the institution has its own Backoffice area. If not, please inform:   1. If the activity is outsourced; and 2. How supervision is carried out. |
|  | |
| **13.2** | Inform how the registration of client orders is carried out and the verification regarding their correct execution, origin and authenticity. |
|  | |
| **13.3** | Describe the procedure adopted for:   1. Accessing recordings, retention and retrieval of data and information relating to operations and orders executed; and 2. How the evidence mentioned in the item above is filed and what is the storage period. |
|  | |

# 14. Clients and registration

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| --- | --- |
| **14.1** | Describe how the institution performs the registration of its clients and its updating, under the terms of the applicable regulation, indicating at least the following:   1. Requested documentation; 2. Frequency of registration update; 3. Whether the registration is physical and/or electronic; and 4. The procedure for keeping registration documentation. |
|  | |
| **14.3** | Inform the registration system used by the institution, indicating whether it allows the identification of the date and content of all changes and updates already made. |
|  | |

[LOCATION, DATE]

|  |  |
| --- | --- |
| [SIGNATURE OF THE PROFESSIONAL WHO FILL OUT THE QUESTIONNAIRE] | [SIGNATURE OF THE INSTITUTION’S LEGAL REPRESENTATIVE(S)] |
| [NAME OF PROFESSIONAL WHO FILL OUT THE QUESTIONNAIRE] | [NAME OF THE INSTITUTION’S LEGAL REPRESENTATIVE(S)] |
| [POSITION] | [POSITION] |
| [TELEPHONE] | [TELEPHONE] |
| [CORPORATE EMAIL] | [CORPORATE EMAIL] |

[LOCATION, DATE]

|  |  |
| --- | --- |
| [SIGNATURE OF THE INSTITUTION’S AML/CFT DIRECTOR] | [SIGNATURE OF THE INSTITUTION’S LEGAL REPRESENTATIVE] |
| [TELEPHONE AND CORPORATE EMAIL] | [TELEPHONE AND CORPORATE EMAIL] |