

# Anti-Money Laundering and Countering Financing of Terrorism (Requirements and Compliance) Amendment Regulations 2017

Patsy Reddy, Governor-General

# **Order in Council**

At Wellington this 18th day of December 2017

Present:

The Right Hon Jacinda Ardern presiding in Council

These regulations are made under sections 60(2)(c) and 153 of the Anti-Money Laundering and Countering Financing of Terrorism Act 2009 on the advice and with the consent of the Executive Council.

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# Regulations

# 1 Title

These regulations are the Anti-Money Laundering and Countering Financing of Terrorism (Requirements and Compliance) Amendment Regulations 2017.

# 2 Commencement

- (1) These regulations (except regulations 6, 7, 9, and 10 and Schedules 2 and 3) come into force on the 28th day after the date of their notification in the *Gazette*.
- (2) Regulations 6, 7, 9, and 10 and Schedules 2 and 3 come into force on 1 July 2018.

# **3** Principal regulations

These regulations amend the Anti-Money Laundering and Countering Financing of Terrorism (Requirements and Compliance) Regulations 2011 (the **principal regulations**).

4 New regulation 3A inserted (Transitional, savings, and related provisions) After regulation 3, insert:

# 3A Transitional, savings, and related provisions

The transitional, savings, and related provisions set out in Schedule 1AA have effect according to their terms.

5

# **Regulations 4 to 7 replaced**

Replace regulations 4 to 7 and the cross-headings above regulations 5 and 5A with:

# 4 Existing anonymous accounts: other circumstances

The only circumstances specified for the purposes of section 14(1)(d) of the Act are those specified in section 14(2) of the Act.

# 5 Entities that are customers for purposes of section 18(1) of Act

The only entities that are customers for the purposes of section 18(1) of the Act are those specified in section 18(2) of the Act.

# 5A Enhanced customer due diligence required for certain transactions requiring suspicious activity report

The only circumstances specified for the purposes of section 22(1)(e) of the Act (which relates to prescribed circumstances where enhanced due diligence is required) are those set out in section 22A of the Act.

# 6 Identity requirements: additional information about beneficiaries of trusts

The only additional information required to be supplied by a reporting entity for the purposes of section 23(1)(b) of the Act is that specified in section 23(2) of the Act.

# 7 Identifying information prescribed in relation to wire transfers

The only additional information referred to in section 27(1)(d) of the Act is the information specified in section 27A of the Act.

# 6 Regulation 8 replaced (Details to be contained in written suspicious transaction report)

Replace regulation 8 with:

# 8 Details to be contained in written suspicious activity report

Every written suspicious activity report under section 40 of the Act must contain the details set out in Schedule 1.

# 7 Regulation 9 amended (Prescribed form for annual report under section 60 of Act)

- (1) In the heading to regulation 9, replace "form" with "forms".
- (2) In regulation 9, replace "must be in the form set out in Schedule 2" with "must be in the appropriate form set out in Schedule 2 or 2A".

# 8 New Schedule 1AA inserted

Insert the Schedule 1AA set out in Schedule 1 of these regulations as the first schedule to appear after the last regulation of the principal regulations.

# 9 Schedule 1 replaced

Replace Schedule 1 with the Schedule 1 set out in Schedule 2 of these regulations.

# 10 Schedule 2 replaced

Replace Schedule 2 with the Schedules 2 and 2A set out in Schedule 3 of these regulations.

# Schedule 1 New Schedule 1AA inserted

r 8

# Schedule 1AA Transitional, savings, and related provisions

r 3A

### Form of annual report

A reporting entity must-

- (a) complete its annual report for any annual period ending on or before 30 June 2018 in the form set out in Schedule 2 of the principal regulations (as it was before the commencement of regulation 10 of the Anti-Money Laundering and Countering Financing of Terrorism (Requirements and Compliance) Amendment Regulations 2017); but
- (b) in relation to any subsequent annual report, complete it in the form (as appropriate) set out in either Schedule 2 or 2A of the principal regulations (as inserted by regulation 10 of the Anti-Money Laundering and Countering Financing of Terrorism (Requirements and Compliance) Amendment Regulations 2017).

# Schedule 2

# New Schedule 1 inserted

r 9

Schedule 2

# Schedule 1 Details to be contained in suspicious activity report

r 8

### 1 General

Signature of person authorised by the reporting entity to sign the suspicious activity report (the **SAR**) (unless the report is forwarded by email or another similar means of communication):

Name of person authorised by the reporting entity to sign the SAR:

Name of reporting entity:

Business address of reporting entity:

Name of the reporting entity's AML/CFT supervisor:

Reporting entity's internal reference numbering for the suspicious activity report (if any):

Statement of the grounds on which the reporting entity holds the suspicions referred to in section 39A of the Act:

Description of any indicators of suspicious activity identified by the reporting entity:

# 2 For each suspicious activity

Branch or location where the transaction or service took place or was proposed to take place or an inquiry about the service was made:

Date and, if available, time of the transaction or service or proposed transaction or service or inquiry about the service:

For each transaction or proposed transaction

Mode of transaction or proposed transaction (for example, in person, electronic):

Type of funds (for example, cash, cheque, securities, deposit, casino chip): Amount of transaction in NZ\$:

For each service or proposed service or service that is the subject of an inquiry Description of the service or proposed service or service inquired about:

# **3** Documents held by reporting entity (or DBG member) relevant to grounds for suspicion

Specify whether any of the following types of documents are held by the reporting entity (or DBG member) relevant to the grounds for suspicion:

- (a) identity documents (for customers, people acting on behalf of customers, and beneficial owners of customers):
- (b) transactional documents:
- (c) company, charity, trust, or partnership formation documents:
- (d) other.

# 4 For each person (other than a customer of the reporting entity) making an inquiry about a service

Name of person:

Name of person on whose behalf the inquiry is made (if known and applicable):

To the extent available, the information set out in paragraphs 5 to 9 (which apply as if the person who made the inquiry or the person on whose behalf the inquiry was made were a customer):

# 5 For each customer conducting or seeking to conduct a transaction or proposed transaction, or service or proposed service, or making an inquiry about a service, or for each person acting on behalf of any such customer

Name of person:

Date of birth (if applicable):

If not the customer, the person's relationship to the customer:

Address or registered office:

Company identifier or registration number (if applicable):

Whether the customer is a politically exposed person:

Source of wealth or funds of customer (if applicable):

Details of any relevant documents or other evidence that may be used to verify the identity of the person and the person's authority to act on behalf of the customer (if applicable):

Information on the proposed nature and purpose of the business relationship or proposed business relationship between the reporting entity and customer (if applicable):

### 6 Any beneficial owners of a customer (if applicable)

Name of person:

Date of birth:

Person's relationship to the customer:

# Address:

Whether the beneficial owner is a politically exposed person:

Details of any relevant documents or other evidence that may be used to verify the identity of a beneficial owner (if applicable):

# 7 Details for each customer that is a trust (if applicable)

Provide the following details for each customer that is a trust:

- (a) where the customer is a trust other than a trust specified in paragraph (b), the name and date of birth of each beneficiary of the trust:
- (b) in relation to a discretionary trust, charitable trust, or trust with more than 10 beneficiaries, a description of each type or class of beneficiary:
- (c) the objects of any charitable trust.

# 8 Details of wire transfers (if applicable)

Provide the information in paragraphs (a) to (c) if the reporting entity is the ordering institution:

- (a) if the transaction or proposed transaction is a domestic wire transfer or involves a domestic wire transfer, the originator's account number or any other information that enables the transaction itself to be identified and traced to the originator:
- (b) if the transaction or proposed transaction is not a domestic wire transfer,—
  - (i) originator's full name:
  - (ii) originator's account number or other identifying information that is prescribed and that allows the transaction to be traced back to the originator:
  - (iii) name of the beneficiary:
  - (iv) beneficiary's account number or the beneficiary's unique transaction reference number:
  - (v) country where the account is held:
- (c) one of the following:
  - (i) originator's physical address:
  - (ii) originator's national identity number:
  - (iii) originator's customer identification number:
  - (iv) originator's place and date of birth:
- (d) information to be provided where the reporting entity is the beneficiary institution:
  - (i) beneficiary's full name; and
  - (ii) beneficiary's date of birth; and

#### (iii) beneficiary's address.

#### 9 For each account or arrangement involved in a transaction or proposed transaction

Provide the following details for each account or arrangement involved in a transaction or proposed transaction:

- (a) if operated by the reporting entity or another member of a designated business group (DBG),-
  - (i) the type and identifying number of the account or arrangement:
  - (ii) for each person in whose name the account or arrangement is operated, the name, date of birth, relationship to customer (if applicable), address, and the company identifier or registration number (if applicable):
  - (iii) the name, date of birth, address, and relationship to customer of each signatory to the account or arrangement:
- (b)information on any other facilities involved in the transaction but not provided by the reporting entity or another member of a DBG.

#### 10 For each third party involved in a suspicious activity, to the extent not covered by clause 9

Information about the third party that is-

- relevant to the suspicious activity; and (a)
- (b)already held by the reporting entity under the Act.

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# Schedule 3

# New Schedules 2 and 2A inserted

r 10

Schedule 3

# Schedule 2

# Annual AML/CFT report by financial institutions and casinos

r 9

This form is to be completed by financial institutions and casinos.

# Part 1

Answer **all** questions in this Part.

# 1 Period of report

1.1 Period that this report covers: [*specify*]Note: This is the period referred to as "during the year" or "at the end of the year" by this form.

# 2 Contact details

Entity registration details

2.1 The reporting entity's legal name:

Registered or company incorporation number (or equivalent):

FSPR number (if applicable):

Registered charity number (if applicable):

Trading name(s):

Physical address

2.2 Street name and number:

Suburb/town:

City:

Postcode:

Postal address (if different from physical address)

2.3 Street name and number or PO Box:

Suburb/town:

City:

Postcode:

Other contact details

# 2.4 AML/CFT compliance officer (full name): AML/CFT contact telephone number:

AML/CFT contact email address (if available): Website (if available):

#### 3 **Organisation structure**

- 3.1 Is this reporting entity a branch or a subsidiary? Yes/No If **yes**, specify: [*branch/subsidiary*]
- 3.2 In what country is your largest owner based? [country]
- 3.3 Number of physical branch office locations in New Zealand (exclude agent's office locations). If none, record nil: [number/nil]
- Number of New Zealand subsidiaries (or nil): [number/nil] 3.4
- 3.5 If known, number of physical branch office locations outside New Zealand (or nil): [number/nil/unknown]
- 3.6 Number of subsidiaries outside New Zealand (or nil): [number/nil]

# Part 2

# Answer all relevant questions.

Note: A member of a designated business group (DBG) can rely on another member to carry out some obligations on their behalf, as set out in section 32 of the Anti-Money Laundering and Countering Financing of Terrorism Act 2009 (the Act). These include risk assessments, parts of an AML/CFT Programme, and making suspicious activity reports or prescribed transaction reports. If you are a member of a DBG you may allow another member to answer this Part on your behalf. However, please note that you are responsible for the information provided. If you are eligible, use the Notes in Part 6 of this form to state this, together with the legal name and registered number of the member answering this part on your behalf. Then leave this Part blank and go to Part 3. You are required to answer all other parts of this form.

# **AML/CFT risk assessment**

4.1 Does your risk assessment meet the requirements of section 58 of the Act?

Meets all/Meets some/Meets none\* \*Select one.

- 4.2 If your risk assessment meets only some of the requirements of section 58 of the Act, please list all subsections that it is not fully compliant with (eg, sections 58(1), 58(2)(a)-(h), 58(3)(a)-(c)) (use commas to separate each entry): [list]
- 4.3 When was the most recent internal review of the risk assessment completed? [date]
- 4.4 Has the risk assessment been independently audited?

Yes/No\* \*Select one.

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- 4.5 If yes to 4.4, when was the most recent audit of the risk assessment completed? [date]
- 4.6 If yes to 4.4, did the most recent audit of the risk assessment highlight any deficiencies?

Yes/No\* \*Select one.

4.7 If yes to 4.4 and 4.6, have you made the changes identified as being necessary in the most recent audit?

Yes, complete/Not yet complete\* \*Select one.

4.8 During the year, did you make available a new activity regulated by the Act (eg, a new product, service, or channel)?

Yes/No\*

\*Select one.

4.9 If yes to 4.8, before making this activity available, did you assess the ML/TF risk?

Yes/No\*

\*Select one.

#### **AML/CFT** programme 5

5.1 Does your AML/CFT programme meet the requirements of section 57 of the Act?

Meets all/Meets some/Meets none\* \*Select one.

- 5.2 If your AML/CFT programme meets only some of the requirements of section 57 of the Act, please list all paragraphs that it is not fully compliant with. Use commas to separate each entry: [list relevant paragraphs from section 57(a) to (l)
- 5.3 When was the most recent internal review of the programme completed? [date]
- 5.4 Has the programme been independently audited?

Yes/No\* \*Select one.

- 5.5 If yes to 5.4, when was the most recent audit of the programme completed? [date]
- 5.6 If yes to 5.4, did the most recent audit of the programme highlight any deficiencies?

Yes/No\*

\*Select one.

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5.7	If yes to 5.4 and 5.6, have you made the changes identifie in the most recent audit?	ed as being necessary
	Yes, complete/Not yet complete* *Select one.	
5.8	Do you have procedures to identify and verify the identity	of—
	(a) a new customer (including the customer's beneficia son acting on behalf of a customer)?	al owners or any per-
	Yes/No*	
	*Select one.	
	(b) a person seeking to conduct an occasional transact porting entity?	ion through your re-
	Yes/No*	
	*Select one.	
	(c) an existing customer, according to the level of risk is been a material change in the nature or purpose of t ship and your reporting entity considers that it has tion about the customer?	the business relation-
	Yes/No*	
	*Select one.	
5.9	Do you have exception handling procedures for issues relating diligence ( <b>CDD</b> ) (eg, clause 4 of the Amended Identity Practice 2013)?	
	Yes/No*	
	*Select one.	
5.10	Outside a DBG, do you outsource any CDD requirement set out in sections 32 to 34 of the Act)?	ts to third parties (as
	Yes/No*	
	*Select one.	
5.11	Are your reporting entity's AML/CFT transaction mon monitoring processes best described as electronic, manual, both	-
	Electronic/Manual/Electronic and manual*	

\*Select one.

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Schedule 3

Estimate percent of

# Part 3

Answer all questions in this Part.

#### **Products and services** 6

6.1 Estimate the value and number of all transactions settled by your reporting entity during the year. Add the number of receipts and payments together, record the total number, and repeat for value-

Gross number of transactions: [number]

Gross value of transactions (NZD): *\$[amount]* 

6.2 If your reporting entity offers the products and services listed in the table below, enter "yes" and estimate the proportion of annual revenue of your business during the year:

			annual revenue of your
	Products and services	Yes/No	business (%)
	Domestic		
1	Domestic account and deposit taking services		
2	Domestic lending (excluding residential mortgages and motor vehicle finance)		
3	Residential mortgage lending		
4	Motor vehicle finance		
5	Debt instrument/bonds		
6	Finance and leasing		
7	Government/specialist finance and leasing		
8	Domestic wire transfer/electronic funds transfer services		
	International		
9	International wire transfer/electronic funds transfer services		
10	International mobile telephone transfer services		
11	Forex trading and multi-currency and foreign currency accounts		
12	Foreign currency/money exchange services		
13	Issuing travellers cheques and bearer negotiable instruments		
14	Cashing travellers cheques and bearer negotiable instruments		
15	International correspondent banking		
16	Trade finance and related bonds/ guarantees, forfeiting, and export/import finance		
	Service provision		
17	Debt collection		

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hedule 3	Terrorism (Requirements and Co Regulations 2		ndment 2017/302
	Products and services	Yes/No	Estimate percent of annual revenue of your business (%)
18	Factoring services	100/110	
19	Cash transport or courier services		
20	Safe deposit boxes, cash storage		
21	Payroll remittance services		
22	Securities registry duties and other fiduciary duties associated with securities/debt issuance		
	Cash and card services		
23	Credit cards (as card issuer only)		
24	Credit cards (all other roles)		
25	Card merchant facilities		
26	Cash transactions (excluding ATM withdrawals, foreign currency)		
27	Stored value instruments/cards		
	Investing		
28	Sharebroking		
29	Derivatives trading		
30	Issuing derivatives, including derivatives or futures contracts, contracts for difference (CFDs), margin foreign exchange, forward foreign exchange contracts, and rolling spot contracts		
31	Providing a brokers' cash management account		
32	Providing other brokering services		
33	Funds management and administration of superannuation and KiwiSaver funds		
34	Funds management and administration of retail and wholesale funds, including—		
	<ul> <li>(a) unit trusts, PIE, hedge funds, option funds, commodity funds, fund of funds, foreign unit trusts, group investment funds, collective investment schemes, and listed investment trusts:</li> </ul>		
	<ul> <li>(b) property investment schemes, land investment products, property syndicates, forestry syndicates, listed property trusts, unlisted property trusts, and real estate investment trusts:</li> </ul>		
	(c) venture capital and private equity funds:		
	(d) exchange traded funds (ETFs):		
	(e) all other funds (list these types in		

the notes section in Part 6)

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Schedule 3

			Estimate percent of annual revenue of your
	Products and services	Yes/No	business (%)
35	Discretionary investment management services (including class and personalised)		
36	Financial advice or financial planning		
37	Custodian services		
38	Issuing debt securities (including investment grade bonds, below investment grade bonds, warrants, perpetual or subordinated debt, structured debt issues (such as collateralised debt obligations (CDOs) and mortgage backed securities), and capital guaranteed and capital protected investments)		
39	Issuing equity securities (including ordinary and preference shares, and private equity)		
40	Supervisory activities		
41	Treasury functions (including services provided between related entities)		
42	Operating a financial product market		
43	Peer-to-peer lending services		
44	Crowd funding services		
	Life insurance		
45	Term life insurance		
46	Permanent (whole life, universal, limited-pay, endowment, accidental death)		
47	Other life-related products and services associated with annuities, surrender options, etc)		
48	Reinsurance associated with life insurance		
	Casinos		
49	Conducting electronic international money transfers in		
50	Conducting electronic international money transfers out		
51	Conducting electronic domestic money transfers in		
52	Conducting electronic domestic money transfers out		
53	Foreign currency exchange in (including travellers cheques and cash)		
54	Foreign currency exchange out		
55	Cash take from table games (including chip purchase vouchers)		

Schedule 3	Terrorism (Requirements and Compliance) Amendi Regulations 2017		2017/30	
	Products and services	Yes/No	Estimate percent of annual revenue of you business (%	
56	Cash take from electronic gaming	Yes/INO	Dusiness (%	
50	machines (including tickets/tokens)			
57	Do you have foreign holding accounts?		n	
58	If yes, specify number [number]			
59	Do you have domestic casino operating accounts?		n	
60	If <b>yes</b> , specify number and locations [ <i>number</i> ; <i>locations</i> ]			
61	Do you have cheque cashing facilities?		n	
62	If <b>yes</b> , specify number during the year and average value [ <i>number</i> , <i>average</i> <i>value</i> ]			
63	Do you offer stored value instruments? (do not include casino chips)			
64	If <b>yes</b> , what sort of stored value instrument is it? [ <i>describe</i> ]		n	
65	What estimated percentage of your gambling activity utilises stored value instruments?			
66	Debit/credit card facilities out (exclude food and beverage purchases)			
67	Cheque in			
68	Cheque out			
	Other			
69	Loyalty schemes provided, e-cash, and virtual credit provided			
70	Auction house			
71	Online auctions			
72	Other relevant products/services (and list these in notes in Part 6, together with estimates)			
	Total		10	

#### Anti-Money Laundering and Countering Financing of Terrorism (Requirements and Compliance) Amendment Regulations 2017

7 **Customers/members** 

- 7.1 Estimate the number of customers your reporting entity had a business relationship with during the year: [number]
- 7.2 How many customers (question 7.1 above) are classified as politically exposed persons (PEP)? (Include your customers that are beneficially owned, controlled by, or for the benefit of a PEP.) [number]
- 7.3 How many customers (question 7.1 above) are a trust or another vehicle for holding personal assets? [number]
- How many customers (refer question 7.1 above) are non-residents? [number] 7.4
- 7.5 Estimate, as at the end of the reporting period, the percentages of the following types of customers:

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		Dant A	
		Total	100
	5	Other (list these other methods of acceptance in the notes section in Part 6)	
	4	Overseas intermediaries/agents/third-party referral (exclude your reporting entity's employees)	
	3	Domestic intermediaries/agents/third-party referral (exclude your reporting entity's employees)	
	2	Non face-to-face (including electronic, telephone, post, and all other types of remote access—other than intermediaries)	
	1	Face-to-face (over the counter, other than intermediaries)	
		Methods of acceptance	%
3.1		mate the proportion of your new customers who wer ing methods during the year:	-
8		unnels	
			100
	0	Total	100
	5 6	Other (and list these types in the notes section in Part 6)	
	5	trusts, charities, and incorporated/unincorporated entities) Overseas government bodies (or similar)	
	4	unincorporated entities) Non-resident entities (including companies, partnerships,	
	3	New Zealand resident entities (including companies, partnerships, trusts, charities, and incorporated/	
	2	Non-resident individuals	
	1	New Zealand resident individuals	
		Types of customer	at end of the year for: (%)
			Estimate percentages as

# Part 4

Answer all questions from your relevant AML/CFT supervisor, which is —

- the Reserve Bank of New Zealand; or
- the Department of Internal Affairs; or
- the Financial Markets Authority.

# 9 Questions from Reserve Bank of New Zealand

Institutions that your reporting entity deals with

9.1 For this section,—

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**8** 8

- (a) count the number of relationships you have, according to the 4 types stated in the table in question 9.2; and
- (b) use your own country risk assessment document to categorise these relationships into the 3 categories stated in the table in question 9.2; and
- (c) record the version and date of your country risk assessment in the notes to Part 6.

Schedule 3

Sched	ule 3	Terrorism (Requi	rements and Comj Regulations 2017	pliance) Amendment 7	2017/302	
9.2	coun	Count your relationships with all entities for the purpose of establishing accounts, authenticating instructions, and providing payment or other clearing-related services and provide the results in the following table:				
			Lower-risk or medium-risk countries	Higher-risk countries	Other/unknown- risk countries	
	RB 1	Correspondent banking relationships (cross- border only)				
	RB 2	Other respondents (including partial-SWIFT key/RMA, telex and all alternative and non- electronic channels) (domestic and cross- border)				
	RB 3	Relationships where there is a written agreement (ie lending syndication, card payment programme, mobile banking, etc)				
	RB 4	Other relationships relevant to the delivery of products and services				
	Tuan	actions				

Transactions

9.3 Using your answers to the question in 6, estimate the gross value and number of transactions settled during the year for the following (add all receipts and record the total):

Number

Value (\$)

RB 5 Domestic (New Zealand) receipts and payments

RB 6 International receipts and payments

# 10 Questions from Financial Markets Authority

- 10.1 Identify the sub-sector(s) that your reporting entity belongs to: issuer of securities/licensed supervisors/fund managers/brokers and custodians/financial advisers/derivative issuers/DIMS providers/peer-to-peer lenders/equity crowd funding service providers/other (specify in the notes section in Part 6)\* \*Select all that are relevant.
- 10.2 Refer to your previous answer to question 7.4 ("how many of your total customers are non-resident customers?"). List the top 5 countries (high to low in descending order) according to where the largest numbers of your non-resident customers are: [*list*]

## 11 Questions from Department of Internal Affairs

Money remittance and mobile phone remittance

11.1 Name the 3 countries your business receives the most transactions from, and estimate the average monthly number of inward transactions:

Name of country	Average monthly number of transactions (\$)
1	
2	
3	
Name the 3 countries your business sends the mos	st transactions to, and esti-

11.2 Name the 3 countries your business sends the most transactions to, and estimate the average monthly number of outward transactions:

Name of country	Average monthly number of transactions (\$)
1	
2	
3	

11.3 Do you provide the following payment methods? If **yes**, estimate the average monthly value of all transactions settled during the year (Enter nil or value):

	Total monthly average (NZD\$)	Monthly \$ average as an ordering institution	Monthly \$ average as a beneficiary institution	Monthly \$ average as an intermediary institution
Cash		n/a	n/a	n/a
Bearer negotiable instruments		n/a	n/a	n/a
Domestic wire transfers/ electronic funds transfers				
Foreign wire transfers/ electronic funds transfers				

Providers of safe deposit boxes

- 11.4 Estimate the total number of safe deposit boxes you currently have in use: [number]
- 11.5 Estimate the average number of times these boxes are accessed each month: [*number*]

# Part 5

### 12 Conditions of ministerial exemption

12.1 Have you been granted any ministerial exemption that is subject to conditions? Yes/No\* Schedule 3

\*Select one.

12.2 Please provide a description of your compliance with all conditions on any such exemption.

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Part 6
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Answer all questions

Your notes here: [notes]

### **Declaration and signature**

I confirm that I have the authority to submit this report on behalf of the reporting entity. I have reviewed the answers and information and I confirm that I am satisfied that, to the best of my knowledge, after undertaking all reasonable inquiries, all answers are true and correct.

A reminder: "A person commits an offence if, without reasonable excuse, the person provides information to an AML/CFT supervisor knowing that information to be false or misleading in any material respect". (*See* section 103 of the Act.)

Date signed:

Signature:

Full name:

Position/Job title:

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Schedule 3

# Schedule 2A

# Annual AML/CFT report by designated non-financial businesses and professions

r 9

This form is to be completed by designated non-financial businesses and professions.

# Part 1

Answer **all** questions in this Part.

#### 1 **Period of report**

1.1 Period that this report covers: [specify year]

> Note: This is the period referred to as "during the year" or "at the end of the year" by this form.

#### 2 **Contact details**

Entity registration details

2.1 Reporting entity's legal name:

> Type of entity (natural person, company, partnership, other legal person, trust): Registered or company incorporation number, or equivalent (if applicable): Trading name(s) (if different from legal name):

Physical address

2.2 Street name and number:

Suburb or town:

City:

Postcode:

Postal address (if different from physical address)

2.3 Street name and number or PO Box:

Suburb or town:

City:

Postcode:

Other contact details

2.4 Full name of reporting entity's compliance officer:

Reporting entity's AML/CFT contact email address (if available):

Reporting entity's AML/CFT contact telephone number (if available):

Reporting entity's website (if available):

- 2.5 What sector(s) best describe your business activities. Select 1 or more of the following:
  - $\Box$  accounting practice:
  - □ bookkeeping:
  - $\Box$  barrister sole:
  - □ barrister and solicitor:
  - $\Box$  law firm:
  - □ incorporated conveyancing firm:
  - □ conveyancing practitioner:
  - $\Box$  real estate agent:
  - □ trust and company service provider:
  - $\Box$  other: [*specify*]

# **3** Organisation structure

- Is your reporting entity a branch or a subsidiary of an offshore parent? Yes/No\*
   If "yes", specify: [branch or subsidiary]
   \*Select one.
- 3.2 In what country is your largest owner based [*specify*]. If your reporting entity does not have a clear owner, in what country is your largest beneficial owner based? [*specify*]
- 3.3 How many people work for your reporting entity? [*specify*]
- 3.4 Number of physical branch/office locations in New Zealand (exclude agent's branch location): [*specify number*]
- 3.5 Number of New Zealand subsidiaries: [*specify number*]
- 3.6 If known, number of physical branch/office locations outside New Zealand: [specify number or state "unknown"]
- 3.7 Number of subsidiaries located or incorporated outside New Zealand: [specify number]

### Part 2

Answer all relevant questions.

**Note**: A member of a designated business group (**DBG**) can rely on another member to carry out some obligations on their behalf, as set out in section 32 of the Anti-Money Laundering and Countering Financing of Terrorism Act 2009 (the **Act**). These include risk assessments, parts of an AML/CFT programme, and making suspicious activity reports or prescribed transaction reports. If you are a member of a DBG, you may allow another member to answer this Part on your behalf. However, please note that you are responsible for the information provided.

# 4 Designated Business Group Questions

- 4.1 Are you a member of a DBG? \*Yes/No [If you answer No then complete Part 2 and the rest of this form as applicable]
   \*Select one.
- 4.2 If you answered "yes" to 4.1, are you completing Part 2 on behalf of the DBG? \*Yes/No [*If you are not completing the form for the DBG, please note the legal name of the DBG reporting entity completing Part 2 for you. Then leave the rest of Part 2 blank and go to Part 3. You are required to answer all other parts of this form.*]

# 5 AML/CFT risk assessment

- 5.1 Does your risk assessment meet the requirements of section 58 of the Act? Meets all/Meets some/Meets none\* \*Select one.
- 5.2 If your risk assessment meets only some of the requirements of section 58 of the Act, list all subsections that it is not fully compliant with (eg, section 58(1), 58(2)(a) to (h), or 58(3)(a) to (c)): [*list, using commas to separate each entry*]
- 5.3 When was the most recent internal review of your risk assessment completed? [*date*]
- 5.4 Has your risk assessment been independently audited? Yes/No\* \*Select one.
- 5.5 If you answered "yes" to 5.4, when was the most recent audit of your risk assessment completed?: [*date*]
- 5.6 If you answered "yes" to 5.4, did the most recent audit of your risk assessment highlight any deficiencies? Yes/No\* \*Select one.
- 5.7 If you answered "yes" to 5.4 and 5.6, have you made the changes identified as being necessary in the most recent audit? Yes, complete/Not yet complete\*. If you answered "not yet complete" please explain: [*insert detailed explanation*] \*Select one.
- 5.8 During the year, did you introduce a new service or activity regulated by the Act (eg, a new product, service, or channel) that is not considered in your risk assessment. Yes/No\*
  \*Select are

\*Select one.

# 6 AML/CFT programme

6.1 Does your AML/CFT programme meet the requirements of section 57 of the Act?

Meets all/Meets some/Meets none\* \*Select one. 6.2 If your AML/CFT programme meets only some of the requirements of section 57 of the Act, list all paragraphs that it is not fully compliant with. Use commas to separate each entry: [list relevant paragraphs from section 57(1)(a) to (l)6.3 When was the most recent internal review of your programme completed? [date] 6.4 Has your programme been independently audited? Yes/No\* \*Select one. 6.5 If you answered "yes" to 6.4, when was the most recent audit of your programme completed? [*date*] If you answered "yes" to 6.4, did the most recent audit of your programme 6.6 highlight any deficiencies? Yes/No\* \*Select one. 6.7 If you answered "yes" to 6.4 and 6.6, have you made the changes identified as being necessary in the most recent audit? Yes, complete/Not yet complete\*. If you answered "not yet complete", please explain: [insert detailed explanation] \*Select one. 6.8 Do you have procedures to identify and verify the identity ofa new customer (including the customer's beneficial owners or any per-(a) son acting on behalf of a customer)? Yes/No\* \*Select one. a person seeking to conduct an occasional transaction or occasional ac-(b)tivity through your reporting entity? Yes/No\* \*Select one. (c) an existing customer, according to the level of risk involved, if there has been a material change in the nature or purpose of the business relationship and your reporting entity considers that it has insufficient information about the customer? Yes/No\* \*Select one. 6.9 Do you have exception handling procedures for issues related to customer due diligence (CDD)? (eg, clause 4 of the Amended Identity Verification Code of Practice 2013). Yes/No\*

\*Select one.

Schedule 3

6.10 Outside a DBG, do you outsource any CDD requirements to third parties (as set out in sections 32 to 34 of the Act)? Yes/No\* \*Select one.

6.11 Do you use electronic processes to fulfil the statutory requirement to monitor accounts as required under section 31 of the Act? Yes/No\*
 \*Select one.

# Part 3

Answer **all** questions in this Part (apart from section B, which you may choose not to complete).

### A Products and services

7.1 Do you act as a formation agent of legal persons or arrangements? Yes/No\* \*Select one.

If you answered "yes", estimate how many of the following you have formed in the last year. Circle the estimated number.

Companies: 0: 1-10: 11-100: 101-999: 1 000+

Trusts (excluding charitable trusts): 0: 1–10: 11–100: 101–999: 1 000+

Partnerships (including limited partnerships): 0: 1–10: 11–100: 101–999: 1 000+

Charities (including charitable trusts and other charitable entities): 0: 1–10: 11–100: 101–999: 1 000+

Other: [*specify*]

7.2 Do you act as, or arrange for a person to act as, a nominee director or nominee shareholder or trustee in relation to legal persons or legal arrangements? Yes/No\*

\*Select one.

If you answered "yes", estimate the number of nominee directorship roles your reporting entity holds: [*number*]

If you answered "yes", estimate the number of nominee shareholder roles your reporting entity holds: [*number*]

If you answered "yes", estimate the number of trustee roles your reporting entity holds: [*number*]

If you answered "yes", estimate how many of the following you have formed in the last year. Circle the estimated number.

7.3 Do you provide a registered office or a business address, a correspondence address, or an administrative address for a company, or a partnership, or any other legal person or arrangement\*\* Yes/No\*

If you answered "yes", estimate the number of companies, partnerships, or other legal persons or arrangements that your reporting entity provides these services to. Circle the estimated number.

Companies: 0: 1–10: 11–100: 101–999: 1 000+

Trusts (excluding charitable trusts): 0: 1–10: 11–100: 101–999: 1 000+

Partnerships (including limited partnerships): 0: 1–10: 11–100: 101–999: 1 000+

Charities (including charitable trusts and other charitable entities): 0: 1–10: 11–100: 101–999: 1 000+

\*Select one.

\*\*Unless the office or address is provided solely as an ancillary service to the provision of other services.

7.4 Do you manage client funds (other than sums paid as fees for professional services), accounts, securities, or other assets? Yes/No\*

\*Select one.

If you answered "yes", estimate the value of funds managed in the last year. Circle the estimated value.

0: \$1-999,999: \$1,000,000-\$9,999,999: \$10,000,000-\$49,999,999: \$50,000,000 and over

7.5 Do you provide real estate agency work (within the meaning of section 4(1) of the Real Estate Agents Act 2008) to effect a transaction (within the meaning of section 4(1) of that Act)? Yes/No\*

\*Select one.

- 7.6 Specify which of the following services you engage in or give instructions on behalf of a customer to another person for:
  - (a) any conveyancing (within the meaning of section 6 of the Lawyers and Conveyancers Act 2006) to effect a transaction (within the meaning of section 4(1) of the Real Estate Agents Act 2008, and as specified in paragraph (a)(vi)(A) of the definition of designated non-financial business or profession in section 5(1) of the Act):
  - (b) a transaction within the meaning of section 4(1) of the Real Estate Agents Act 2008:
  - (c) the transfer of a beneficial interest in land or other real property:
  - (d) a transaction on behalf of any person in relation to the buying, transferring, or selling of a business or legal person (for example, a company) or any other legal arrangement:
  - (e) a transaction on behalf of a customer in relation to creating, operating, and managing a legal person (for example, a company) or any other legal arrangement.
- 7.7 Estimate the total value of the transactions listed in 7.6 above (excluding your professional fees) for the last year. Circle the total estimated value.

0: \$1-999,999: \$1,000,000-\$9,999,999: \$10,000,000-\$49,999,999: \$50,000,000 and over

**Note**: It is optional to complete section B, but you are encouraged to do so as it provides the Department of Internal Affairs with valuable information.

### **B** Supplementary activities

- 7.8 Select whichever of the following activities you provide:
  - (a) accepting deposits or other repayable funds from the public:
  - (b) lending to or for a customer, including consumer credit, mortgage credit, factoring (with or without recourse), and financing of commercial transactions (including forfeiting):
  - (c) financial leasing (excluding financial leasing arrangements in relation to consumer products):
  - (d) transferring money or value for, or on behalf of, a customer:
  - (e) undertaking financial guarantees and commitments:
  - (f) trading for, or on behalf of, a customer in any of the following using the person's account or the customer's account:
    - (i) money market instruments (for example, cheques, bills, certificates of deposit, or derivatives):
    - (ii) foreign exchange:
    - (iii) exchange, interest rate, or index instruments:
    - (iv) transferable securities:
    - (v) commodity futures trading:
  - (g) participating in securities issues and the provision of financial services related to those issues:
  - (h) managing individual or collective portfolios:
  - safe keeping or administering of cash or liquid securities on behalf of other persons:
  - (j) investing, administering, or managing funds or money on behalf of other persons:
  - (k) issuing, or undertaking liability under, life insurance policies as an insurer.

# **C** Supplementary questions

7.9 Do you accept cash (physical currency or bearer negotiable instruments)? Yes/No\*

\*Select one.

If you answered "yes", estimate what percentage of your business involves cash: [*percentage*]

Schedule	3
Schedule	5

7.10 Do you send/receive funds from other countries (including the payment of fees either on your own behalf or on behalf of someone else)? Yes/No\*
 \*Select one.

If you answered "yes", estimate the total value of transactions for the past year: Circle the estimated total value of transactions for the past year.

0: \$1-999,999: \$1,000,000-\$9,999,999: \$10,000,000-\$49,999,999: \$50,000,000 and over:

List your 3 most common products and/or services (described in sections A to C above):

1 [specify]

- 2 [specify]
- 3 [specify]

# 8 Customers (including clients)

- 8.1 Estimate how many customers you conducted CDD on this year in the course of carrying out activities regulated by the Act: [*estimate number*]
- 8.2 Estimate how many of the customers referred to in question 8.1 above are—
  - classified as politically exposed persons (**PEP**). (Include your customers that are beneficially owned or are controlled by, or for the benefit of, a PEP): [*number*]
  - a trust or another vehicle for holding personal assets: [number]
  - an overseas government body: [number]
  - a New Zealand resident individual: [number]
  - a New Zealand resident entity (including companies, partnerships, trusts, charities, and other incorporated or unincorporated entities): [*number*]
  - a non-resident individual: [*number*]
  - a non-resident entity (including companies, partnerships, trusts, charities, and incorporated societies): [*number*]
- 8.3 Indicate whether you use the following methods to carry out CDD on new customers who requested new activities subject to the Anti-Money Laundering and Countering Financing of Terrorism Act 2009 during the annual reporting year. If so please indicate the most common method.

(Indicate from 1–5 which is the most common method of acceptance for you or select N/A)

#### How do you meet your customers (including clients)?

- 1 Face-to-face (over the counter, other than intermediaries)
- 2 Non face-to-face (including electronic, telephone, post, and all other types of remote access—other than intermediaries)
- 3 Domestic intermediaries/agents/third-party referral (exclude your reporting entity's employees)

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(Indicate from 1-5 which is the most common method of acceptance for you or select N/A)

#### How do you meet your customers (including clients)?

- Overseas intermediaries/agents/third-party referral (exclude 4 your reporting entity's employees who are acting as advisors working outside the main offices)
- 5 Other

# Part 4

Answer **all** questions relevant to your reporting entity.

#### 9 **Sector-specific questions**

All Designated Non-Financial Business Groups or Professions (DNFBPs)

9.1 Do you incorporate companies or form trusts or other legal structures or arrangements in jurisdictions outside NZ? Yes/No\*

\*Select one.

- 9.2 If the answer to 9.1 above is "yes", please select the 3 most common jurisdictions in which you incorporate companies, or form trusts or other legal structures or arrangements: [select from drop down list]
- 9.3 Do you handle the receipt and transmission of customer/client money? Yes/No\*

\*Select one.

- 9.4 Do you manage customer/client bank accounts? Yes/No\* \*Select one.
- 9.5 For your customers and clients who are overseas corporations with shares in bearer form, do your policies provide for maintaining the physical control of those bearer-shares to ensure that ownership of the corporate entity does not change without your knowledge? Yes/No/N/A\*

\*Select one.

Do you provide AML/CFT regulated services to other DNFBPs in New Zea-9.6 land?

Yes/No/Unknown if customers are DNFBPs\* \*Select one.

9.7 Do you provide AML/CFT regulated services to other DNFBP equivalents located overseas?

Yes/No/Unknown if customers are DNFBP equivalents\* \*Select one.

rements and Compliance) Amendment	
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9.8	When providing AML/CFT regulated services, do you use intermediaries of agents within New Zealand? Yes/No*
	*Select one.
9.9	When providing AML/CFT regulated services, do you use intermediaries or agents based overseas? Yes/No*
	*Select one.
9.10	If you answered "yes" to question 9.9, list the overseas countries your inter- mediaries are based in: [ <i>list</i> ]
	Questions for real estate agents, conveyancing practitioners, and lawyers carrying out conveyancing activities
9.11	Have you received cash as part of a real estate transaction? Yes/No* *Select one.
	If you answered yes, how often in the last year? How much? NZ\$[amount]
9.12	Are you providing residential property sales or services? (eg, people buying homes)
	Yes/No*
	*Select one.
9.13	Are you providing commercial property sales or other services?
	Yes/No*
	*Select one.
	If you answered "yes" to both 9.12 and 9.13, what is the estimated split be- tween residential and commercial property sales and services? [ <i>percentage</i> ]
	Part 5
Answ	er all relevant questions.
10	Conditions of ministerial exemption
10.1	Have you been granted any ministerial exemption that is subject to conditions? Yes/No*
	*Select one.
10.2	Provide a description of your compliance with all conditions on any such exemption.
	Part 6
Decla	ration and signature

I confirm that I have the authority to submit this form on behalf of the reporting entity. I have reviewed the answers and information and I confirm that I am satisfied that,

Schedule 3

to the best of my knowledge, after undertaking all reasonable inquiries, all answers are true and correct.

**Reminder**: "A person commits an offence if, without reasonable excuse, the person provides information to an AML/CFT supervisor knowing that information to be false or misleading in any material respect". (*See* section 103 of the Act.)

Date:

Signature:

Full name:

Position/Job title\*:

\*Select one.

Michael Webster, Clerk of the Executive Council.

# **Explanatory note**

*This note is not part of the regulations, but is intended to indicate their general effect.* These regulations come into force on—

- the 28th day after their notification in the *Gazette*; but
- in the case of regulations 6, 7, 9, and 10 and Schedules 2 and 3, 1 July 2018.

These regulations-

- make changes to the principal regulations consequential on the passage of the Anti-Money Laundering and Countering Financing of Terrorism Amendment Act 2017:
- prescribe transitional rules:
- prescribe the form of suspicious activities reports:
- prescribe 2 different forms of annual report for different types of reporting entity.

Issued under the authority of the Legislation Act 2012. Date of notification in *Gazette*: 21 December 2017. These regulations are administered by the Ministry of Justice.