



REPUBLIC OF VANUATU

ANTI-MONEY LAUNDERING AND COUNTER-TERRORISM FINANCING ACT NO. 13 OF 2014

Anti-Money Laundering and Counter-Terrorism Financing Regulation Order No. 122 of 2014

In exercise of the powers conferred on me by section 53 of the Anti-Money Laundering and Counter-Terrorism Financing Act No. 13 of 2014, I, the Honourable BOB LOUGHMAN, Acting Prime Minister, make the following Regulation:

1 Interpretation

In this Regulation, unless the contrary intention appears:

Act means Anti-Money Laundering and Counter-Terrorism Financing Act No. 13 of 2014;

ML and TF means Money Laundering and Terrorism Financing.

2 Application form for registration

The application form of a reporting entity for registration under subsection 9(3) of the Act is set out in Schedule 1.

3 Prescribed identification process

For the purpose of section 12 of the Act, the customer identified processes for the following types of customers are set out below:

- (a) For an individual as a customer – a reporting entity must:

- (i) collect the following customer information set out in Table A of Schedule 2; and
 - (ii) at a minimum collect the following information:
 - (A) the customer's full name; and
 - (B) the customer's date of birth; and
 - (C) the customer's residential address; and
 - (D) the customer's occupation; and
 - (E) the purpose and intended nature of the business relationship with the reporting entity.
- (b) For Legal person as customer – a reporting entity must:
- (i) collect the following customer information set out in Table A of the Schedule 2; and
 - (ii) at a minimum collect the following information:
 - (A) the full name of the person as registered by Vanuatu Financial Service Commission, Department of Customs and Inland Revenue, or foreign registration or licensing; and
 - (B) if foreign formed, incorporated and registered, the country of registration and full registration detail; and
 - (C) legal form, registered address; and
 - (D) nature of legal person's business; and
 - (E) full name of directors and secretary; and
 - (F) full name and address of each beneficial owners and control structure; and
 - (G) provisions regulating the power to bind the legal person; and

- (H) authorization of any person purporting to act on behalf of the customer, and the identity of the persons; and
 - (I) the purpose and intended nature of the business relationship with the reporting entity.
- (c) For Legal arrangement as customer – a reporting entity must:
- (i) collect the following customer information set out in Table A of Schedule 2; and
 - (ii) at a minimum collect the following information:
 - (A) the full name of the trust;
 - (B) the full business name (if any) of the trustee in respect of the trust;; and
 - (C) the type of the trust; and
 - (D) the country in which the trust was established; and
 - (E) the full name and address of each of the trustee; and
 - (F) the full name and address of the settlor and each beneficiaries of the trust; and
 - (G) the purpose and intended nature of the business relationship with the reporting entity.

4 Prescribed verification process

- (1) A reporting entity must, for the purpose of section 16 of the Act:
 - (a) verify the identification information collected in Table B of Schedule 2; and
 - (b) include appropriate risk-based systems and controls for the reporting entity to determine:
 - (i) what reliable and independent documentation the reporting entity will require a customer to produce for the purpose of

verifying the customer's name and date of birth and/or residential address (as the case may be);

- (ii) if any other customer information collected from a customer is to be verified – what reliable and independent documentation may be used to verify that information;
 - (iii) whether, and in what circumstances, the reporting entity is prepared to rely upon a copy of a reliable and independent document;
 - (iv) in what circumstances a reporting entity will take steps to determine whether a document produced by a customer may have been forged, tampered with, cancelled or stolen and, if so, what steps the reporting entity will take to establish whether or not the document has been forged, tampered with, cancelled or stolen;
 - (v) whether the reporting entity will use any authentication service that may be available in respect of a document;
 - (vi) whether, and how, to confirm customer information collected from a customer by independently initiating contact with the person that the customer claims to be.
- (2) If a reporting entity relies on reliable and independent electronic data for the verification of identification information collected, the reporting entity must include appropriate risk-based systems and controls to determine:
- (a) whether the electronic data is reliable and independent, taking into account the following factors:
 - (i) the accuracy of the data;
 - (ii) how secure the data is;
 - (iii) how the data is kept up-to-date;
 - (iv) how comprehensive the data is (for example, by reference to the range of persons included in the data and the period over which the data has been collected);
 - (v) whether the data has been verified from a reliable and independent source;

- (vi) whether the data is maintained by a government body or pursuant to legislation;
 - (vii) whether the electronic data can be additionally authenticated; and
- (b) what reliable and independent electronic data the reporting entity will use for the purpose of verification;
 - (c) the reporting entity's pre-defined tolerance levels for matches and errors; and
 - (d) whether, and how, to confirm customer information collected from a customer independently.
- (3) A reporting entity must satisfactorily verify its customer by, at least one photographic verification document and at least one non-photographic verification document, all from a reliable and independent source.
 - (4) If a photographic verification document is unattainable and if so proven, then at least 3 non-photographic verification documents is satisfactory.

5 Appropriate risk-based systems and controls

- (1) Subject to clause 3 and 4, a reporting entity must:
 - (a) put in place appropriate risk-based systems and controls to adequately identify and verify its customer; and
 - (b) include appropriate risk-based systems and controls that are designed to enable it to be reasonably satisfied with the identification and verification of its customer.
- (2) When determining and putting in place appropriate risk-based systems and controls, the reporting entity must have regard to the nature, size and complexity of its business and the type of ML and TF risk that it might reasonably face in identifying its ML and TF risk, the reporting entity must consider the risk posed by the following factors:
 - (a) its customer types, including any politically exposed persons; and
 - (b) the types of designated services it provides; and

- (c) the methods by which it delivers designated services; and
- (d) the foreign jurisdictions with which it deals.

6 Enhanced customer identification process

A reporting entity must have in place an enhanced identification process for customer which are deemed to be high ML and TF risk and must, in addition to the normal identification process under clause 3, conduct the following:

- (a) collect additional information on the intended nature of the business relationship;
- (b) collect information on the source of funds or source of wealth of the customer;
- (c) collect information on the ultimate beneficial owner of the customer (if legal person or arrangement);
- (d) collect information on the reasons for intended or performed transactions;
- (e) obtaining the senior management's approval of the reporting entity to commence or continue the business relationship.

7 Timing of identification and verification process

- (1) For the purpose of subsection 16(1) of the Act, a reporting entity must identify its customer before a business relationship is established between itself and its customer, offerings its service to the customer or opening an account for the customer.
- (2) The following are verification requirements to identify a customer:
 - (a) Prescribed event - a reporting entity must, within 2 working days verify the identification of customer undertaking the transaction specified under paragraph 12(3)(b) or (c) of the Act;
 - (b) Prescribed circumstance - a reporting entity in circumstances where it suspects on reasonable grounds that the customer is not the person that he or she claims to be. The reporting entity must, within 3 working days commencing after the day on which the circumstance comes into existence, take one or more of the actions below:

- (i) collect the necessary customer identification information in respect of the customer; or
 - (ii) verify, from a reliable and independent source, certain customer information that has been obtained in respect of the customer; to ensure it is reasonably satisfied that the customer is the person that he or she claims to be.
- (c) Prescribed period - a reporting entity must, within 14 working days verify the identification of customer undertaking the transaction specified under section 12 of the Act, except paragraph 12(3)(b) and (c) of the Act.

8 Prescribed on-going due diligence process

- (1) For the purpose of subsection 17(1) of the Act, a reporting entity must put in place appropriate risk-based systems and controls to determine whether any further customer information (including updating existing information) is required for its ongoing due diligence purposes:
- (a) Transaction Monitoring process - a reporting entity must have a transaction monitoring system (which must include appropriate risk-based systems and controls) to scrutinize transactions that are inconsistent with information held about the business relationship with the reporting entity. The transaction monitoring system must be able of identifying any transaction that appears to be suspicious, complex, unusual, and have no apparent visible economic or lawful purpose;
 - (b) Customer Monitoring Process - a reporting entity must have a customer monitoring process where it can monitor its relationship with its customer to ensure that the customer's activities being conducted is consistent with its knowledge of the customer, the customer's business, source of funds and risk profile;
 - (c) Enhanced Customer Due Diligence process - a reporting entity must apply the enhanced customer due diligence program when:
 - (i) it determines under its risk-based systems and controls that the ML and TF risk is high; or
 - (ii) a suspicion has arisen for the purposes of sections 20, 21, 22, 23 or 24 of the Act; or

- (iii) a party to the transaction, which the reporting entity is entering into or proposing to enter into, is physically present in, or is a business incorporated in, a prescribed foreign country.
- (2) In addition to paragraph (c), the reporting entity must include one or more of the following when undertaking appropriate risk-based systems and controls:
 - (a) regularly collect information from the customer or from third party sources in order to update its knowledge (derived from the enhanced identification process) of the customer;
 - (b) undertake more detailed analysis of the customer information including examining as far as possible the background and purpose of the transaction and business relationship;
 - (c) regularly verify or re-verify the customer information in accordance with the customer identification process;
 - (d) undertake more detailed analysis and monitoring of the customer's transactions – both past and future, including, but not limited to:
 - (i) the purpose or nature of specific transactions; or
 - (ii) the expected nature and level of transaction behaviour;
 - (e) seek senior management approval for:
 - (i) establishing, or continuing with a business relationship with a customer; or
 - (ii) whether a transaction on an account should be processed; or
 - (iii) whether the service should commence to be provided or continue to be provided to the customer;

9 Record keeping of prescribed information

For the purpose of subsection 19(2), a reporting entity must contain in its record the following information:

- (a) the nature of the transaction;

- (b) the amount of the transaction and the currency in which it was denominated;
- (c) the date on which the transaction was conducted;
- (d) the name, address and occupation, business or principal activity, as the case requires, of each person:
 - (i) conducting the transaction; and
 - (ii) for whom, or for whose ultimate benefit, the transaction is being conducted, if the reporting entity has reasonable grounds to believe that the person is undertaking the transaction on behalf of any other person;
- (e) the type and identifying number of any account/service with the reporting entity involved in the transaction;
- (f) if the transaction involves a negotiable instrument other than currency:
 - (i) the drawer of the instrument; and
 - (ii) the name of the institution on which it is drawn; and
 - (iii) the name of the payee (if any); and
 - (iv) the amount and date of the instrument; and
 - (v) the number (if any) of the instrument and details of any endorsements appearing on the instrument;
- (g) the name and address of the reporting entity, and of each officer, employee or agent of the reporting entity who prepared the relevant record or a part of the record;
- (h) any other information relating to that transaction.

10 Prescribed form for a suspicious transaction or activity

The prescribed forms for a suspicious transaction report or suspicious activity report under sections 20, 21, 23, 24 and 25 of the Act are set out in Schedule 3 and 4.

11 Prescribed entity conducting suspicious transactions

For the purposes of subsection 22(1) of the Act, the following group is deemed as a prescribed entity:

A person or group that has been designated by the Security Council of the United Nations, acting under Resolutions of the Security Council relating to terrorism, to be a person or entity associated with the Taliban or an Al Qaida terrorist group.

12 Prescribed threshold for large cash transaction

- (1) For the purpose of section 27 of the Act, the prescribed threshold for large cash transaction is VT 1 million or its equivalent in foreign currency.
- (2) If a person:
 - (a) carrying on a business required under paragraph 2(d),(e) and (f) of the Act, the prescribed threshold is VT 300,000 or its equivalent in foreign currency;
 - (b) carrying on a business required under subparagraph 2(n)(i) or (ii) of the Act, the prescribed threshold is VT 200,000 or its equivalent in foreign currency;
 - (c) carrying on a business of dealing in sale or hire of motor vehicle required under subparagraph 2(r)(xi) of the Act, the prescribed threshold is VT 500,000 or its equivalent in foreign currency.
- (3) A reporting of large cash transaction must be made and submitted to the Director within the following timeframe:
 - (a) In the case of transaction or transfer in Vatu, within 10 working days after the transaction or transfer is made; and
 - (b) In the case of transaction or transfer in a foreign currency, within 2 working days after the transaction or transfer is made.
- (4) The prescribed form for reporting large cash transaction is set out in Schedule 5.

13 Prescribed threshold for international currency transfer

- (1) The prescribed threshold, required under section 28 of the Act, for international currency transfer is VT 1 million or its equivalent in foreign currency.
- (2) A reporting of international currency transfer must be made and submitted to the Director within the following timeframe:
 - (a) In the case of transaction or transfer in Vatu, within 10 working days after the transaction or transfer is made; and
 - (b) In the case of transaction or transfer in a foreign currency, within 2 working days after the transaction or transfer is made.
- (3) The prescribed form for reporting international currency transfer is set out in Schedule 6.

14 Prescribed timeframe and form for reporting cross-border currency

- (1) For the purpose of subsection 30(2) of the Act, a reporting of cross-border movement of currency must be made and submitted to the Director within the following timeframe:
 - (a) In the case of transaction or transfer in Vatu, within 3 working days after the transaction or transfer is made; and
 - (b) In the case of transaction or transfer in a foreign currency, within 2 working days after the transaction or transfer is made.
- (2) The prescribed form for reporting cross-border movement of currency is set out in Schedule 7.

15 Prescribed form for notice to collect information

For the purposes of subsection 45(3) of the Act, the prescribed notice must be under the official letterhead and official stamp of the Financial Intelligence Unit and must contain adequate information on the following:

- (a) the reason for the notice; and
- (b) a brief description of the suspected activity and grounds for suspicion; and
- (c) Details of the persons (including legal persons and arrangements) involved as well as transactions and accounts/services used; and

- (d) the power or authorization of such notice under the Act; and
- (e) the type and manner of information required to be collected from the requested person; and
- (f) submission of copies of documents, data or record of the information requested; and
- (g) the prescribed timeframe within which the requested information and copy of the information is required to be delivered to the Director; and
- (h) the signature of the Director.

16 Commencement

This Regulation commences on the day on which it is made.

Made at Port Vila this 27 day of June, 2014.


Honourable BOB LOUGHMAN
Acting Prime Minister



SCHEDULE 1



VANUATU FINANCIAL INTELLIGENCE UNIT

REGISTRATION OF REPORTING ENTITY WITH VANUATU FIU APPLICATION FORM

Pursuant to section 9(3) of the Anti-Money Laundering & Counter-Terrorism Financing Act No. 13 of 2014, persons carrying on a business stipulated under section 2 of the said Act are required to register the business with the Director

PART A: Detail of Applicant

2. Name of the Business (under which the applicant is carrying on a business or proposes to carry on a business and registered under Business Name Act):

3. Business Structure (sole trader, partnership, company or legal arrangement):

4. Full Business Address (unit no, floor level, Building, Compound, Street, location proximity, CBD, Island, Province):

5. CT No. of Business: _____

6. VFSC Registration No., RBV Licence No. etc...: _____

7. Overseas Registration or Licensing Detail: _____

8. Business Telephone No.s: _____

9. Business Facsimile No.s: _____

10. Business Email Address: _____

11. Business Postal Address: _____

12. Name and Address of Business Owner (If Partnership – Partners; Company – beneficial owner(s), Directors and Secretary; Trust – Trustee):

13. Description of the Business carried on or proposed to be carried on:

14. Date on which the applicant commenced or is to commence offering the registrable business:

PART B: Detail of Authorised Personal in the Business

15. Detail of authorized persons stated under 12:

- a) Full Name: _____
- b) Date of Birth: _____
- c) Position/Title in Business: _____
- d) Responsibility within the Business: _____
- e) Business Telephone No.: _____
- f) Business Facsimile No.: _____
- g) Business Email Address: _____

16: confirmation whether the authorized persons have been subject to adverse reporting (*charged, prosecuted and/or convicted in relation to money laundering, financing of terrorism and other serious offence under the Penal Code, Counter Terrorism & Transnational Organised Crime or the AML&CTF Act; or has been the subject of civil or criminal proceedings or enforcement action, in relation to the management of an entity, which were determined adversely to the authorized person(s) and which reflected adversely on the applicant's or the authorized persons' competence, diligence, judgment, honesty and integrity*)

17. if an authorized person has been subjected to adverse reporting, detail of each instance as the case may be, for the applicant and each authorized person:

18. Detail of Business whether it is a subsidiary of another entity, and controlled by another entity:

19. if so, full names, addresses, positions and title of the directors of the other entity or entities:

PART C: Detail of Business

20. Detail and location (full street address) of Business' affiliates, branches, subsidiaries and/or agents in Vanuatu:

21: Registration Detail of the Business (in foreign or domestic jurisdiction:

PART D: Detail of Business' Affiliate

22. Full name of the person (other person) who is proposed to be registered as an affiliate of the applicant:

23. Business Name under which the other person is carrying on a business or proposes to carry on a business:

24. Business Structure (sole trader, partnership, company or legal arrangement):

25. Full Business Address (unit no, floor level, Building, Compound, Street, location proximity, CBD, Island, Province):

26. CT No. of Business: _____

27. VFSC Registration No., RBV Licence No., etc... _____

28. Overseas Registration or Licensing Detail: _____

29. Business Telephone No.s: _____

30. Business Facsimile No.s: _____

31. Business Email Address: _____

32. Business Postal Address: _____

33. Name and Address of Business Owner (If Partnership – Partners; Company – beneficial owner(s), Directors and Secretary; Trust – Trustee):

34. Description of the Business carried on or proposed to be carried on:

35. Date on which the applicant commenced or is to commence offering the registrable business:

PART E: Detail of Authorized Personal in the Business's Affiliate

36. Detail of authorized persons under 33:

a) Full Name: _____

b) Date of Birth: _____

c) Position/Title in Business: _____

d) Responsibility within the Business: _____

e) Business Telephone No.: _____

f) Business Facsimile No.: _____

g) Business Email Address: _____

37: confirmation whether the authorized persons have been subject to adverse reporting (*charged, prosecuted and/or convicted in relation to money laundering, financing of terrorism and other serious offence under the Penal Code, Counter Terrorism & Transnational Organised Crime or the AML&CTF Act; or has been the subject of civil r criminal proceedings or enforcement action, in relation to the management of an entity, which were determined adversely to the authorized person(s) and which reflected adversely on the applicant's or the authorized persons' competence, diligence, judgment, honesty and integrity*)

38. if an authorized person has been subjected to adverse reporting, detail of each instance as the case may be, for the applicant and each authorized person:

39. Detail of Business whether it is a subsidiary of another entity, and controlled by another entity:

40. if so, full names, addresses, positions and title of the directors of the other entity or entities:

PART F: Consent of Registration
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41. Name of person completing the registration form: _____

42. Position of person within the business: _____

43. Whether management approval has been sought: _____

44. Signature of Person, Applicant and management:

SCHEDULE 2

TABLE A – COLLECTION OF CUSTOMER INFORMATION

Individual Identification	<p>(1) In relation to a customer who is an individual:</p> <ul style="list-style-type: none"> (a) the customer's name; (b) the customer's residential address; (c) the customer's date of birth; (d) any other name that the customer is known by; (e) the customer's country(ies) of citizenship; (f) the customer's country(ies) of residence; (g) the customer's occupation or business activities; (h) the nature of the customer's proposed relationship with the reporting entity - including: <ul style="list-style-type: none"> (i) the purpose of specific transactions; or (ii) the expected nature and level of transaction behavior; (i) the income or assets available to the customer; (j) the customer's source of funds including the origin of funds; (k) the customer's financial position; (l) the beneficial ownership of the funds used by the customer; (m) the beneficiaries of the transactions being facilitated by the reporting entity on behalf of the customer including the destination of funds. <p>(2) In relation to a customer who is a sole trader:</p> <ul style="list-style-type: none"> (a) The full name of the sole trader as registered under VFSC (b) The full address of the business or customer's residential address; (c) Business License, CT number issued to the business; (d) Nature of the business activities conducted by the sole trader; (e) Beneficial owners of the business.
Legal person	<p>(1) In relation to a customer who is a company:</p> <ul style="list-style-type: none"> (a) the full name of the company as registered by VFSC; (b) the full address of the company's registered office; (c) the full address of the company's principal place of business (if any); (d) the VFSC, Business License and CT number issued to the company; (e) company structure; (f) the name of each director of the company; (g) the name of the company secretary (h) the date upon which the company was registered by VFSC; (i) the name of any company secretary;

	<p>(j) the nature of the business activities conducted by the company; (k) the full name and address of each beneficial owner of the company;</p> <p>(2) In relation to a customer who is a foreign registered Company:</p> <p>(a) full name of the foreign company; (b) the full address of the company's registered office and registered agent in Vanuatu; (c) the full address of the company's principal place of business in Vanuatu; (d) the company structure; (e) name of each company director and secretary; (f) nature of the business activities conducted by the company (1) in country of registration, formation, incorporation; (2) in Vanuatu; (g) name and address of beneficial owners of the company; (h) the country in which the company was formed, incorporated or registered; (i) whether the company is registered by the relevant foreign registration body and if so, its the company structure; (j) the name of the relevant foreign registration body; (k) any identification number issued to the company by the relevant foreign registration body upon the company's formation, incorporation or registration; (l) the date upon which the company was formed, incorporated or registered in its country of formation, incorporation or registration; (m) the full address of the company in its country of formation, incorporation or registration as registered by the relevant foreign registration body.</p> <p>(3) In relation to a customer who is an unregistered foreign Company:</p> <p>(a) the full name of the company; (b) full address of the company's registered office and registered agent in Vanuatu; (c) the full address of the company's principal place of business in Vanuatu; (d) company structure; (e) name of each company director and secretary; (f) the country in which the company was formed, incorporated or registered; (g) whether the company is registered by the relevant foreign registration body and if so:</p> <p style="padding-left: 40px;">(i) any identification number issued to the company by the relevant foreign registration body upon the company's formation, incorporation or registration; (ii) the full address of the company in its country of formation, incorporation or registration as registered by the relevant foreign registration body; and (iii) company structure;</p> <p>(h) the name of the relevant foreign registration body; (i) the date upon which the company was formed, incorporated or registered in its country of formation, incorporation or</p>
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	<p>registration;</p> <p>(j) the full address of the company's principal place of business in that country; and</p> <p>(k) the name and address of any beneficial owner of the company.</p> <p>(4) In relation to a customer who is a partner of a partnership:</p> <p>(a) the full name of the partnership;</p> <p>(b) the full business name of the partnership as registered under VFSC;</p> <p>(c) the Business' license and VAT number</p> <p>(d) the country in which the partnership was established;</p> <p>(e) the full name and residential address of any partner;</p> <p>(f) the respective share of each partner in the partnership;</p> <p>(g) the nature of business of the partnership;</p> <p>(h) the date upon which the partnership was established.</p> <p>(5) In relation to a customer who is an incorporated association:</p> <p>(a) the full name of the association as registered under VFSC;</p> <p>(b) the full address of principal place of administration or registered office (if any) or the residential address of the association's public officer or (if there is no such person) the association's president, secretary or treasurer;</p> <p>(c) registration number issued by VFSC or any unique identifying number issued to the association upon its incorporation;</p> <p>(d) the full name of the chairman, secretary and treasurer or equivalent officer in each case of the association;</p> <p>(e) country in which the association was incorporated;</p> <p>(f) the date upon which the association was incorporated;</p> <p>(g) the objects of the association;</p> <p>(h) in respect of any member – the information required to be collected from an individual under the reporting entity's customer identification program in respect of individuals; and</p> <p>(i) the full business name, if any, of the association.</p> <p>(6) In relation to a customer who is a registered co-operative:</p> <p>(a) the full name of the co-operative as registered with the Registrar of Co-operatives;</p> <p>(b) the full address of the co-operatives registered office or principal place of operations (if any) or the residential address of the co-operatives secretary or (if there is no such person) the co-operatives president or treasurer;</p> <p>(c) any unique identifying number issued to the co-operative upon its registration by the relevant registration body;</p> <p>(d) the full name of the chairman, secretary and treasurer or equivalent officer in each case of the co-operative;</p> <p>(e) in respect of any member – the information required to be collected from an individual under the reporting entity's customer identification program in respect of individuals;</p> <p>(f) the full business name, if any, of the co-operative;</p> <p>(g) the country or province in which the co-operative is registered;</p> <p>(h) the date upon which the co-operative was registered;</p> <p>(i) the objects of the co-operative; and</p> <p>(j) a certified copy or certified extract of the rules of the co-operative.</p>
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	<p>(7) In relation to a customer who is a government body:</p> <ul style="list-style-type: none"> (a) the full name of the government body; (b) the full address of the government body's principal place of operations; (c) whether the government body is an entity or emanation, or established under legislation; (d) information about the ownership or control of a government body that is an entity or emanation or established under legislation of a foreign country; and (e) the name of any legislation under which the government body was established.
Legal arrangement	<p>(6) In relation to a customer who is a trustee of a trust:</p> <ul style="list-style-type: none"> (a) the full name of the trust; (b) the full business name (if any) of the trustee in respect of the trust; (c) the type of the trust; (d) the country in which the trust was established; (e) if any of the trustees is an individual – in respect of any of those individuals, the information required to be collected from an individual under the reporting entity's customer identification program in respect of individuals; (f) if any of the trustees is a company – in respect of any those companies, the information required to be collected from a company under the reporting entity's customer identification program in respect of companies; (g) the full name and address of any trustee in respect of the trust; (h) the full name of any beneficiary in respect of the trust; (i) if the terms of the trust identify the beneficiaries by reference to membership of a class – details of the class; (j) the date upon which the trust was established; (k) the full name of the trust manager (if any) and settlor in respect of the trust.

TABLE B- VERIFICATION DOCUMENTS

Category A – Official Document		Category B – Identifying Documents for individual person	Category C – Identifying Documents for Corporate Body
<i>Photo bearing document</i>	<i>Non-photo document</i>	<i>Document</i>	<i>Document</i>

<ul style="list-style-type: none"> • Current passport (all countries) • Current driver's license (all countries) • Government identification documents • Employment Identification document • Vanuatu Fire Arms Licence • Student Photo Identification Card • VNPF or superannuation Membership Card 	<ul style="list-style-type: none"> • Certificate of Christening/Baptism • Citizenship Certificate • Birth Certificate • Employment identification • Employment records • Employment pay slips • Other official records from the Government of the Republic of Vanuatu • An existing customer who is known favorably to the financial institution and who has established a relationship with the financial institution for more than 2 years (verified by a financial institution signature). • Foreign pensioner's card • Vanuatu work permit • Marriage certificate • Educational institution certificates • Student registration document from an educational institution • Government health card • License or permit issued by the Government of the Republic of Vanuatu • Public utilities record (such as an electricity or telephone bill) • Current records of membership of professional or trade organisation • Records from a bank (including bank or credit cards such as Visa, Diners Club, Mastercard, American Express; or statements for an account or credit card) 	<p>A written reference confirming the customer's full name, date of birth, occupation, and residential address from one of the following acceptable referees:</p> <ul style="list-style-type: none"> • A senior bank employee • A lawyer or legal practitioner • A registered medical practitioner or dentist • A qualified pharmacist • A Court Magistrate • A senior public servant • A Customs or Immigration officer • A Minister of Religion • A Church leader (Elder, Deacon) • A Court Judge • A local level Government Councillor • A Notary • A Headmaster of a primary or secondary school • A serving Member of Parliament • A Police officer • An accountant who is a member of an association of accountants • A senior 	<p><i>Group 1</i></p> <ul style="list-style-type: none"> • Certificate of incorporation and any change of name certification • Certificate of business name • Address of the registered office • Name and address of registered agent • Address of the principal place of business • Memorandum and articles of association or by-laws of the company 	<p><i>Group 2</i></p> <ul style="list-style-type: none"> • Verified identity of each beneficial owner of the business who hold an interest of 10% or more in the business. • Verified identity of the persons on whose instruction the directors, signatories on the account or the individuals authorised to deal with the financial institution are empowered to act; • In the case of a bank account, the verified identity of the account signatories or the persons authorised to deal with the financial institution • In the case of a bank account, copy of power of attorney or other similar instructions given by the directors • Recent business annual return (as filed with VFSC) • Written resolution or bank mandate, signed application or other form of authority
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	<ul style="list-style-type: none"> • Mortgage or other security document over the customer's property 	<p>Government employee</p> <ul style="list-style-type: none"> • A statutory declaration from a person who has known the customer for 5 years or more • A village leader 		<ul style="list-style-type: none"> • Recent and available financial statements • A statement signed by a director setting out the nature of the business of the company, the reason for existence, the expected turnover of the business and source of funds
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SCHEDULE 3



VANUATU FINANCIAL INTELLIGENCE UNIT

SUSPICIOUS TRANSACTION REPORT (STR)

PLEASE WRITE IN BLOCK LETTERS

Report this form in triplicate to the Financial Intelligence Unit, P.O. Box 100, Honiara, Vanuatu. The original report and copies should be submitted to the Financial Intelligence Unit, P.O. Box 100, Honiara, Vanuatu. The original report and copies should be submitted to the Financial Intelligence Unit, P.O. Box 100, Honiara, Vanuatu.

PART A - (IDENTIFY) CUSTOMERS INVOLVED IN THE SUSPICIOUS TRANSACTION

Person Conducting Transaction

1. Full name (title, given name and surname)
2. Date of Birth
3. Occupation, Business or principal activity
4. Business Address (physical and PO Box)
5. Residential Address (cannot be a PO Box)
6. Resident of Vanuatu
7. Non-Resident- Vanuatu contact address
8. Is this Person a signatory to an account (s) affected by this transaction

	PO Box:
	Country: Phone:
	Country: Phone:
	(Please circle the correct answer) Yes No
	(Please circle the correct answer) Yes No

9. Details of Account(s)

a). Account Title / Name:	b). Financial Institution:	Branch:
c). Account Number:	d). Account Type:	

10. How was the Identity of the person confirmed

a) ID Type:	b) ID Number:
-------------	---------------

c) Issuer:	
11. Is a photocopy of ID documents attached? (Please circle the correct answer)	
Yes	No

Person On Whose Behalf Transaction Conducted

2. Full name (title, given name and surname)
2. Date of Birth
3. Occupation, Business or principal activity
4. Business Address (physical and PO Box)
5. Residential Address (cannot be a PO Box)
6. Resident of Vanuatu
7. Non-Resident- Vanuatu contact address
8. Is this Person a signatory to an account (s) affected by this transaction

PO Box:	
Country:	Phone:
Country:	Phone:
(Please circle the correct answer)	
Yes	No
(Please circle the correct answer)	
Yes	No

9. Details of Account(s)

a). Account Title / Name:	b). Financial Institution:	Branch:
c). Account Number:	d). Account Type:	

10. How was the Identity of the person confirmed

a) ID Type:	b) ID Number:
c) Issuer:	
11. Is a photocopy of ID documents attached? (Please circle the correct answer)	
Yes	No

PART C - TRANSACTION DETAILS

12. Transaction Type (eg. Deposit/Withdrawal, Purchase, Sale, Foreign Exchange, Telegraphic Transfer, EFTPOS, etc)
13. Transaction Date(s)
14. Transaction Currency
15. Transaction Amount
16. Drawer / Ordering Name
17. Payee / Beneficiary Name

Give Details of other account(s) affected by this transaction

Account Title / Name		Account Title/Name	
Account Number		Account Number	

PART E - CHECKLIST

A. Make sure that you attached the following documentation with your report (if applicable)
(Please tick each boxes below)

1. Copy of an ID (prefer passport, drivers license or Birth certificate or a photo)
2. Copy of the Voucher
3. Copy of the TT/transfer Instruction
4. Copy of dairy note reflecting any
5. copy of the account opening documents
6. copy of the AML questionnaire
7. Provide reference to previous reports made to FIU on the subject

B. Check very carefully that you have completed All sections of this report

1. Part A is completed properly
2. Part B is completed properly
3. Part C is completed properly
4. Part D is completed properly
5. Part E is checked

PART F - FINANCIAL INSTITUTION DETAILS AND PLACE OF TRANSACTION

Institution Type: (eg. Bank, Solicitor Insurance Company)	
Institution Name	
Bank Name: (if a Bank, include Bank & Branch No.)	
Address	
Telephone	
Fax	

Please forward to: The Financial Intelligence Unit
PMB 9048, Port Vila
Telephone: 23518
Facsimile: 25473
E-mail: rfay@vanuatu.gov.vu Or
vfiu@vanuatu.gov.vu

FIU REFERENCE NUMBER

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PART G - CONFIDENTIAL

Details of Staff Member Conducting Transaction

Full Name	
Title/Position	
Signature	
Date	/ /

Details of Person Making Report

Full Name	
Title/Position	
Signature	
Date	/ /
Telephone	
Fax	

SCHEDULE 4



VANUATU FINANCIAL INTELLIGENCE UNIT

SUSPICIOUS ACTIVITY REPORT (SAR)

PLEASE WRITE IN BLOCK LETTERS

Removal of an individual's activities could hinder a nation's ability to detect and prevent money laundering, terrorism financing, and other financial crimes. The Vanuatu Financial Intelligence Unit (VFU) is a key component of the national intelligence system, which is designed to detect and prevent financial crimes. The VFU is a key component of the national intelligence system, which is designed to detect and prevent financial crimes.

PART A - IDENTITY OF CUSTOMERS INVOLVED IN THE SUSPICIOUS ACTIVITY

Person(s) Conducting Activity

3. Full name (title, given name and surname)

2. Date of Birth

3. Occupation, Business or principal activity

4. Business Address (physical and PO Box)

PO Box:

Country:

Phone:

5. Residential Address (cannot be a PO Box)

Country:

Phone:

(Please circle the correct answer)

Yes

No

6. Resident of Vanuatu

7. Non-Resident- Vanuatu contact address

(Please circle the correct answer)

Yes

No

8. Is this Person a signatory to an account/service (s) affected by this activity

9. Details of Account(s)/Service(s)

a). Account/Service Name:

b). Financial Institution:

Branch:

c). Account/Service Number:

d). Account/Service Type:

10. How was the identity of the person confirmed

a) ID Type:	b) ID Number:
c) Issuer:	
11. Is a photocopy of ID documents attached? (Please circle the correct answer) Yes No	

Person(s) On Whose Behalf Activity was Conducted

4. Full name (title, given name and surname)
2. Date of Birth
3. Occupation, Business or principal activity
4. Business Address (physical and PO Box)
5. Residential Address (cannot be a PO Box)
6. Resident of Vanuatu
7. Non-Resident- Vanuatu contact address
8. Is this Person a signatory to an account (s) affected by this transaction

PO Box:	
Country:	Phone:
Country:	Phone:
(Please circle the correct answer)	Yes No
(Please circle the correct answer)	Yes No

9. Details of Account(s)/Service(s)

a). Account/Service Name:	b). Financial Institution:	Branch:
c). Account/Service Number:	d). Account/Service Type:	

10. How was the Identity of the person confirmed

a) ID Type:	b) ID Number:
c) Issuer:	
11. Is a photocopy of ID documents attached? (Please circle the correct answer) Yes No	

12. Activity Type (eg. Placement, layering, structuring etc...)

13. Activity Date(s)
14. Currency
15. Amount

Give Details of other account(s) affected by this activity

Account/Service	Account/Service Name
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PART B - FINANCIAL INSTITUTION DETAILS
ANIBI/KOFOG/AGIYIRIK

Institution Type: (eg. Bank, Solicitor Insurance Company)	
Institution Name	
Bank Name: (if a Bank, include Bank & Branch No.)	
Address	
Telephone	
Fax	

Please forward to: The Financial Intelligence Unit
 PMB 9048, Port Vila
 Telephone: 23518
 Facsimile: 25473
 E-mail: rfay@vanuatu.gov.vu Or
 vfiu@vanuatu.gov.vu

FIU REFERENCE NUMBER

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PART C - CONFIDENTIAL
YOMAR/ANIBI/KOFOG/AGIYIRIK
ENFORCEMENT PURPOSE ONLY BY ORDER OF IGOU

Details of Staff Member Conducting Activity

Full Name	
Title/Position	
Signature	
	Date / /

Details of Person Making Report

Full Name	
Title/Position	
Signature	
Telephone	Date / /
Fax	

SCHEDULE 5

STATE LAW OFFICE

Vanuatu Financial Intelligence Unit

CASH TRANSACTION REPORT (CTR)

Reporting of "significant" cash transactions is required by Section 27 of the AML&CTF Act No. of 2014. Penalties exist for failure to report or to supply full and incorrect information.

PART A – IDENTITY OF PERSON CONDUCTING THE TRANSACTION

1 Full name (title, given names and surname):

Also known as:

2 Date of birth: 3 Country of Birth:

/ /

Day/Month/Year

4 Occupation, business or principal activity:

5 Business address (physical and PO Box):

PMB:

Phone:

Country:

6 Residential address (cannot be a PO Box):

Country:

Phone:

7 NON RESIDENT - Vanuatu contact address:

Country:

Phone:

8 Give details if this person is a signatory to account affected by this transaction
Account Title/Name:

Bank:

Branch:

Account Number:

9 How was the identity of this person confirmed?

ID Type:

ID Number:

Issuer:

10 Is a photocopy of ID document/s attached?

Yes No

If more than one person involved please provide same details contained in Sections 1 - 11 for each person where appropriate, and attached

PART B - DETAILS OF PERSON/ORGANISATION ON WHOSE BEHALF THE TRANSACTION WAS CONDUCTED (if applicable)

11 Full name of person/organisation:

12 Business address (physical and PO Box):

PMB:

Phone:

Country:

13 Occupation, business or principal activity:

14 Give details if this person is a signatory to transaction

account affected by this

Account Title/Name:

Bank:

Branch:

Account Number:

PART C - DETAILS OF THE TRANSACTION

15 Date of transaction:

/ /

Day/Month/Year

16 Total amount of this transaction (include cash and any other components of the transaction - If a foreign currency is involved, convert the amount to Vatu).

17 If a foreign currency was involved in this transaction, specify: (eg Australian Dollars, AUD\$ 4000 etc)

Place an 'X' in the appropriate box

Cash paid IN

Cash paid OUT

18 Type of transaction(s) involved

Transfer to another bank	
Travellers Cheques	
Foreign currency	
Bank Cheque	
Account Deposit	
Account Withdrawal	
Bank draft	
Securities	
Precious Stones/ metals/ Pearls	
Other	

19 If a cheque/bank draft/money order/telegraphic transfer/transfer of currency or purchase or sale of any security was involved in this transaction, please specify:

Drawer/Ordering Customer:

Payee/Favouree/Beneficiary:

20 If another financial institution was involved in this transaction, please specify:

Name of financial institution:

Branch:

Country:

PART D - DETAILS OF THE RECIPIENT PERSON/ORGANISATION (If applicable)

21 Full name of person/organisation:

22 Business address (physical and PO Box):

PMB:

Phone:

Country:

23 Occupation, business or principal activity:

24 Reason for transaction (eg payment for imports):

25 Details of recipient account (if not already provided):

Account Title/Name:

Bank:

Branch:

Account Number:

PART E - EXPLANATORY NOTES

26 Give details of the nature and circumstances surrounding the transaction if required.

PLEASE PRINT IN BLOCK LETTERS.

27 Is additional information attached to this report?

Yes

No

If yes, please Specify:

PART F - REPORTING FINANCIAL INSTITUTION

28 Type of Financial Institution (eg bank):

29 Name of Financial Institution (eg bank):

30 Name of branch or office where transaction was conducted:

31 Business address (physical and PO Box):

PMB:

Phone:

Country:

PART G - FINANCIAL INSTITUTIONS STATEMENT

**32 Details of authorised person:
Given Name and Surname:**

Job title:

Phone number:

Fax number:

33 This statement is made pursuant to the requirement to report "significant" cash transactions under Vanuatu laws on the grounds detailed in this report.

Signature of authorised person:

(Sign here)

Date:

34 Financial Institutions internal reference number (if applicable).

Send completed forms to:

**Vanuatu FIU
PMB 9048
Port Vila
VANUATU**

For assistance contact:

**Financial Intelligence Unit
Phone: +(678) 23518
Fax: +(678) 25473
Email 1: kbellam@vanuatu.gov.vu**

**VANUATU FINANCIAL INTELLIGENCE UNIT USE
ONLY**

Report Number	
Authorisation:	
Comments:	

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SCHEDULE 6

INTERNATIONAL FUNDS TRANSFER REPORT (IFTR)

Reporting of electronic funds transfers into or out of Vanuatu of VUV 1 million or more required by Section 28 of the AML&CTF Act No. 13 of 2014. Penalties for failure to report or supply full and correct information.

PART A - DETAILS OF THE TRANSACTION	1	Initiating Office	
	2	Date of transaction	
	3	Direction of transaction In Out	
	4	Transaction Ref No	
	5	Sending Institution: Name of Bank: City: Country:	
	6	Receiving Institution: Name of Bank: City: Country:	
	7	Amount Involved. If a foreign Currency was involved in the transaction, specify: Currency: Amount:	
PART B - INVOLVED PARTY & INSTITUTION DETAILS	8	Ordering Customer/organisation Name: Occupation: Address: PO Box: Country: Phone: Account Details: Account Name: Bank: Branch: Account Number: Person who authorised Transfer: Title Name: Position:	
	9	Beneficiary customer/organisation Name: Occupation: Address: PO Box: Country: Phone:	

	Account Details:	
	Account Title:	
	Bank:	
	Branch:	
	Account No:	
	Person identified to receive payment:	
	Title:	
	Name:	
	Position:	
	PART C - ADDITIONAL PAYMENT DETAILS	10
11		Any other information
PART D - REPORTING FINANCIAL INSTITUTIONS	12	Type of Financial Institution
	13	Name of Financial Institution
	14	Name of Branch or Office
	15	Business Address
		Postal Box
	Country	
	Region	
PART E - FINANCIAL INSTITUTIONS STATEMENT	16	Details of authorised person
		Given name and surname
		Job title
		Phone No.
		Fax Number
	17	This statement is made pursuant to the requirement to report international Funds Transfers under Vanuatu laws on the ground as detailed in Part E.
		Signature of Authorised person
	18	Financial Institution's Internal Reference

Send completed forms to:

Vanuatu FIU
PMB 9048
Port Vila
VANUATU

For assistance contact:

Financial Intelligence Unit
Phone: +(678) 23518
Fax: +(678) 25473
Email: kbellam@vanuatu.gov.vu

VANUATU FINANCIAL INTELLIGENCE UNIT USE ONLY

SCHEDULE 7



BORDER CURRENCY REPORT (BCR)

(Declaration of currency in Vanuatu dollars or equivalent in foreign currency) to be made by the holder of the report on arrival in Vanuatu or departure from Vanuatu. For more information, see the Anti-Money Laundering and Counter-Terrorism Financing Order No. 122 of 2014. For further information, please refer to the website: <http://www.vic.gov.vu> or call the toll-free number: 1800 800 800.

PART A: DETAILS OF TRAVEL

1 Are you carrying cash:

Into Vanuatu Out of Vanuatu

2 Date of Arrival: / /
Day/Month/Year

3 Flight Number or Name of Vessel:

PART B: DETAIL OF PERSON CARRYING THE CURRENCY

4 Full Name (as per passport):

Surname Given Name

5 Date of Birth (dd/mm/yyyy):

6 Country of Birth (Place):

Country: Place:

7 Passport Detail
Passport Number:

Date of Expiry Country of issue

8 Permanent Residential address in home country (not a postal address)

Address: Country:

Phone:

14 Occupation, Business or Principle Activity

15 Business Address (physical and postal):

16 Are you a Vanuatu Resident?

Yes

No

17 If answered No, contact details while in Vanuatu:

14 Purpose of Travel

18 Travel Itinerary – where travel commenced, where cash was obtained, where travel continues to, final destination:
e.g. Hong Kong-Nadi-Port Vila

19 Are you travelling alone?

Yes

No

20 If answered NO, please indicate name of person(s) travelling with you

Name



18 Full Name of Person or Organisation on whose behalf you are carrying the currency for

19 Business/Residential Address of person:

**20 Occupation, Business or Principle Activity of this person:
Address:**

PO Box: Country:

PART D: DETAILS OF THE CURRENCY

21 Source of the Currency:

22 Purpose of the Currency:

23 Country of the currency's source:

24 Detail of currency:

**PART E: IF NOT FOR YOURSELF, TO WHOM
ARE YOU DELIVERING THE CURRENCY**

25 Full Name of Person or Organisation receiving the currency:

26 Business/Residential Address:

27 Occupation, Business or Principle Activity:

PART F: PASSENGER DECLARATION

32 I confirm that the information in this form is true and correct to the best of my knowledge:

(Sign here)

.....
Date:

**PART C - CURRENCY VERIFICATION FORM
(Border Official Use ONLY)**

Cash

Currency	Amount	Total
e.g AUD	19,000	19,000

Monetary Instrument

Drawer	Currency	Amount
e.g. Traveller cheque	USD	20,000

Precious Metal or Stone

Type	Origin	Value
e.g. Gold Trophy	Australia	21 million Valu

Send completed forms to:

**Vanuatu FIU
PMB 9048
Port Vila
VANUATU**

For assistance contact:

**Financial Intelligence Unit
Phone: +(678) 23518
Fax: +(678) 25473
Email 1: kbellam@vanuatu.gov.vu**

**VANUATU FINANCIAL INTELLIGENCE UNIT USE
ONLY**

Report Number	
Authorisation:	

Comments:	