



**QUESTIONNAIRE TO ASSIST IN DEVELOPING A RISK BASED APPROACH
NON-PROFIT ORGANISATIONS**

This questionnaire is designed to obtain information on the nature of operations, structure, activities and procedures so as to determine the specific money laundering, terrorist financing and proliferation financing risk exposure of each Non-profit Organisation operating in Trinidad and Tobago. Kindly complete each section. Where the question does not apply, please indicate by responding accordingly (that is, 'N/A').

You may attach a separate sheet to provide all the relevant information for each question. Make sure to indicate which question the respective information belongs.

PART A Entity Information

A.1 Non-Profit Organisation's (NPO) Name: _____

NPO's main office address or place of operation in Trinidad and Tobago:

NPO's mailing address (if different):

A.2 Contact information for NPO:

Business telephone: _____ Business fax: _____

E-mail: _____ Website: _____

A.3 Name and contact information of the Controller:

(Please include information for other Controllers on a separate attachment.)

Last Name: _____ First Name: _____

Phone contact: _____ Business fax: _____

Mobile #: _____ E-mail: _____

A.4 Does the NPO operate at more than one office/location in Trinidad & Tobago? YES NO

A.5 If you answered 'Yes' to question A.4, provide the name and address of each branch/location.

BRANCH	ADDRESS

Table 1: Additional Branches/Offices

A.6 Indicate using percentage, what is/are the type/s of activities performed by the NPO? (use estimates if necessary)

TYPE OF ACTIVITY	% OF ANNUAL ACTIVITIES/SERVICES	TYPE OF ACTIVITY	% OF ANNUAL ACTIVITIES/SERVICES
HOUSING		SPORTS AND RECREATION	
SOCIAL SERVICES		ARTS AND CULTURE	
EDUCATION		ADVOCACY	
HEALTH CARE		OTHER (Please specify)	

Please provide a brief explanation of the nature of activities/services provided.

A.7 Is the NPO engaged in any business activity listed in the First Schedule of the Proceeds of Crime Act, Chap 11:27 (Appendix I)? **YES** **NO** If "YES", please list the activity/ies and provide the names of and addresses of the businesses."

A.8 Does the NPO own, is associated with or affiliated to any other businesses subject to the First Schedule of the Proceeds of Crime Act, Chap 11:27 (Appendix I)? **YES** **NO** . If yes, what are the names and addresses of these entities?

A.9 Does the NPO have a parent body or is affiliated with any other NPO (local or international)? **YES** **NO** . If yes, state the names, addresses, purpose and activities of these NPOs?

No	Names	Address	Purpose	Activities
1				
2				
3				

A.10 What is the name and address of the NPO's primary bank?

Bank Name: _____

Bank Address: _____

A.11 What is the name and address of the NPO's secondary bank?

Bank Name: _____

Bank Address: _____

A.12 What was the NPO's estimated annual income for the previous fiscal?

TT\$0 – TT\$299,999 TT\$300,000 – TT\$499,999 TT\$500,000 – TT\$1,999,999
 TT\$2,000,000 – TT\$3,999,999 TT\$4,000,000 - TT\$9,999,999 TT\$10,000,000 and over

A.13 What was the NPOs' annual inflow, outflows and asset size for the last three (3) years?

YEAR	ANNUAL INFLOW	ANNUAL OUTFLOW	ASSET SIZE

A.14 Has the NPO implemented a limit/threshold for receipt of cash or currency receipts? **YES** **NO**
 If yes, what is the approved limit/threshold? [Currency means cash (bank notes and coins), Travellers cheques, Bearer Bonds, Money Orders and Postal Notes, Virtual Assets (Bitcoin, etc)].

A.15 What percentages of last year's receipts were derived from the following methods of payment: (Please indicate an annual estimate of the percentage of payments received in each category in Table 3 below)?

TYPE OF PAYMENT	% OF ANNUAL INCOME
Cash	
Cheque	
Credit Card	
Debit Card	
Wire Transfer	
Money Remittance	
Standing Orders	
Virtual Assets	
Other [Money Orders, Postal Notes, Bearer Bonds, Internet, travellers cheque (please specify)]	
In kind (e.g food items, vehicles etc.)	
Gift or Donations	

Table 3: Types of Payment

A.16 What is the estimated value of outflows and inflows in the last fiscal were sent to or received from foreign jurisdictions?

Outflows: _____ Inflows: _____

A.17 Briefly explain how are payments verified by the NPO?

A.18 Indicate the number of unusual, complex and/or large transactions valued TT\$90, 000.00 and over conducted within the past 12 months. *(TT\$90,000.00 refers to one transaction or two or more transactions of which together the total value is TT\$90, 000.00 or more).* _____

A.19 Please indicate in the order of priority the top three (3) primary sources of income below (E.g. Government subventions, Donations, Membership dues, etc.):

No.	Source of Primary Income	% of Primary Income
1.		
2.		
3.		

A.20 Indicate the number of staff and/or volunteers of the NPO *(attach organisational chart if one exists)*.

STAFF: _____ VOLUNTEERS: _____

A.21 What is the average period of employment? (years and or months): _____

A.22 What is the process for recruitment?

Part B Compliance Officer Information

B.1 Has your organisation appointed a Compliance Officer or alternate Compliance Officer responsible for implementing your compliance regime to meet its AML/CFT obligations? **YES** **NO**

B.2 If you answered 'Yes' to B1, provide the name, position/job title that the compliance officer holds in the NPO [Controller, CEO, CFO, Senior Manager, Director, Supervisor, Compliance Officer].

B.3 To whom does the compliance officer report? [e.g. Board of Directors, etc]

B.4 What AML/CFT training has the compliance officer received in detecting suspicious transactions relevant to the business operations? _____

B.5 What are the AML/CFT duties of the Compliance Officer? [Tick all that apply.]

- Implementing the entity's AML/CFT program and procedures;
- Updating and maintaining the AML/CFT program and procedures;
- Training staff about AML/CFT;
- Screening staff prior to employment;
- Responding to requests from the FIU;
- Monitoring members activity to identify suspicious transactions;
- Conducting further enquiries on high-risk members;
- Sighting and recording identification for members;
- Receiving reports from staff on suspicious transactions;
- Reporting suspicious transactions to the FIU.

B.6 What other duties does the Compliance Officer have in the NPO? [Specify]:

Part C Compliance Policies and Procedures Information

C.1 Has the NPO developed or implemented an AML/CFT compliance programme? YES NO
If yes, provide a copy of the Compliance Programme approved by senior management.

C.2 Has your organisation conducted transactions within the last 12 months with any of the following?
 members, individuals or companies based in any of the countries listed by the Financial Action Task Force (FATF) as Non- Co-operative Countries or Territories (NCCT) (See list on FIU website www.fiu.gov.tt)(See attached Appendix B)?
 individuals or other persons who are politically exposed persons (PEPs)?

C.3 If you selected any option in C.2, which countries were involved and how many transactions were conducted with each country? Also indicate the number of PEPs with whom transactions were conducted.

C.4 Does your organisation cross-reference the names of staff, donors or volunteers with any list of designated individuals or entities distributed by the FIU? (UN2253/Trinidad and Tobago Consolidated List of Court Orders/Economic Sanctions Orders)? YES NO

C.5 If yes, state which lists were checked.

C.6 How often are transaction records reviewed for suspicious patterns of activity?

Fortnightly []; Quarterly []; Bi-annually []; Annually []

Part D Client Identification

D.1 What identification information does the NPO collect from donors? [Tick all that apply.]

- [] Full name
- [] Residential address
- [] Proof of Address
- [] Date of birth
- [] Place of birth
- [] Nationality
- [] Nature and Place of Business/Occupation (where applicable)
- [] Occupational Income (where applicable)
- [] Source of funds
- [] Phone number
- [] Other [Specify other]

D.2 Has the organisation conducted Enhanced Due Diligence (EDD) on any donor or volunteer within the last 12 months? **YES NO**

If 'Yes', please provide the category of members and how many in each category. (e.g. Foreign members, PEPS)

D.3 Who in the NPO is responsible for conducting EDD?

Part E AML/CFT Compliance Training

E.1 Has AML/CFT training been received by the controller/s, volunteers or staff? **YES NO**

If yes, provide details of the most recent training received.

E.2 Who received the training? (E.g. all staff, senior staff, other.) [Specify other]

E.3 Who ensures that staff is following AML/CFT procedures?

E.4 Did the training give examples of methods to launder money/finance terrorism through NPOs?

YES NO

E.5 If you answered 'Yes' to E.5 describe some of the examples.

E.6 To whom do employees/volunteers refer unusual or large transactions for approval before they are accepted?

E.7 Who ensures that staff/volunteers is/are aware that they **must not** disclose to any member that they have or intend to report a suspicion to the Compliance Officer?

E.8 Who ensures that staff understands that they are not liable for civil or criminal proceedings against them for making a report in good faith?

Part F Record Keeping

F.1 Describe any system which the organisation has implemented to record and/or monitor transactions?

F.2 What system does your organisation use for storing information on donors identification information or transactions? (E.g. Electronic or manual) [Please provide details.]

F.3 For how long is the information kept? _____

Part G Reporting

G.1 Briefly explain the systems developed and implemented to identify and report transactions suspected to be related to money laundering, financing of terrorism or proliferation financing.

G.2. How many cash, donation or gift transactions (receipt or payment) of TT\$90,000.00 and over were conducted within the last 12 months? (TT\$90,000.00 refers to one transaction or two or more transactions of which together the total value is TT\$90, 000.00 or more)

Part H Review of Compliance Policies and Procedures

H.1 How is the effectiveness of your organisation's AML/CFT policies and procedures determined?

H.2 Has a review assessment already been conducted for your NPO's AML/CFT policies and procedures by an external auditor? **YES NO**

If yes, was a copy provided to the FIU? **YES NO**

If no, please attach a copy with this completed questionnaire.

Part I Oversight by the Board of Directors/Controller/Senior Management

I.1 Is the Compliance Programme approved by the Board of Directors/Controller/Senior Management?

YES NO

If yes, what is the approved date? _____

I.2 How frequently are Board Meetings held and are meetings minuted? **YES NO**

Dated this _____ day of _____, 20____

Name of Controller: _____

Signature: _____