# SELF-ASSESSMENT QUESTIONNAIRE (SAQ)- TRUST AND COMPANY SERVICE PROVIDER



## OBJECTIVE

The Self-Assessment Questionnaire (SAQ) was developed to provide a structured framework for our Supervised Entities, i.e. Listed Businesses (LBs) and Non-Regulated Financial Institutions (NRFIs) to assist in evaluating their compliance with key AML/CFT/CPF requirements. The Compliance and Outreach (C&O) Division of the Financial Intelligence Unit of Trinidad and Tobago (FIUTT) will also use this assessment to review and monitor the risk levels of each supervised entity.

Supervised Entities are required to complete this SAQ annually as part of their internal compliance monitoring framework. This questionnaire may also be used in conjunction with AML/CFT/CPF compliance examinations to determine both the commensurate risk level and the overall compliance posture of the entity.

**Questions marked with an * are obligatory.**

## GENERAL INFORMATION

1. Name of the Business Entity/Individual *

2. Registered Address of Business Entity/Individual *

3. Mailing Address (if different from Registered Address)

4. Address of Operations (if different from above, or if multiple locations exist)

5. Email Address

6. Business Telephone

7. Business type *

- Sole Proprietor
- Partnership/Firm
- Private Limited Liability Company (Business name ends with "Limited")
- Private Unlimited Liability Company (Business name Ends with "Unlimited")
- Public Limited Liability Company (Business listed on the Trinidad and Tobago Stock Exchange or any other Stock Exchange)
- Sole Practitioner (in the case of Attorneys-at-Law or Accountants)
- Other (please state)

8. Submit an updated list of Legal Owners and Directors (where applicable) of your business, inclusive of one copy of a form of national identification for each individual, through the provided link Director List & ID Upload *

The information should follow the convention below:

- Name
- Address
- Date of birth
- Telephone number
- Nationality

Upon completion of the above, please type "UPLOADED" in the box provided

9. Submit an updated list of the Beneficial Owners of your business, inclusive of one copy of a form of national identification for each individual via this link BO List & ID Upload

*(Beneficial ownership refers to the natural person(s) who ultimately owns and controls the entity. For companies limited by shares this includes all persons who hold 10% or more of the shareholdings.) **

The information should follow the convention below:

- Name
- Address
- Date of birth
- Telephone number
- Nationality

Upon completion of the above, please type "UPLOADED" in the box provided

10. Name of person completing this form *

11. Position within entity of person completing form *

12. What Sector does the Business Entity/Individual primarily fall within? (As guided by the First Schedule of the Proceeds of Crime Act, Chap. 11:27 and Section 2(1) of the Financial Intelligence Unit of Trinidad and Tobago Act, Chap 72:01) *

- Accountants (ACT)
- Attorneys-at-Law (AAL)
- Art Dealer (AD)
- Gaming House/Pool Betting (GH/PB)
- Jewellery (JW)
- Motor Vehicle Sales (MVS)

- Private Members' Club (PMC)
- Real Estate (RE)
- Trust and Service Provider (TCSP)

## SECTOR SPECIFIC QUESTIONS

21. Please indicate the business activities conducted by your entity. (TCSP) **Please select all that apply.**

Preparing for or carrying out transactions for a client in relation to the following activities:

- Acting as a formation agent of legal persons
- Acting as (or arranging for another person to act as) a director or secretary of a company, a partner of a partnership or a similar position in relation to other legal persons
- Providing a registered office, business address or accommodation, correspondence or administrative address for a company, a partnership or any other legal person or arrangement
- Acting as (or arranging for another person to act as) a nominee shareholder for another person
- Acting as, or arranging for another person to act as, a trustee of an express trust

22. For each of the **TCSP business activities** identified above, please indicate the approximate percentage it contributes to your overall business operations.

| | 1-10% | 11-25% | 26-50% | 51-75% | 76-100% | 0% |
|---|---|---|---|---|---|---|
| Acting as a formation agent of legal persons | ○ | ○ | ○ | ○ | ○ | ○ |
| Acting as (or arranging for another person to act as) a director or secretary of a company, a partner of a partnership or a similar position in relation to other legal persons | ○ | ○ | ○ | ○ | ○ | ○ |
| Providing a registered officer, business address or accommodation, correspondence or administrative address for a company, a partnership or any other legal person or arrangement | ○ | ○ | ○ | ○ | ○ | ○ |
| Acting as (or arranging for another person to act as) a nominee shareholder for another person | ○ | ○ | ○ | ○ | ○ | ○ |
| Acting as, or arranging for another person to act as a trustee of an express trust | ○ | ○ | ○ | ○ | ○ | ○ |

40. Transaction Profile - Please estimate the proportion of transactions conducted using the following methods. *

| | 1-10% | 11-25% | 26-50% | 51-75% | 76-100% | 0% |
|---|---|---|---|---|---|---|
| Cash | ○ | ○ | ○ | ○ | ○ | ○ |
| Debit | ○ | ○ | ○ | ○ | ○ | ○ |
| Credit Cards | ○ | ○ | ○ | ○ | ○ | ○ |
| Cheques | ○ | ○ | ○ | ○ | ○ | ○ |
| Bank Transfers | ○ | ○ | ○ | ○ | ○ | ○ |
| Mobile or Electronic Payment Platforms | ○ | ○ | ○ | ○ | ○ | ○ |
| Prepaid cards or vouchers | ○ | ○ | ○ | ○ | ○ | ○ |
| Other | ○ | ○ | ○ | ○ | ○ | ○ |

## CUSTOMER BASE, TRANSACTIONS & BRANCHES

41. Please indicate the types of customers served by the entity. Please select all that apply. *

- ○ Individuals (local residents)
- ○ Individuals (non-residents / foreign clients)
- ○ Sole traders/self-employed persons
- ○ Private/Public limited liability companies
- ○ State Owned Companies
- ○ Domestic Politically Exposed Persons (domestic PEPs)
- ○ Foreign Politically Exposed Persons (foreign PEPs)
- ○ High-risk Client/Customer is a client/customer who has been assessed by the entity as presenting a higher risk of money laundering, terrorist financing or proliferation financing (ML/TF/PF). This may be based on factors such as the client/customer or beneficial owner, geographic location, the products or services used, transaction activity and the method by which services are provided.

42. Approximately how many transactions did the entity undertake during the reporting period?*

- ○ 0
- ○ 1-5
- ○ 6-15
- ○ 16-30
- ○ 31-50
- ○ 51+

43. Does your entity operate any additional branches or locations within Trinidad and Tobago or utilise agents? *

- Yes
- No

44. Number of Branches/Agents in addition to your Registered Office Address or principal place of business*

- 0
- 1-3
- 4-6
- 7-9
- 10+

45. Please indicate the name and full address of each branch or location in the space provided. *

46. Does your business maintain an office outside of Trinidad and Tobago? *

- Yes
- No

47. If yes, please provide a detailed list of all such offices, including name and address, including the country, and the associated business activity. *

48. For each of the business activities indicated above, please indicate the gross income in Trinidad and Tobago Dollars (TTD) generated from your overall business operations. *

- $0 - $50,000
- $50,001 - $100,000
- $100,001 - $300,000
- $300,001 - $500,000
- $500,001 - $1,000,000
- $1,000,000 - $5,000,000
- Over $5,000,000

49. Is your business engaged in any other activities listed on the List of Supervised Sectors? *

•*List of Supervised Sectors*

- Yes
- No

50. If Yes: Please provide a detailed list of these activities, including the names and addresses of the associated businesses. Indicate which activity/service each business provides. For example: Real Estate – Buying and/or Selling of Land.

If No: and none of the above activities apply, please proceed to the next question. *

51. Subsidiary Status - Is your entity a partly or wholly owned subsidiary of any other entity defined as a financial institution or listed business pursuant to the Proceeds of Crime Act, Chap. 11:27? *

• *Proceeds of Crime Act, Chap. 11:27* *Proceeds of Crime Act*

- Yes
- No

If Yes: Please provide the name and address of the parent entity. *

53. Ownership, Association, or Affiliation - Does your entity own, is associated with, or affiliated to any other entities that are considered Financial Institutions or Listed Businesses for the purposes of the POCA? *

- Yes
- No

If Yes: Please provide the names and addresses of these entities. (You may attach a separate sheet to provide all relevant information; indicate that this information belongs to answer X)

## COMPLIANCE MEASURES

55. Do you have a documented Risk Assessment? *

- Yes
- No

56. If yes, what is the date of the most recent Risk Assessment? *

57. Has your entity ever been involved in any legal or regulatory actions or investigations related to AML (Anti-Money Laundering), CFT (Countering the Financing of Terrorism), or CPF (Counter-Proliferation Financing)? *

- Yes
- No

58. If yes, please provide details including the nature of the issue, the outcome, and any corrective measures implemented. *

59. Does your entity have an implemented Compliance Programme? *

- Yes
- No

60. What aspects of the compliance programme have been implemented? Please select all that apply. *

- Risk-Based Approach
- Internal Controls (CDD, EDD, Transaction Monitoring, Ongoing Monitoring, Internal Reporting)
- Record Keeping
- Training
- Independent Reviews
- Reporting to the FIUTT
- Compliance Officer Functions

61. Have you designated a Compliance Officer (CO) for your entity *

- Yes – CO has been appointed and approved by the FIUTT
- Yes – CO has been designated but not yet approved by the FIUTT

- No

62. Have you designated an alternate CO for your entity? *

- Yes – Alternate CO has been appointed and approved by the FIUTT
- Yes – Alternate CO has been designated but not yet approved by the FIUTT
- No

63. What AML/CFT/CPF duties does the compliance officer have? Please select all that apply. *

- Implementing the entities compliance programme and procedures
- Updating and maintaining the compliance programme and procedures
- Training staff on AML/CFT/CPF obligations and procedures
- Screening staff prior to employment
- Responding to requests from the FIUTT
- Monitoring customer activity to identify suspicious transactions
- Conducting further enquires on high-risk customer
- Sighting and recording identifications for customers
- Reporting suspicious transactions to the FIUTT
- Verifying and recording member identification documents
- Reporting sanctions evasion for proliferation financing to the FIUTT
- Ensure that the entity develops, implements and maintains the AML/CFT/CPF policies, procedures, systems and internal controls required under the Financial Obligations Regulations (FORs)
- Co-ordinate, oversee and monitor the implementation and effectiveness of the Compliance Programme to ensure ongoing compliance with the Financial Obligations Regulations (FORs), including identifying deficiencies and recommending corrective actions where necessary.
- Receiving and reviewing reports of suspicious transactions, or suspicious activities made by the staff of the non-regulated financial institution or listed business and reporting same to the FIUTT in accordance with the POCA and guidelines issued by the FIUTT
- Maintain records of STR/SARs reported to the FIUTT
- Function as the liaison official with the FIUTT
- None of the above

64. Please indicate any other roles, duties, or functions performed by your designated Compliance Officer in addition to AML/CFT/CPF obligations (e.g., finance, risk management, administration) *

65. Have the CO and ACO received AML/CFT/CPF training? *

- Yes
- No
- CO only
- ACO only

66. Describe the type of AML/CFT/CPF training received? *

- Introductory
- Advanced
- Professional Designation
- N/A

## KNOW YOUR EMPLOYEE

67. Does your Organization have an approved and documented Know Your Employee (KYE) Policy? *

- Yes
- No

68. Does the KYE Policy include a process for vetting new employees? *

- Yes
- No

69. Are any additional checks conducted for senior positions? *

- Yes
- No

70. If yes, please list the types of additional checks. *

71. Are employees monitored periodically for suspicious or unusual activities related to ML/TF/PF? *

*ML - Money Laundering, TF - Terrorist Financing, PF - Proliferation Financing*

- Yes
- No

72. Has the entity had an instances of employee breach of internal policies and procedures over the reporting period? *

- Yes
- No

73. Has the entity established and implemented measures to identify, address, and mitigate instances of non-compliance? This includes the development of policies, procedures, and enforcement actions to ensure adherence to regulatory requirements, as well as mechanisms for monitoring, reporting, and remediating non-compliant activities. *

- Yes
- No

74. Do you maintain staff records (e.g., employment records, and confidentiality acknowledgements)? *

- Yes
- No

## AML/CFT/CPF KNOWLEDGE OF EMPLOYEES

75. Are your employees trained in keeping with the requirements of Regulation 6 of the Financial Obligations Regulations? *

- Yes - Monthly

- Yes - Bi-annually
- Yes - As the need arises
- Yes - Annually
- No
- N/A - I do not have staff

76. What was the method of delivery used to conduct training over the reporting period? Please select all that apply. *

- Training conducted by CO
- Training Conducted by external competent professional
- Online training programme
- Other

77. Are the following topics covered in the training programme? Please select all that apply. *

- Red flags or suspicious indicators specific to the nature of business
- Appropriate Client Due Diligence (CDD) for clients/customers (verification of identity, source of funds, targeted financial sanctions for TF and PF and PEP identification)
- Risk categorisation of clients/customers, products/services, payment methods and geographic location and the relevant measures that should be applied
- Internal suspicious activity reporting process
- Penalties for failing to comply with obligations
- Awareness of tipping off offense
- Recent changes to the legislation and/or internal procedures
- ML/TF/PF risks, techniques & trends
- Processes for detecting ML/TF/PF transactions
- The roles & responsibilities of the CO/ACO and to whom they should report unusual or suspicious transactions and activities
- Identification of beneficial ownership

78. How frequently are changes to the AML/CFT/CPF related policies and procedures communicated to staff? *

## INTERNAL CONTROL MEASURES

79. What measures does your organization employ to document and record clients/customers' identification information? If electronic means are used, please specify the name of the system in the space provided *

- Electronic Management System
- Manual paper-based records
- Hybrid systems (combination of electronic and manual records)
- Other

80. Are CDD records verified? *

- Yes
- No

81. Who is responsible for the verification of CDD documents *

82. What percentage of the entity's total revenue is derived from each of the following payment methods? *

| | 1-10% | 11-25% | 26-50% | 51-75% | 76-100% | N/A |
|---|---|---|---|---|---|---|
| Cash | ○ | ○ | ○ | ○ | ○ | ○ |
| Cheque | ○ | ○ | ○ | ○ | ○ | ○ |
| Credit Card | ○ | ○ | ○ | ○ | ○ | ○ |
| Debit Card | ○ | ○ | ○ | ○ | ○ | ○ |
| Bank Transfer/Standing Order | ○ | ○ | ○ | ○ | ○ | ○ |
| ACH Transfer | ○ | ○ | ○ | ○ | ○ | ○ |
| E-money | ○ | ○ | ○ | ○ | ○ | ○ |

83. Does the entity allow third-party representation for any of the listed products/services? *

- ○ Yes
- ○ No

84. Do your policies and procedures include measures to identify whether customers, and if applicable, their beneficial owners, are politically exposed persons (PEPs), or are family members or close associates of PEPs, before initiating service? *

- ○ Yes
- ○ No

85. Do the policies and procedures require Enhanced Due Diligence to be applied where the customer and/or beneficial owner is a PEP and higher risks are identified or where the customer and/or beneficial owner is higher risk? *

- ○ Yes
- ○ No

86. Enhanced Due Diligence (EDD) - Who in your organization is responsible for conducting EDD? *

87. Enhanced Due Diligence (EDD) - Has the organization conducted Enhanced Due Diligence (EDD) on any clients/customers within the last 12 months? If Yes: Please specify the categories of clients/customers and the number in each category (e.g., non-resident clients/customers, foreign clients/customers', PEPs). *

88. What procedures do you have in place to monitor transactions and compare them against customer profiles? *

- ○ Staff Surveillance
- ○ Electronic
- ○ Both Staff Surveillance and Electronic

- Other

89. Are transactional records available in a format that facilitates AML/CFT/CPF monitoring? *

- Yes
- No

90. What measures are in place to effectively identify and record complex, unusual, or large transactions? *

- Manual
- Electronic
- Both Manual and Electronic
- No Measures

91. Indicate the number of unusual, complex, and/or large transactions that staff have reported to the entity's Compliance Officer within the past 12 months. (Large transactions refers to a single transaction or two or more transactions whose combined total equals TT$50,000.00 or more.) *

- 1-10
- 11-25
- 26-50
- 51-75
- 76-100
- N/A

92. Please indicate how transactions are conducted by the entity. Please select all that apply. *

- Face-to-face
- Non-face-to-face (online, email, digital platforms)
- Through agents, introducers, or intermediaries

93. Does the entity conduct ongoing transaction monitoring of client activity to identify unusual or suspicious transactions? *

- Yes
- No

94. What transaction monitoring controls does your entity have in place to:

1. Monitor transactions against customer profiles,
2. Detect unusual or suspicious activity, and
3. Escalate such transactions for investigation and reporting

Please select all that apply. *

- Proprietary Screening Software which has been configured with risk-based rules to detect anomalies
- Manual Reviews/ Staff Surveillance
- Third Party compliance screening solutions e.g. ComplyAdvantage, Dow Jones Risk and Compliance, Refinitiv
- All of the Above
- Clients/Customers' transactions are not monitored for this activity

## GEOGRAPHIC RISK

95. Does the entity have any customers from high-risk jurisdictions?

(High-risk jurisdictions refer to countries identified by the FATF as having strategic deficiencies in their AML/CFT frameworks, including jurisdictions subject to a FATF Call for Action or Increased Monitoring.)

- Yes
- No

96. Please indicate whether the entity has conducted any business activities in, or has any clients, counterparties, or transactions connected to, any of the countries on the provided list.

*Jurisdictions under Increased Monitoring*

- Yes
- No

97. Please indicate whether the entity has conducted any business activities in, or has any clients, counterparties, or transactions connected to, any of the following countries: Please select all that apply.

*High-Risk Jurisdictions subject to a Call for Action*

- Yes
- No

## *RECORD KEEPING & AUDIT*

98. Are records retained for at least 6 years after the end of the business relationship with the customer?

- Yes
- No

99. Has the entity conducted an independent review of its AML/CFT/CPF policies and processes?

- Yes
- No

## SANCTIONS SCREENING & EXTERNAL REPORTING

100. Does the entity have an internal policy and procedure in place for employees to report their suspicions of ML/TF/PF to the Compliance Officer (CO) for assessment and determination? *

- Yes
- No
- Informal

101. Have you reported any STRs/SARs to the FIUTT within the last year *

- Yes

- No

102. Please state the total number of Suspicious Transaction Reports (STRs) or Suspicious Activity Reports (SARs) reported to the FIUTT for the reporting period. *

- 0
- 1 - 5
- 6 - 10
- 11+

103. Which of the following Targeted Financial Sanctions (TFS) lists are checked during customer on-boarding? Please select all that apply. *

- United Nations Security Council Resolution 1267/1989/2253 Sanctions List (the ISIL (Da'esh) & Al-Qaida Sanctions List)
- Trinidad and Tobago Consolidated List of Court Orders (s. 22AA(2)(e) of the ATA)
- United Nations 1988 Sanctions Committee List (the Taliban Sanctions List)
- United Nations Security Council Resolutions 696(2006), 1737(2006), 1747(2007), 1803(2008), 1835(2008), 1929(2010), 1984(2011), 2049(2012) and 2231(2015) relative to the Islamic Republic of Iran (the Iran Sanctions List)
- United Nations Security Council Committee pursuant to resolutions 1718(2006) and other resolutions relative to the Democratic People's Republic of Korea 1718 (2006) (the DPRK Sanctions List)
- Proliferation Financing of Weapons of Mass Destruction Orders circulated by Anti-Terrorism Unit, Office of the Attorney General
- None of the Above

104. What screening software or tool does the entity use for targeted financial sanctions, PEP, and adverse media screening? *

- Third-party Screening software solutions
- Manual Screening
- Bespoke and/or Proprietary Screening Software System
- None
- Other

105. Who is included in the screening process? Please select all that apply. *

- All Customers/Clients & prospective Customers/Clients
- High-risk Customers/Clients
- Beneficial owners and controllers of customers or prospective customers
- Representative Applicants is a person who is authorised to act on behalf of a client/customer or prospective client/customer when establishing a business relationship, conducting a transaction or accessing a product or service. The entity should verify the person's identity as well as their authority to act on behalf of the client/customer.
- Third Party Applicants is a person, other than the client/customer or their authorised representative, who is involved in or facilitates an application, transaction, payment or business relationship on behalf of another person.

106. Are customer targeted financial sanctions screening checks documented, and are the results clearly recorded?

*Choose the most appropriate statement **

- Sanctions checks are both recorded and documented, with monitoring outcomes clearly evidenced.
- Sanctions checks are recorded but not documented; monitoring outcomes are not clearly evidenced.
- Sanctions checks are documented but not consistently recorded; monitoring outcomes are partially evidenced.
- Sanctions checks are performed, but neither recorded nor documented; monitoring outcomes are not evidenced.
- Sanctions checks are not performed; therefore, there is no documentation or monitoring evidence.

107. Declaration *

Please confirm the following statement by checking the box:

- I hereby declare that the information I have provided is accurate, complete, and up to date to the best of my knowledge.

-END-