

# ANNUAL ANTI-MONEY LAUNDERING REPORT

This activity report relates to 2015

This report must be submitted to:  
FPS Economy - Licence Service (diamond)  
Italiëlei 124 PO box 71, 2000 Antwerp  
or  
Front desk at AWDC  
Hoveniersstraat 22, 2018 Antwerp

Submit at the latest on: **31 March 2016**

Box reserved for the service	
	CONTROLES
	Datering
	Nazicht
	Statistiek

## SECTION I: IDENTIFICATION of the DIAMOND TRADER

The undersigned declares to have taken knowledge of the regulations of 7 October 2013 implementing the law of 11 January 1993 for the prevention of the use of the financial system for money-laundering purposes and the financing of terrorism.

Report drawn up on : ..... / ..... / .....

Name : .....

Capacity :  Director / Manager

Anti- money laundering officer (= person responsible for the anti-money laundering policy within your company)

E-mail : .....

Company name : .....

Address : .....

Company identification number (= VAT number preceded by 0) :

0	-					-							
---	---	--	--	--	--	---	--	--	--	--	--	--	--

Registration number :

--	--	--	--	--	--

(See website [www.registereddiamondcompanies.be](http://www.registereddiamondcompanies.be))

**Signature :**

### Indicate YES or NO below

Have one or more of the director(s) and/or manager(s) within your company been replaced during the last year?

YES

NO

If yes, state the name/names of the new director(s)/manager(s) here and add a copy of the identity card or passport:

.....  
.....

Have one or more of the ultimate beneficiary<sup>(\*)</sup> within your company been replaced during the last year?

YES

NO

If yes, state the name/names of the new ultimate beneficiary(s) here and add a copy of the identity card or passport:

.....  
.....

(\*) The natural person(s) who is (are) the ultimate owner(s) or has(-ve) control over the company and owns (own) 25% or more of the companies' shares or has (have) otherwise the actual control.

Are you a Belgian registered diamond company with commercial transactions in diamonds in the last year?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
IF NO : - You had <u>no commercial transactions in diamonds</u> in the last year OR - You were <u>exclusively</u> active last year as ( <b>indicate the activity that applies to you</b> ): <input type="checkbox"/> broker <input type="checkbox"/> jeweller <input type="checkbox"/> cutter <input type="checkbox"/> seller of materials <input type="checkbox"/> other : ..... <b>IN THESE CASES, YOU DO NOT HAVE TO COMPLETE THE FORM;</b>		

## SECTION II: IDENTIFICATION OF CLIENTS

When do you have to identify:

- (1) Identification of your clients or their agents for business relationships and all occasional transactions exceeding 10.000 EUR.
- (2) For suppliers or their agents only if they are paid in any way other than by bank transfer.
- (3) In other cases whenever there is any doubt regarding the reliability of identification data obtained earlier and in case of suspected money laundering or financing of terrorism.

Your client(s) is/are (a) Belgian registered diamond company/companies.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
- If <b>YES</b> : You use the website <a href="http://www.registereddiamondcompanies.be">www.registereddiamondcompanies.be</a> or the website of the Central Enterprise Databank (Kruispuntbank der Ondernemingen) ( <a href="http://economie.fgov.be">http://economie.fgov.be</a> ) and print/save the webpage of the identification data search.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Your client(s) is/are (a) Belgian unregistered diamond company/companies.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
- If <b>YES</b> and if your client is a <u>NATURAL</u> person: ask for a valid proof of identity/proof of entry into the registry of foreign nationals / other valid proofs of identity.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
- If <b>YES</b> and if your client is a <u>COMPANY</u> : ask for a copy of the statutes/list of directors/managers of your client / copy of the identity card or passport of the representative and proof that he may represent the company e.g. proxy / names of the ultimate beneficiaries of your client (i.e. you gather information on who owns 25% or more of your client's shares and ask information on names, birth dates, and place of residence).	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Your client(s) is/are (a) foreign client(s).	<input type="checkbox"/> YES	<input type="checkbox"/> NO
- If <b>YES</b> and if your client is a <u>NATURAL</u> person: ask for a valid passport / official proof of identity with photograph.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
- If <b>YES</b> and if your client is a <u>COMPANY</u> : ask for a copy of the statutes of your client or equivalent foreign documents / list of directors of your client / a copy of the identity card or passport of the representative and proof that he may represent the company (e.g. proxy) / names of the ultimate beneficiaries of your client.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
You have paid a supplier in cash last year (or in any way other than by bank transfer).	<input type="checkbox"/> YES	<input type="checkbox"/> NO
- If <b>YES</b> : You have collected the identification documents of your supplier as stated above.	<input type="checkbox"/> YES	<input type="checkbox"/> NO

### SECTION III: VERIFICATION

You copy, verify (control at least every 2 years) and save all identification data.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
During last year you have experienced difficulties in/regarding identifying/the identification of clients, suppliers or their agents.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
You only close transactions if you do obtain all the relevant data.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If no transaction is concluded due to the risk of money laundering or the financing of terrorism, you notify the CFI.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
You verify the identity of the ultimate beneficiaries <sup>(*)</sup> .	<input type="checkbox"/> YES	<input type="checkbox"/> NO
You make use of a third party intermediary. If YES, specify: .....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
You have an appropriate client acceptance policy whereby you divide your clients in risk categories on the basis of objective criteria.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
You make use of the tools provided by AWDC.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
You keep an overview of all atypical transactions and problematic transactions.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
During last year you have notified the CFI of (some of) the atypical transactions and problematic cases.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
You increase the client investigation measures when dealing with a client you have not personally met.	<input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> N/A
You increase the client investigation measures when dealing with a Politically Exposed Person.	<input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> N/A

(\*) The natural person(s) who is (are) the ultimate owner(s) or has(have) control over the company and owns (own) 25% or more of the companies' shares or has (have) otherwise the actual control.

### SECTION IV: RECORD KEEPING AND TRAINING

You retain all evidence of the identification and all reports for 5 years and keep them available to the competent authorities.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
You keep a copy of this annual activity report.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
You have employees.	<input type="checkbox"/> YES Number: .....	<input type="checkbox"/> NO
If YES: You have implemented monitoring procedures and take appropriate measures to raise awareness among your employees AND/OR you regularly communicate information to / organize training for your employees regarding atypical transactions.	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Remarks:

.....

.....

.....

.....