



**Anti-Money Laundering Annual Return**

**Risk Assessment Questionnaire**

# Anti-Money Laundering Annual Return

Please provide the following information as accurately as possible. Guidance on the completion of your annual return can be found [here](#).

## Services

**Does your firm operate in any of the following areas?**

**1. Trust or Company Service Provider** YES/NO

1.1 If Yes: Please advise which of the following services are provided:

a) forming companies or other legal persons YES/NO

b) acting, or arranging for another person to act -

(i) as a director or secretary of a company; YES/NO

(ii) as a partner in a partnership; or YES/NO

(iii) in a similar capacity in relation to other legal persons; YES/NO

c) providing a registered office, business address, correspondence or administrative address or other related services for a company, partnership or any other legal person or legal arrangement. YES/NO

d) acting, or arranging for another person to act as-

(i) a trustee of an express trust or similar legal arrangement; or YES/NO

(ii) a nominee shareholder for a person other than a company whose securities are listed on a regulated market. YES/NO

1.2 What is the percentage fee income obtained by your firm from these services during the previous accounting year? .....

**2. Tax Mitigation Schemes** YES/NO

2.1 If Yes: What is the percentage fee income obtained by your firm from these services during the previous accounting year? .....

**3. Payroll** YES/NO

3.1 If Yes: What is the percentage fee income obtained by your firm from these services during the previous accounting year? .....

**Clients**

**Do you have any of the following categories of clients?**

**4. Clients with higher risk business activities – examples include cash-intensive businesses (e.g. retailers, petrol stations, book-makers), high value dealers, charities and not for profit organisations etc?** YES/NO

4.1 If Yes: Please describe the type of businesses \_\_\_\_\_

4.2 How many of these clients does your firm have? .....

**5. Clients listed on the [EU's or UN financial sanctions list](#) or on a prescribed terrorist list** YES/NO

5.1 If Yes: How many of these clients does your firm have? .....

**6. Politically exposed persons (PEPs)**

**6.1 – Domestic** YES/NO

(a) If Yes: How many of these clients does your firm have? .....

**6.2 – Foreign** YES/NO

If Yes:

(a) How many of these clients does your firm have? .....

(b) Please advise in which jurisdiction(s)? \_\_\_\_\_

**7. Non face-to-face clients (service provided without meeting the client)** YES/NO

7.1 If Yes: How many of these clients does your firm have? .....

**8. Geographical Exposure**

8.1 Do you have any clients within high-risk jurisdiction(s)? YES/NO

If Yes:

(a) Please advise in which jurisdiction(s)? \_\_\_\_\_

(b) How many clients do you have within high risk jurisdiction(s)?  
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8.2 Do any of your clients provide business activities within a high-risk jurisdiction? YES/NO

If Yes: Please advise which jurisdiction(s)? \_\_\_\_\_

**9. High Net Worth Individuals - Individuals who have a net worth of €20m or more?** YES/NO

9.1 If Yes: How many of these clients does your firm have? .....

**10. Uncooperative clients - such as clients that are not always open about their activities or difficult to access due to their overseas location?** YES/NO

10.1 If Yes: How many of these clients does your firm have? .....

**11. How many Suspicious Transaction Reports have been submitted by your firm to FIU Ireland within the Garda Síochána and the Revenue Commissioners within the past 12 months?**

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