

AML Compliance Report – Tax Adviser

1. Name of designated person	Business Address

2. Legal status of the business conducted by the “designated person”

<input type="checkbox"/> Sole Trader	<input type="checkbox"/> Corporate Body
<input type="checkbox"/> Partnership	
Do you have Branch offices?	Y <input type="checkbox"/> N <input type="checkbox"/> Please provide a full list of branch offices on separate sheet

3. Has the “designated person” undertaken an assessment of the risk of money laundering/ terrorist financing to its business? Y ☐ N ☐

4. Has the “designated person” put in place policies and procedures, to prevent and detect the commission of money laundering and terrorist financing, dealing with the following:-

- | | |
|--|---|
| a. the assessment and management of risks of money laundering or terrorist financing, | Y <input type="checkbox"/> N <input type="checkbox"/> |
| b. internal controls, including internal reporting procedures for the purposes of making suspicious transaction reports to the Garda Síochána and the Revenue Commissioners, | Y <input type="checkbox"/> N <input type="checkbox"/> |
| c. steps taken to monitor dealings with a client in accordance with section 35 of the Act (business relationships). | Y <input type="checkbox"/> N <input type="checkbox"/> |
| d. the identification and scrutiny of complex or large transactions, | Y <input type="checkbox"/> N <input type="checkbox"/> |
| e. unusual patterns of transactions that have no apparent economic or visible lawful purpose, | Y <input type="checkbox"/> N <input type="checkbox"/> |
| f. any other activity particularly likely, by its nature, to be related to money laundering or terrorist financing | Y <input type="checkbox"/> N <input type="checkbox"/> |
| g. measures taken to prevent the use for money laundering or terrorist financing of transactions or products that could favour or facilitate anonymity. | Y <input type="checkbox"/> N <input type="checkbox"/> |

5. Have all persons involved in the conduct of the your business :-

- | | |
|---|---|
| a. been instructed on the law relating to money laundering and terrorist financing? | Y <input type="checkbox"/> N <input type="checkbox"/> |
| b. provided with ongoing training on identifying a transaction or other activity that may be related to money laundering or terrorist financing? | Y <input type="checkbox"/> N <input type="checkbox"/> |
| c. provided with ongoing training on how to proceed once a suspected money laundering or terrorist financing transaction or activity is identified? | Y <input type="checkbox"/> N <input type="checkbox"/> |

6. Please confirm that records evidencing the procedures applied, and information obtained under Customer Due Diligence requirements for each customer/client are maintained in relation to:-

- | | |
|---|---|
| a. all documents used to verify the identity of customers or beneficial owners in accordance with section 33 of the Act | Y <input type="checkbox"/> N <input type="checkbox"/> |
| b. information (reasonably warranted by the risk of money laundering/terrorist financing) on the purpose and intended nature of a business relationship with each customer/client | Y <input type="checkbox"/> N <input type="checkbox"/> |
| c. Information (reasonably warranted by the risk of money laundering/terrorist financing) relating to scrutinising transactions and the source of wealth or of funds for transactions | Y <input type="checkbox"/> N <input type="checkbox"/> |
| d. steps to determine whether or not a customer/client (or beneficial owner, family member etc) is a “ <i>politically exposed person</i> ” in accordance with section 37 of the Act. | Y <input type="checkbox"/> N <input type="checkbox"/> |

7. Regulatory Issues

In any case where the response to any of the following questions is yes, full details should be given on a separate sheet and referenced to the appropriate question.

- | | |
|---|---|
| a. Is the designated person authorised/licensed by the Central Bank of Ireland or any other Regulatory Authority for any activity? | Y <input type="checkbox"/> N <input type="checkbox"/> |
| b. Has the designated person ever applied to be authorised/licensed by the Central Bank of Ireland or any other Regulatory Authority for any activity? | Y <input type="checkbox"/> N <input type="checkbox"/> |
| c. Is the applicant entity supervised by, or a member of, any professional or regulatory body in the State? (E.g. a designated accountancy body, the Irish Taxation Institute, the Law Society of Ireland or the General Council of the Bar of Ireland or other.) | Y <input type="checkbox"/> N <input type="checkbox"/> |

8. Trust or Company Service Providers - Please indicate if you provide any of the services below:

- | | |
|--------------------------|---|
| <input type="checkbox"/> | A forming companies or other bodies corporate |
| <input type="checkbox"/> | B acting as a director or secretary of a company under an arrangement with a person other than the company |
| <input type="checkbox"/> | C arranging for another person to act as a director or secretary of a company |
| <input type="checkbox"/> | D acting, or arranging for a person to act, as a partner of a partnership |
| <input type="checkbox"/> | E providing a registered office, business address, correspondence or administrative address or other related services for a body corporate or partnership |
| <input type="checkbox"/> | F acting, or arranging for another person to act, as a trustee of a trust |
| <input type="checkbox"/> | G acting, or arranging for another person to act, as a nominee shareholder for a person other than a company whose securities are listed on a regulated market. |

NB: If you have indicated that you are providing any of the above services you must be the holder of an authorisation issued by the Minister for Justice and Equality unless you are (a) a member of a designated accountancy body; (b) a barrister or solicitor; (c) a credit institution or financial institution.

9. Compliance Statement by the “designated person”

- I. I confirm that I have truthfully and fully answered all the relevant questions on this form and disclosed any other relevant information.*
- II. I am in a position to demonstrate to the competent authority that the above named “designated person” is meeting the requirements of Part 4 of the Criminal Justice (Money Laundering and Terrorist Financing) Act 2010.*

Signed by or on behalf of “designated person”:

Date

D M Y

Position in company
(if applicable):

The completed form should be returned to:-
 Department of Justice and Equality, Anti-Money Laundering Compliance Unit,
 2nd Floor, Bishops Square, Redmond's Hill, Dublin 2.