# Key Aspects of an AML/CTF system

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### Chapter 1 – Overview

- 1.4: Purposes –
- a. General background on ML/TF and the applicable legislation
- b. Guidance in designing and implementing AML/CTF systems so as to meet statutory & regulatory requirements

### Chapter 1 – Overview

1.6 - 1.7:

- Not exhaustive list of means
- But if departure from the Guideline, FIs will have to stand prepared to justify such to IA with documented rationale

### Chapter 2 – AML/CFT systems

- 2.2: **establish** & **implement** AML/CFT systems, taking into account risk factors (2.3-2.8)
- 2.1 & 2.9:

#### **AML/CFT** systems = internal P&P + Controls\*

\* senior management oversight

- \* appointing CO & MLRO
- \* compliance & audit function
- \* staff screening & training



 Some requirements under AMLO/Guideline are not incorporated in the AML/CTF policies and procedures without justification

Reliance on insurer's AML/CTF policy

(Ref: Guideline paragraph 1.7)

### Chapter 3 – Risk-Based Approach

- RBA: identify & categorize ML/TF risks and apply corresponding measures
- 3.2: **determine** extent of CDD measures & ongoing monitoring, using RBA
  - measures **must** comply with the AMLO requirements

### Chapter 3 – Risk rating on customer

- 3.4, 3.6: assess ML/TF risks of customers by assigning a **risk rating** to the customers; **adjust** risk assessment from time to time
- 3.5: consider risk factors:
  - country
  - customer
  - product/service
  - delivery/distribution channel
- 3.8: record keeping and justification

- Risk assessment methodology not laid down
- No documentary evidence that risk assessments were conducted on customers and that ratings were assigned.

(Ref: Guideline paragraph 3.4 & 3.8)

### Chapter 4 – CDD measures

#### 4.1.3: CDD measures

- a. customer
- b. beneficial owner (BO)
- c. purpose & intended nature of the business relationship (unless obvious)
- d. person purports to act on behalf of the customer
- e. beneficiary (4.4a.1)

Customer Service

# Chapter 4 – Timing of identification & verification of identity

- 4.7.3: Complete CDD before establishing any business relationship, except:
- 4.7.4 & 4.7.5a conditions including ML/TF risks are effectively managed etc.
- 4.7.8 complete verification within the specified

timeframe

- » 30 working days
- » 90 working days
- » 120 working days

### Chapter 4 – Keeping customer information up-to-date & relevant

4.7.12, 4.7.12a:

- on triggering events
- Annual review for all <u>high</u> risk customers



# Chapter 4 – Simplified Customer Due Diligence (SDD)

4.10.1: SDD=CDD except not required to identify & verify BO; but ongoing monitoring is still required.

Applicable to specific customers (4.10.3) & specific products (4.10.15)

4.10.2: **No SDD when** –

- suspicion of ML/TF
- doubts the veracity & adequacy of information previously obtained

# Chapter 4 – Enhanced Due Diligence (EDD)

- 4.11.1: Any high ML/TF risk situation, apply EDD -
  - Additional customer info; regular profile updates
  - Additional info on the intended nature of the business relationship, source of wealth and funds
  - Senior management's approval
  - Enhanced monitoring



- Missing copies of customers' identification documents
- Identity cards' images were not legible
- Utility bills used as address proof were issued beyond 3 months
- Address shown on address proof is not the same as the one stated in the application form

(Ref: Guideline paragraph 4.1.3 & 4.8.10)



### **Chapter 5 – Ongoing Monitoring**

- 5.1: Continuously monitor business relationship with a customer by:
  - Review from time to time CDD documents, data and information to ensure up-to-date and relevant
  - Scrutinize transactions with customers to ensure they are consistent with the customer's risk profile
  - Identify transactions that are complex, unusually large in amount or of an unusual pattern, or have no economic or lawful purpose

#### Chapter 6 – Screening



Prohibitions - UNSO(6.3), UNATMO(6.13,6.14), WMDO(6.17)

6.4, 6.16: IA's circulars to FIs on designated persons & entities

6.18: required "Screening" against up-to-date list

6.21: accessibility by staff

6.22: when to perform screening

6.25: screening results documented & recorded

6.26: file STR

- No evidence that PEP / terrorist checking (such as making reference to publicly available information and screening against current terrorist and sanctions designations) was performed against the customers.
- Use of third party vendor to conduct comprehensive screening

(Ref: Guideline paragraph 4.13.9, 6.20 & 6.22)

#### Chapter 7 – STR

- 7.7: Sufficient guidance for staff (including agents); ref annexes I & II for e.g. of suspicious transactions
- 7.19: MLRO; its roles (7.19-7.30, 7.33, 7.36)
  - Central reference point for reporting suspicious transactions
  - Sufficient status & adequate resources
  - Active role
  - Take reasonable steps to consider all relevant information
- 7.25, 7.31, 7.32: reports made to MLRO and JFIU must be documented



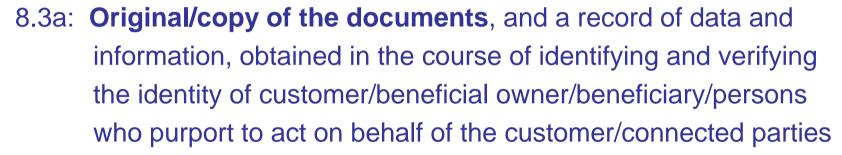
 Not all staff including agents are made aware of the identity of the MLRO

(Guideline paragraph 7.23)



### Chapter 8 – Record Keeping

Documents/information obtained during CDD



- 8.3b: For the purposes of EDD or ongoing monitoring
- 8.3c: On the purpose and intended nature of the business relationship
- 8.3d: In relation to the **customer's account** and **business correspondence** (e.g. insurance application form, risk assessment form)

### Chapter 8 – Record Keeping

- 8.5: Transaction records which should be sufficient to
  - permit reconstruction of individual transactions
  - establish a financial profile of any suspect account or customer

 Misconceptions by insurance agencies and brokers that copies of identification documents were not required to be kept if they had already been sent to the insurer

(Ref: Guideline paragraph 8.3 & 8.4)



### Chapter 9 - Staff training

- 9.7: training packages tailored to different groups of staff (including agents)
- 9.9: training records
- 9.10: monitoring the training effectiveness



 Inadequate training to staff to maintain their AML/CFT knowledge and competence

 Training records showing who have been trained, when the staff received training and the type of the training provided were not kept

(Ref: Guideline paragraph 9.3 & 9.9)

 Some outdated and incorrect information was noted in the training materials.

(Ref: Guideline paragraph 9.2)

Customized training for different groups of staff

(Ref: Guideline paragraph 9.7)





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