**Introduction**

This declaration is required to be answered by company director, senior manager, authorised officer, personal legal representative, Money Laundering Reporting Officer (‘**MLRO**’), or Nominated Officer as applicable. This means the customer will answer the questionnaire at an ultimate parent/head office & subsidiary level for which any branches would be considered covered by that parent/subsidiary dec.

1. **Entity & Ownership**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Details | Attach | Response |
| 1.1 | **Legal Name** |  |  |
| 1.2 | **Trade Name** |  |  |
| 1.3 | **Type of Legal Entity** |  |  |
| 1.4 | **Country of incorporation** |  |  |
| 1.5 | **Date of incorporation** |  |  |
| 1.6 | **Registered Address** |  |  |
| 1.7 | **Website** |  |  |
| 1.8 | **Name of the key Regulatory Authority** |  |  |
| 1.9 | **Registration Number at the key Regulatory Authority’s Register** |  |  |
| 1.10 | **Registration Number at the competent Trade or Company Register** | image of Unicode Character 'PAPERCLIP' (U+1F4CE)*Evidence*  |  |

1. **Authorised Officer Details – Preferably MLRO/Nominated Officer**

|  |  |  |
| --- | --- | --- |
|  | Details | Response |
| 2.1 | **Name of person completing this questionnaire** |  |
| 2.2 | **Reference Number (Individual)** |  |
| 2.3 | **Position** |  |
| 2.4 | **Residential address** |  |
| 2.5 | **Nationality** |  |
| 2.6 | **Date of Birth** |  |
| 2.7 | **Contact Number** |  |
| 2.8 | **Email address** |  |

1. **Branches/Shopfronts**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | 3.a. Branch Location(complete as appropriate): | 3.b. Address (keep and complete as appropriate) | 3.c. Principal/Agent/Sub Agent status (complete as appropriate): | 3.d Services Requested by Viva Wallet (keep the ones applicable) |
|  | *(Eg. London)* | *(Eg, Trafalgar Square, Charing Cross, London WC2N 5DN)* | *(Principal, Agent, Sub-agent)* | *Cards Acquiring / Fund Transfers / Card Issuing* |
| 3.1 |  |  |  |  |
| 3.2 |  |  |  |  |
| 3.3 |  |  |  |  |

1. **MLRO/Nominated Officer Questions**

|  |  |  |
| --- | --- | --- |
|  | Question | Response |
| 4.1 | Which existing bank accounts in the country you operate in do you hold? |  |
| 4.2 | Does the MSB use bank accounts in third countries, if so which ones and where (or is it part of a network)? |  |
| 4.3 | When was your AML/CTF program last reviewed? |  |
| 4.4 | How often is your AML/CTF program reviewed? |  |
| 4.5 | Have you performed an AML/CTF risk assessment of your organisation, if so when? |  |
| 4.6 | What limits are imposed on transactions under your AML program? |  |
| 4.7 | Does the company have a monitoring system to detect suspicious activity? |  |
| 4.8 | How many people analyse transactional activity/is this function outsourced? |  |
| 4.9 | Does your institution provide AML training to new and existing employees? If this is provided by a principal or external agency, please detail here. |  |

*Please attach a copy of your AML/CTF program/policy*

1. **Money Flows - Outbound**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Country | % | Volume Out (€) | Volume Out (Freq) |
| 5.1 | *Country* | *%* | *€* |  |
| 5.2 | *Country* | *%* | *€* |  |
| 5.3 | *Country* | *%* | *€* |  |
| 5.4 | *Country* | *%* | *€* |  |
| 5.5 | *Country* | *%* | *€* |  |

1. **Money Flows - Inbound**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Country | % | Volume In (€) | Volume In (Freq) |
| 6.1 | *Country* | *%* | *€* |  |
| 6.2 | *Country* | *%* | *€* |  |
| 6.3 | *Country* | *%* | *€* |  |
| 6.4 | *Country* | *%* | *€* |  |
| 6.5 | *Country* | *%* | *€* |  |

1. **Questionnaire**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Question | Yes | No |
| 7.1 | Has any director, manager, authorised officer/signatory, or shareholder of the company previously held a position of ownership or control in another business subject to money laundering regulations? |[ ] [ ]
| 7.2 | Has any director, manager, authorised officer/signatory, or shareholder of the company ever been charged or convicted of any offence including but not limited to: |[ ] [ ]
| 7.2.1 | *•* | Aiding and abetting tax evasion, fraud, dishonesty, breach of trust or tax offences, in any country, including any conviction relating to financial crime? |[ ] [ ]
| 7.2.2 | *•* | been declared bankrupt, or entered into any compromise with creditors or liquidators (voluntary or involuntary) related to bankruptcy or insolvency or are you, a director or manager currently the subject of bankruptcy proceedings actual, pending or threatened? |[ ] [ ]
| 7.2.3 | *•* | failed to satisfy a judgment debt under a Court Order made in any country within one year of the order being enforced? |[ ] [ ]
| 7.2.4 | *•* | disqualified, restricted or sanctioned, in any country, by a Court, from acting in the capacity of a director of a company, a member of management of a company or conducting in the affairs of any limited company or other legal entity? |[ ] [ ]
| 7.2.5 | *•* | prohibited, suspended or refused the right in any country, to carry on any trade, business or profession for which a specific license, registration or other authority is required? |[ ] [ ]
| 7.2.6 | *•* | disqualified, restricted or sanctioned by the Financial Conduct Authority or equivalent regulator abroad? |[ ] [ ]
| 7.3 | Has any director, manager, authorised officer/signatory, or shareholder of the company previously violated any laws regarding issues like Bribery, Terrorism Fraud etc.? |  |  |

*If the answer is “Yes”, to any of the questions above, please provide a detailed explanation below and if necessary, on a separate sheet and attach to this form.*

|  |
| --- |
| Explanation |
|  |

**PERSONAL DATA PRIVACY NOTICE**

The personal data that you have provided, and that of your company, will be recorded, stored and used in accordance with the requirements of the respective local *Data Protection Regulation* and used in accordance with section 8 of the [VivaWallet Terms and Conditions](https://www.vivawallet.com/gb_en/terms-and-conditions-gb).

**DECLARATION STATEMENT**

I, the undersigned Officer/Director/Owner/Shareholder/Manager/Legal Representative certify that I have read and understood this declaration, that the answers provided are complete and correct to my honest belief, truthfully and accurately all the questions in this questionnaire. I attest that all documentation and information provided to VivaWallet is truthful and accurate. I understand that, VivaWallet may verify the information that I have provided, and I consent to VivaWallet making enquiries relating to the answers I have provided. This may include the use of third parties and external sources and searches to verify. I further understand that any inaccuracies or misrepresentations may impact the continuing relationship between VivaWallet and our Company. I undertake that we will promptly notify VivaWallet of any changes in the information provided. I certify that I am authorized to execute this declaration on behalf of the Company.

|  |  |  |
| --- | --- | --- |
| **Name of Individual:** | *<Insert Name>* |  |
| **Position:** | *<Insert Position>* |  |
| **Phone Number**: | *<Insert Number>* | **Email Address:** | *<Insert Email Address>* |

*If applicable, please attach authority appointing the Legal Representative*

|  |  |
| --- | --- |
| **Name of Legal Representative:** *<Insert Name/Law Firm>* |  |
| **Phone Number:***<Insert Number>* | **Email Address:** | *<Insert Email Address>* |