



MSSB/RA_01/2015

29 July 2015

Risk Assessment Questionnaire

Message to Money Service Operators regarding this Risk Assessment Questionnaire

The aim of this risk assessment questionnaire is to collect information from the money service operators (“MSO”) sector in order to assist the Commissioner of Customs and Excise (“CCE”) in conducting a comprehensive risk assessment of the sector in preparation for the next round of mutual evaluation of the anti-money laundering and counter financing of terrorism (“AML/CFT”) regime of Hong Kong by the Financial Action Task Force (“FATF”), an international AML/CFT standard setter. Besides, your effort and cooperation in this regard will help the CCE to calibrate and formulate strategies aiming at promoting the level of MSO sector in compliance with the statutory requirements under the Anti-Money Laundering and Counter-Terrorist Financing (Financial Institutions) Ordinance, Chapter 615 (“AMLO”), Laws of Hong Kong.

To facilitate the identification and assessment of the risks and vulnerabilities pertaining to MSOs from the overall sector perspective, the information requested covers the period from the operation of the AMLO on 1 April 2012 to 30 June 2015 inclusive.

Please complete and return the questionnaire to us through one of the following channels **within 10 days** upon receipt of the questionnaire. You are invited to tick the appropriate boxes and provide the relevant details where appropriate. Any additional information can be provided in the Annex attached. The questionnaire is downloadable from the website of the Customs and Excise Department at https://eservices.customs.gov.hk/MSOS/common/otherInfo?request_locale=en. Thank you.

(1) By post:

Money Service Supervision Bureau
Customs and Excise Department
13/F, Customs Headquarters Building
222 Java Road, North Point, Hong Kong

(2) By fax : (852) 3759 3741 or (852) 3108 3425

(3) By email : ra_assessment@customs.gov.hk

For enquiries, please contact our officers during office hours at the following telephone numbers:

(852) 3759 3720

(852) 3759 3723

(852) 3759 3742

Risk Assessment Questionnaire

General Information

Name of MSO : _____

MSO Licence Number : _____

Date of the Commencement of Money Service Business: _____dd/_____mm/_____yyyy

Type of Money Services provided: Money Changing Remittance

Business Type: Sole Proprietorship Partnership Corporation

Number of Staff: _____

Number of Branch(es)/Subsidiary(ies)

Local: _____ Branch(es) _____ Subsidiary(ies)

Foreign: _____ Branch(es) _____ Subsidiary(ies)

Jurisdiction of Head Office: (if applicable) _____

Name of Contact Person : _____

Position: _____ Phone No. : _____

Fax No.: _____ Email Address: _____

Note: For the purpose of this questionnaire, 'staff or staff members' applies to the sole proprietor or sole director who runs the MSO business without employing staff.

Disclaimer

The information collected in this questionnaire will be used by the Department only for assessing the risks and vulnerabilities of the overall MSO sector, and the outcome of the assessment will not be in a form that will identify any of the individuals. The questions in the questionnaire are not intended to imply a single set of universally applicable measures, nor should be construed as a guide to assist MSOs in meeting their obligations. Where necessary, MSOs should seek independent advice from compliance and/or legal professionals for compliance with the legal and regulatory requirements.

No.	Questions	Yes	No								
1	To the best of your knowledge, does your company believe that administrative enforcement action would be initiated by the regulatory authority in case the company is in breach of the AML requirements?	<input type="checkbox"/>	<input type="checkbox"/>								
2	Does your company regard the criminal sanctions regime for the AML requirements as sufficiently dissuasive to positively influence the behavior patterns of your staff members in AML compliance?	<input type="checkbox"/>	<input type="checkbox"/>								
3	To the best of your knowledge, does your company believe that criminal enforcement action would be initiated by the regulatory authority in case the company is in breach of the AML requirements?	<input type="checkbox"/>	<input type="checkbox"/>								
4	<p>Does your company have any educational requirements (e.g. secondary, tertiary education, etc.) in the employment of staff members responsible for AML-related work?</p> <p>If yes, please briefly provide the educational requirements:</p> <p>_____</p> <p>If your company is operated by you without any staff members, please provide information regarding your educational level:</p> <p>_____</p>	<input type="checkbox"/>	<input type="checkbox"/>								
5	<p>Does your AML compliance programme include the following? (may tick more than one)</p> <ul style="list-style-type: none"> • Compliance manual • Regular review of clients • Appointment of well-qualified full-time compliance staff • Appointment of well-qualified part-time compliance staff 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>								
6	<p>Does your company require the applicant or staff in AML-related work to declare on the employment documentation as to whether he/she has been convicted of serious criminal offence? (e.g. offence involving fraud or deception, etc.)</p> <p>When interviewing an applicant for the AML-related work of your company, will you make enquiries about whether he/she is clear of serious criminal record?</p> <p>Does your company have current staff members with serious criminal record?</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>								
7	<p>Have your staff members been subject to any prosecution action related to money laundering/terrorist financing (“ML/TF”) offence? (e.g. willful blindness to suspicious transactions, tip-off, etc.)</p> <p>If yes, please specify the number of staff members involved in:</p> <table border="1" data-bbox="199 1848 1197 1993"> <thead> <tr> <th data-bbox="199 1848 454 1915">2012 (Apr-Dec)</th> <th data-bbox="454 1848 702 1915">2013 (Jan-Dec)</th> <th data-bbox="702 1848 949 1915">2014 (Jan-Dec)</th> <th data-bbox="949 1848 1197 1915">2015 (Jan-Jun)</th> </tr> </thead> <tbody> <tr> <td data-bbox="199 1915 454 1993">()</td> <td data-bbox="454 1915 702 1993">()</td> <td data-bbox="702 1915 949 1993">()</td> <td data-bbox="949 1915 1197 1993">()</td> </tr> </tbody> </table>	2012 (Apr-Dec)	2013 (Jan-Dec)	2014 (Jan-Dec)	2015 (Jan-Jun)	()	()	()	()	<input type="checkbox"/>	<input type="checkbox"/>
2012 (Apr-Dec)	2013 (Jan-Dec)	2014 (Jan-Dec)	2015 (Jan-Jun)								
()	()	()	()								

No.	Questions	Yes	No												
8	<p>Will your staff members who report, in good faith, any suspicious transactions be condemned by the company?</p> <p>If they will be condemned by the company, please specify the reason for so doing:</p> <p>_____</p>	<input type="checkbox"/>	<input type="checkbox"/>												
9	<p>Did your company provide AML training programme(s) to staff members?</p> <p>If yes, please provide the number of training sessions in:</p> <table border="1" data-bbox="204 517 1198 663"> <thead> <tr> <th data-bbox="204 517 451 562">2012</th> <th data-bbox="451 517 699 562">2013</th> <th data-bbox="699 517 946 562">2014</th> <th data-bbox="946 517 1198 562">2015</th> </tr> <tr> <th data-bbox="204 562 451 607">(Apr-Dec)</th> <th data-bbox="451 562 699 607">(Jan-Dec)</th> <th data-bbox="699 562 946 607">(Jan-Dec)</th> <th data-bbox="946 562 1198 607">(Jan-Jun)</th> </tr> </thead> <tbody> <tr> <td data-bbox="204 607 451 663">()</td> <td data-bbox="451 607 699 663">()</td> <td data-bbox="699 607 946 663">()</td> <td data-bbox="946 607 1198 663">()</td> </tr> </tbody> </table> <p>The training programme(s) attended by your staff members was/were organized by: (may tick more than one)</p> <ul style="list-style-type: none"> <li data-bbox="204 779 1273 813">• Customs and Excise Department and/or the Financial Services and the Treasury Bureau <input type="checkbox"/> <input type="checkbox"/> <li data-bbox="204 875 1273 1037">• Local Association (please specify) <input type="checkbox"/> <input type="checkbox"/> Name of the association: _____ Type of training provided: _____ <li data-bbox="204 1099 1273 1261">• Local Training Institution (please specify) <input type="checkbox"/> <input type="checkbox"/> Name of the training institution: _____ Type of training provided: _____ <li data-bbox="204 1323 1273 1485">• Others (please specify) <input type="checkbox"/> <input type="checkbox"/> _____ _____ 	2012	2013	2014	2015	(Apr-Dec)	(Jan-Dec)	(Jan-Dec)	(Jan-Jun)	()	()	()	()	<input type="checkbox"/>	<input type="checkbox"/>
2012	2013	2014	2015												
(Apr-Dec)	(Jan-Dec)	(Jan-Dec)	(Jan-Jun)												
()	()	()	()												
10	<p>Have your staff members been provided with the necessary AML training to ensure that they could carry out their duties competently?</p>	<input type="checkbox"/>	<input type="checkbox"/>												
11	<p>Does your business involve clients in other jurisdictions?</p> <p>If yes, does your company's AML training programme encompass the AML-related knowledge of those jurisdictions?</p>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>												
12	<p>Do your staff members have a good knowledge of and are regularly updated on money laundering schemes including potential misuse of the money service business?</p>	<input type="checkbox"/>	<input type="checkbox"/>												
13	<p>Are your staff members aware of AML compliance and obligations?</p>	<input type="checkbox"/>	<input type="checkbox"/>												

No.	Questions	Yes	No								
14	Do your staff members understand the legal consequences of AML compliance breaches?	<input type="checkbox"/>	<input type="checkbox"/>								
15	Does your company have an internal compliance programme that is commensurate to the level of risk within the business? If not, is your company planning to introduce a risk-based compliance programme? Please indicate the estimated date of its implementation if applicable: _____	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								
16	Does your company perform compliance risk assessment and customer rating which includes the following? (may tick more than one) <ul style="list-style-type: none"> • Jurisdictions of end-users • Client base profile, e.g. business type, complex ownership structure • Volume and nature of products/services provided • Frequency of international transactions 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>								
17	Does your company's compliance programme ensure that the compliance officer is: (may tick more than one) <ul style="list-style-type: none"> • of a sufficient level of seniority and authority within the company • equipped with sufficient resources, e.g. appropriate cover for the absence of the compliance officer • fully conversant with the company's statutory and regulatory requirements • capable of accessing, on a timely basis, all available information 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>								
18	Have your staff members been subject to warning, termination of employment or other internal disciplinary action by your company for breach of the company's compliance policy? If yes, please specify the number of staff members involved in: <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 25%;">2012 (Apr-Dec)</th> <th style="width: 25%;">2013 (Jan-Dec)</th> <th style="width: 25%;">2014 (Jan-Dec)</th> <th style="width: 25%;">2015 (Jan-Jun)</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">()</td> <td style="text-align: center;">()</td> <td style="text-align: center;">()</td> <td style="text-align: center;">()</td> </tr> </tbody> </table>	2012 (Apr-Dec)	2013 (Jan-Dec)	2014 (Jan-Dec)	2015 (Jan-Jun)	()	()	()	()	<input type="checkbox"/>	<input type="checkbox"/>
2012 (Apr-Dec)	2013 (Jan-Dec)	2014 (Jan-Dec)	2015 (Jan-Jun)								
()	()	()	()								
19	Does your company have an internal audit function to assess the AML/CFT system?	<input type="checkbox"/>	<input type="checkbox"/>								
20	Does your company have an external audit function to assess the AML/CFT system?	<input type="checkbox"/>	<input type="checkbox"/>								
21	Does your company use the following ways to monitor client transactions and compare them against the client profiles? (may tick more than one) <ul style="list-style-type: none"> • Computer/Information system • Manual work If manual work is used, please advise the frequency in monitoring client transactions (e.g. daily, weekly, monthly, etc.): _____	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								
22	With regard to the keeping of transaction record that facilitates AML screening and monitoring, which of the following format(s) is/are used by your company? (may tick more than one)										

No.	Questions	Yes	No																				
	<ul style="list-style-type: none"> • Paper file • Database of a computer • Microfilm • Others (please specify): _____ 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																				
23	Does your company's monitoring system enable the screening of politically exposed persons?	<input type="checkbox"/>	<input type="checkbox"/>																				
24	Are your staff members aware that transactions should not be conducted with countries that appear as sanctioned entities on the lists provided by governments/international bodies?	<input type="checkbox"/>	<input type="checkbox"/>																				
25	Does your company screen the customer database to ensure that special attention has been paid to high-risk customers (e.g. persons who are on the lists issued by international bodies) prior to completing any transactions, or deciding whether or not to provide service to such customers?	<input type="checkbox"/>	<input type="checkbox"/>																				
26	Does the monitoring system of your company assist your staff members in effectively identifying and recording all complex or unusual large transactions?	<input type="checkbox"/>	<input type="checkbox"/>																				
27	Does the monitoring system of your company assist your staff members in effectively identifying and reporting suspicious transactions?	<input type="checkbox"/>	<input type="checkbox"/>																				
28	Do your staff members have a good understanding of the scope of their obligations and procedures with respect to reporting suspicious transactions?	<input type="checkbox"/>	<input type="checkbox"/>																				
29	Does your company require the staff members to identify and/or verify the identity of beneficial owner, if any?	<input type="checkbox"/>	<input type="checkbox"/>																				
30	Does your company require the staff members to use reliable identification documentation (e.g. government issued identity card) for customer due diligence ("CDD") measures?	<input type="checkbox"/>	<input type="checkbox"/>																				
31	Does your company require the staff members to confirm the existence of corporations/non-corporate entities using independent source documents if necessary? (e.g. independently identify/verify the corporation by a search of the record at the Companies Registry)	<input type="checkbox"/>	<input type="checkbox"/>																				
32	Please provide the transaction information in the following periods: <table border="1" data-bbox="201 1485 1272 2018" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th data-bbox="201 1485 493 1677">Transaction Periods</th> <th data-bbox="493 1485 740 1677">Money Changing (in HKD)</th> <th data-bbox="740 1485 1003 1677">Remittance (exclude wire transfers) (in HKD)</th> <th data-bbox="1003 1485 1272 1677">Wire Transfer (in HKD)</th> </tr> </thead> <tbody> <tr> <td data-bbox="201 1677 493 1774">From 1 April 2012 to 31 December 2012</td> <td data-bbox="493 1677 740 1774"></td> <td data-bbox="740 1677 1003 1774"></td> <td data-bbox="1003 1677 1272 1774"></td> </tr> <tr> <td data-bbox="201 1774 493 1870">From 1 January 2013 to 31 December 2013</td> <td data-bbox="493 1774 740 1870"></td> <td data-bbox="740 1774 1003 1870"></td> <td data-bbox="1003 1774 1272 1870"></td> </tr> <tr> <td data-bbox="201 1870 493 1966">From 1 January 2014 to 31 December 2014</td> <td data-bbox="493 1870 740 1966"></td> <td data-bbox="740 1870 1003 1966"></td> <td data-bbox="1003 1870 1272 1966"></td> </tr> <tr> <td data-bbox="201 1966 493 2018">From 1 January 2015 to</td> <td data-bbox="493 1966 740 2018"></td> <td data-bbox="740 1966 1003 2018"></td> <td data-bbox="1003 1966 1272 2018"></td> </tr> </tbody> </table>	Transaction Periods	Money Changing (in HKD)	Remittance (exclude wire transfers) (in HKD)	Wire Transfer (in HKD)	From 1 April 2012 to 31 December 2012				From 1 January 2013 to 31 December 2013				From 1 January 2014 to 31 December 2014				From 1 January 2015 to					
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30 June 2015											
Total											
33	<p data-bbox="204 629 1289 663">Does the client base of your business consist of the following categories? (may tick more than one)</p> <ul style="list-style-type: none"> <li data-bbox="204 674 1289 707">a. Local or foreign politically exposed persons <li data-bbox="204 719 1289 752">b. High-net-worth individuals (e.g. rich people) <li data-bbox="204 763 1289 842">c. Non-Hong Kong residents who are associated with high-risk jurisdictions (e.g. jurisdictions on the lists issued by governments/international bodies) <li data-bbox="204 853 1289 887">d. Clients with foreign business <li data-bbox="204 898 1289 931">e. Clients with personal interests <li data-bbox="204 943 1289 1021">f. Clients with criminal record or past supervisory actions against them (e.g. known from public information) <li data-bbox="204 1032 1289 1111">g. Clients with business links to known high-risk jurisdictions (e.g. jurisdiction on a sanctioned list) <li data-bbox="204 1122 1289 1155">h. Clients of legal entities with complex ownership and control structures <li data-bbox="204 1167 1289 1245">i. Professional intermediaries in jurisdictions with low or non-existent CDD requirements (e.g. jurisdictions subject to a call on the FATF’s members to apply counter-measures) 	<input data-bbox="1321 674 1353 707" type="checkbox"/> <input data-bbox="1321 719 1353 752" type="checkbox"/> <input data-bbox="1321 763 1353 797" type="checkbox"/> <input data-bbox="1321 853 1353 887" type="checkbox"/> <input data-bbox="1321 898 1353 931" type="checkbox"/> <input data-bbox="1321 943 1353 976" type="checkbox"/> <input data-bbox="1321 1032 1353 1066" type="checkbox"/> <input data-bbox="1321 1122 1353 1155" type="checkbox"/> <input data-bbox="1321 1167 1353 1200" type="checkbox"/>	<input data-bbox="1417 674 1449 707" type="checkbox"/> <input data-bbox="1417 719 1449 752" type="checkbox"/> <input data-bbox="1417 763 1449 797" type="checkbox"/> <input data-bbox="1417 853 1449 887" type="checkbox"/> <input data-bbox="1417 898 1449 931" type="checkbox"/> <input data-bbox="1417 943 1449 976" type="checkbox"/> <input data-bbox="1417 1032 1449 1066" type="checkbox"/> <input data-bbox="1417 1122 1449 1155" type="checkbox"/> <input data-bbox="1417 1167 1449 1200" type="checkbox"/>								
34	<p data-bbox="204 1317 1289 1395">Does your company require the staff members to handle the categories of clients, as ticked ‘Yes’ by you in question 33 above, with appropriate CDD having regard to their respective risks?</p> <p data-bbox="204 1458 1289 1536">If not, please specify the category(ies) of clients which is/are handled without due regard to their respective risks?</p> <hr data-bbox="204 1570 1273 1581"/>	<input data-bbox="1321 1317 1353 1350" type="checkbox"/>	<input data-bbox="1417 1317 1449 1350" type="checkbox"/>								
35	<p data-bbox="204 1624 1289 1702">Do you use specified intermediaries (e.g. accountant, solicitor, etc.) as permitted by laws to conduct CDD measures for your business?</p> <p data-bbox="204 1765 1289 1888">If yes, did you obtain satisfactory evidence to confirm the status and eligibility of the intermediary or take steps to ensure the reliability and competence of the intermediary to perform CDD for your company?</p>	<input data-bbox="1321 1624 1353 1657" type="checkbox"/> <input data-bbox="1321 1765 1353 1798" type="checkbox"/>	<input data-bbox="1417 1624 1449 1657" type="checkbox"/> <input data-bbox="1417 1765 1449 1798" type="checkbox"/>								
36	<p data-bbox="204 1930 1289 2002">Please indicate which of the following payment method(s) is/are used in respect of the money service transactions by your company and the respective percentage in the total turnover of the</p>										

No.	Questions	Yes	No
	<p>business. (For the period from your company becomes an MSO licensee to 30 June 2015) (may tick more than one)</p> <p>By cash _____ %</p> <p>By cheque _____ %</p> <p>By bank account transfers _____ %</p> <p>By counter-balance _____ %</p> <p>By others, please specify the type and _____ (payment method) percentage _____ %</p>		
37	<p>Does your company provide remittance service (excluding wire transfer)?</p> <p>If yes, please list out the 3 main jurisdictions (and the respective percentages in the total turnover) in relation to the remittance service of your business below:</p> <p><u>Remittance transaction (excluding wire transfer)</u> (For the period from your company becomes an MSO licensee to 30 June 2015)</p> <p>Remit from Hong Kong to other jurisdictions:</p> <p>1. _____ (Percentage _____)</p> <p>2. _____ (Percentage _____)</p> <p>3. _____ (Percentage _____)</p> <p>Remit from other jurisdictions to Hong Kong:</p> <p>1. _____ (Percentage _____)</p> <p>2. _____ (Percentage _____)</p> <p>3. _____ (Percentage _____)</p>	<input type="checkbox"/>	<input type="checkbox"/>
38	<p>Does your company provide wire transfer service?</p> <p>If yes, please list out the 3 main jurisdictions (and the respective percentages in the total turnover) in relation to the wire transfer service of your business below:</p> <p><u>Wire transfer transaction</u> (For the period from your company becomes an MSO licensee to 30 June 2015)</p> <p>Wire from Hong Kong to other jurisdictions:</p> <p>1. _____ (Percentage _____)</p> <p>2. _____ (Percentage _____)</p> <p>3. _____ (Percentage _____)</p>	<input type="checkbox"/>	<input type="checkbox"/>

No.	Questions	Yes	No
	Wire from other jurisdictions to Hong Kong: 1. _____ (Percentage_____) 2. _____ (Percentage_____) 3. _____ (Percentage_____)		
39	Does your company prohibit the opening of anonymous accounts or the conducting of transactions with or on behalf of an anonymous person?	<input type="checkbox"/>	<input type="checkbox"/>
40	Regarding the tracing of your company's transaction records, among the following situations, which is the most suitable one to describe your scenario? (please tick ONLY one) <ul style="list-style-type: none"> • Easy to trace • Time consuming to trace • Difficult to trace • Records are not available due to no transaction has been conducted so far • Records are not available as CDD measures are not required • Other scenario (please specify):_____ 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
41	Has any investigation/prosecution action been brought against your company resulting from violations of laws concerning ML/TF? If yes, please briefly provide the relevant information concerning this action (e.g. date and nature) and the result:_____	<input type="checkbox"/>	<input type="checkbox"/>
42	Has your company, to your knowledge, been the subject of any investigation, indictment, conviction or civil enforcement action related to fraud or tax evasion schemes? If yes, please briefly provide the relevant information concerning this action (e.g. date and nature) and the result: _____	<input type="checkbox"/>	<input type="checkbox"/>
43	Are your staff members aware that non-face-to-face transaction(s) (e.g. phone or online) should not be conducted without verifying the identity of the customer?	<input type="checkbox"/>	<input type="checkbox"/>
44	(a) Does your company have branches or subsidiaries outside Hong Kong? (b) If (a) is 'Yes', does your company have procedures in place to ensure the branches or subsidiaries are in compliance with, to the extent permitted by the law of that place, requirements similar to those imposed under Parts 2 and 3 of Schedule 2 of the AMLO that are applicable to your company? (c) If (b) above is 'No', does your company take additional measures to mitigate the ML/TF risk faced by the branch or subsidiary as a result of its inability to comply with the requirement?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Additional information

Question (): _____
