Anti-Money Laundering Course for Money Service Operators - Customer Due Diligence and Case Studies

金錢服務經營者打擊洗錢課程 - 客戶盡職審查及個案分析



Co-organizer 合辦機構





Sponsor 贊助機構

Member of VTC Group VTC 機構成員

Programme Objectives 課程目標

This programme, which is jointly organized with the Hong Kong Money Service Operators Association ("MSOA")* and Institute of Professional Education and Knowledge ("PEAK"), is designed for money service operators so as to enable them to better understand the latest statutory and regulatory requirements regarding Ongoing Monitoring of Anti Money Laundering and Counter Terrorist Financing. This will also raise participants' awareness of the importance of Ongoing Monitoring so that they can help to detect irregular or suspicious financial

本課程由香港金錢服務業協會*與高峰進修學院合辦。旨在幫助金錢服務經營者更了解《打擊洗錢及 恐怖分子資金籌集(金融機構)條例》及《打擊洗錢及恐怖分子資金籌集指引(金錢服務經營者適 用)》的要求,提高從業員對客戶盡職審查的意識,加深對客戶的了解及偵察異常或可疑活動,藉 此提昇金錢服務經營者的合規水平。

* About Hong Kong Money Service Operators Association 香港金錢服務業協會簡介 (MSOA)

Hong Kong Money Service Operators Association Limited as a non-profit organization, aims to represent and protect the interests of money service operators, maintain communication with government departments, strive to assist Hong Kong to align with requirements set out by international organizations, and at the same time provide members a platform to share market information and experiences as well as to provide AML courses for working and non-working force.

香港金錢服務業協會有限公司為一個非牟利機構,協會旨在代表和保障金錢服務業經營者權 益,與政府部門保持溝通,竭力協助香港符合國際組織相關要求,同時提供一個讓會員分享市 場資訊和經驗的平台,並已舉辦多個打擊洗錢培訓課程,供在職及非在職人士參加。

Code	Programme Information Medium of Instruction 課程資料 教學語言
PE4200051	金錢服務經營者打擊洗錢課程 - 客戶盡職審查及個案分析 Taught in English
	Anti-Money Laundering Course for Money Service Operators - 英文授課 Customer Due Diligence and Case Studies
	日期:3.12.15 時間:7:30pm - 10:00pm
	時數:2.5小時 費用:HK\$450 Or HK\$350** <i>(**licensed money service operators only)</i>

** Fee Discount:

The fee for licensed money service operators is HK\$350 per person. To verify the eligibility to the special discount, licensed money service operators must enroll in the course through the Hong Kong Money Service Operators Association at Tel: 3176 2004, Fax: 3010 8582, Email: info@msoa.hk or its office address: A2/F, Dolford Mansion, 1-3 Chatham Court, Tsim Sha Tsui, Kowloon

** 學費優惠:

金錢服務經營者報讀本課程只須每位HK\$350。惟必須經由香港金錢服務業協會報名,以核實資格。 報名可聯絡香港金錢服務業協會

電話: 3176 2004、傳真: 3010 8582、電郵: info@msoa.hk

地址:九龍尖沙咀漆咸圍1-3號多福大廈2樓A室

Acknowledgement 特別鳴謝



Speakers 講師



Mr. Dheeraj Bajpai

Mr. Dheeraj is the in-house Compliance Chief of City Foreign Exchange Ltd (CFEL). He has a vast experience of over 9 years in the MSO business and handling of day to day compliance related issues. He provides practical advice, ideas and strategies to identify the fraudulent activity, Customer Due-Diligence and other regulatory requirements. He is also responsible for AML training, involving in transaction monitoring as well as the filing of STRs for all sub-agents of Western Union under CFEL.



報名表

本院專用 Offi	ice use only		ver 20130415
Received Dat	e:	_ Handled by:	
Remarks:			
Application: Payment:	☐ Walk-in ☐ Cash	By Mail Cheque	By Fax Credit Card

中請人質科(請填寫香港身份語	登上之姓名)					
姓名(英文): Mr./Ms./Miss	(先生/女士/小姐	
香港身份證號碼:		出生日期(日	/月/年):			
通訊地址:						
			職位 / 部門 :			
電郵地址:(1)		(2)	(2)			
日間聯絡電話:		手提:				
開課通知:請以 □ 郵遞 □	圖文傳真 🗌	電郵 方式發出(如無指定,本院將	P以郵遞方式發	(出通知)		
報讀課程資料課程編號 / 名稱:			開課	日期(日/月/年):		
(只供報讀文憑/證書課程申請者						
單元編號		單元名稱	單元名稱			
Ø						
學歷背景 曾經修讀之課程		院校 / 考試		畢業年份	已完成的百分比 (%)	
■ 若你希望以成年學生的身分申請	情入讀課程·請「 ✓	」此方格。(詳情請參考課程單張)				
就業背景 請列寫與本課程有關的公司名稱]就業及職位資料。	亦可附上相關僱主的推薦信副本。(若空就業時期:由/至	'格不敷應用,請	另頁填寫) 職位名稱	全職 或 兼職	
2011		30X*3/31 · H / _		19VIZ H II J	1 190 30 AIN 190	
* 請連同相關的學歷證明副本與本	表格一併遞交。					
 付款方法			 持續進	 E修基金		
如報讀之課程在報名當日起7個工作天內開課·報名人必須以現金繳交學費。 □ 現金 金額:港幣 元 □ 支票(拾頭請寫:職業訓練局)支票號碼:			前最	申請CEF*(請連同持續進修基金申請表及身份證副本於開課前最少10個工作天交回本院代辦手續,逾期遞交恕不受理)已申請/不申請		
□ 信用卡			請問您是從以下那途徑得知本課程?			
信用卡號碼:				□ Yahoo □ Google □ PEAK網頁 □ 電郵 □ 單張 □ 每季課程章程 □ 朋友 □ 教育展覽會		
有效期(MM/YY):	MasterCard	□ 報紙	〔1 / 雜誌 (名稱:)		
			聯絡方			
(持卡人姓名)		(持卡人簽署)		,本院將以電郵方式發出A 電郵資料之學員,本院將J	所有通知(例:更改上課時間) 以電話聯絡。	
個人資料之使用						
□ 本人同意VTC及其機構成員使用	用我提供的個人資	資料,包括姓名、電話號碼、手機號碼	、電郵地址、	通訊地址及教育程度,提付	供有關VTC及其機構成員的任	

」本人同意VIC及其機構成員使用找提供的個人資料,包括姓名、電話號碼、手機號碼、電郵地址、週訊地址及教育程度,提供有關VIC及其機構成員的任何課程、招生及活動推廣資訊。(如你日後希望停止接收上述資訊,或更改個人資料,請連同你已登記的姓名、電話號碼、手機號碼、電郵地址、通訊地址及教育程度資料,電郵至peak@vtc.edu.hk或傳真至2891 5707通知我們。)

報名須知

- 1. 每項課程請用一份表格,如有需要可自行影印。
- 2. 如選擇以支票繳付課程費用·請將表格連同劃線支票郵寄或親身交回本院(每項課程須獨立填寫一張支票),支票抬頭請寫「職業訓練局」,如以信用卡繳付學費·請將表格傳真·郵寄或親身交回本院辦事處。 傳真:28915707地址:香港灣仔活道27號職業訓練局大樓9樓高峰進修學院
- 3. 如學員選擇以郵寄或傳真方式交回報名表及課程費用,請致電2836 1906以便本院確認收到有關表格及費用。
- 4. 所有課程名額均以先到先得方法分配,任何未填妥之表格,或未繳交學費,本院將不會處理。
- 申請人/學員必須細閱及遵守載列於本院課程手冊內之「課程管理指引」,申請人/學員亦可向本院辦事處索 取或從本院網站下載「課程管理指引」。
- 6. CPD分數將按出席時數按比例計算。如學員之出席時數未及課程長度的80%或以上,學員將不能獲得SFC 分數及MPFA分數。有關分數的最小單位為0.5分,遲到或早退不足半小時亦作半小時計算(時間計算以本 院時鐘作準)。

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- 1. 本人聲明於本申請表所提供資料均屬真確,並無遺漏。
- 2. 本人知悉並同意高峰進修學院使用本人之個人資料作處理入學註冊及一切課程與行政之用途。
- 3. 本人知悉並同意高峰進修學院於本人出席CPD/CPT課程時,查閱本人之身份 證明文件以核實身份。
- 4. 本人明白並會盡量填寫足夠資料,否則學院不能有效地處理本人的申請。
- 本人知悉並同意高峰進修學院以高峰進修學院的時鐘作為量度本人遲到或早 退與否的準則。並同意報名須知第6項有關 CPD 分數、SFC分數及MPFA分數 的扣減方式。
- 除學員之申請不獲接納或所選的課程取消外,所有已繳學費恕不退還。學費及學額亦不可作任何更改(包括不可轉班)或轉讓他人。

本人已細閱、明白並同意遵守高峰進修學院載於「課程管理指引」、「幸	8名須知
及「聲明」內的規則,以及高峰推修學院在處理申請人個人資料的部分	. 0

申請人簽名

日期



ENROLLMENT FORM

本院專用 Off	ice use only		ver 20130415
Received Dat	e:	_ Handled by:	
Remarks:			
Application: Payment:	Walk-in Cash	By Mail Cheque	By Fax Credit Card

PARTICULARS OF APPLICANT (Please fill i	in name as it appears on your HKID card)				
Name (Eng): Mr./Ms./Miss (surname)	(given name)	(given name) (Chinese):			
HKID No :					
Mailing Address :					
Company of Employment :					
E-Mail Address : (1)					
Telephone (day-time) :					
Confirmation : Please specify how you wou					
PROGRAMME APPLIED FOR	Commencement Date (dd/mm/yyyy) ://				
FOR DIPLOMA / CERTIFICATE APPLICATE					
Module Code	Module Nai	me	Commencement Date		
Education History					
Programme	Institution / Exam	Year of Graduation	Percentage of Completion(%)		
Trogramme	matterion / Exam	Tour or Gradauton	rerearrage or compression(70)		
■ Please "✓" this box if you want your app Employment History	lication to be considered as mature st	tudent application. (Please refer t	to programme leaflet for details)		
If employed, please list out your employmer applying. You may include certified copies	nt history and positions you have held, of relevant references from employers	which you consider relevant to . (Please use separate sheet if ne	the course for which you are cessary)		
Company Name	Duration: From / to	Position	Full time / Part time		
* Please submit relevant qualification do	ocuments together with your appli	cation.			
PAYMENT METHOD		CONTINUING EDUCATION	N FUND (CEF)		
For a programme commencing within 7 working days at th settle the programme fee by cash. Cash Amount: HK\$	ne time of enrollment, trainees are required to	☐ Apply for CEF* (Please subn	nit with CEF application form and working days before commencement		
Cheque (payable to "Vocational Trainir Cheque No.:	ng Council")	☐ CEF Applied / Not applying CEF* Where did you learn about this course?			
□ Credit Card	VISA	☐ Yahoo ☐ Google ☐ PEAK Website ☐ Email ☐ Leafl			
Card Number :		☐ Prospectus ☐ Friend ☐ Newspaper/Magazine (Name:			
Expiry Date : Amount:	MasterCard	Other MSOA-W1) 🗌 Education Expo		
(mm/yy)		CONTACT METHOD			
			reschedule), we will contact you		
Cardholder's Name	Authorized Signature	by email. Students without ema			
USE OF PERSONAL DATA					
I agree that my personal data provided, include be used by the VTC and its member institution its member institutions. (If you would like to ur phone number, mobile number, email address, corr	ns for providing direct marketing inform nsubscribe from receiving the said information	nation in relation to any programme n or update your personal data, please	es, admission and events of VTC and		
NOTES FOR APPLICANTS		DECLARATION			
 Please use one form for each programme and photocopy the If you pay the programme fees by cheque, please return the form one cheque for one course) payable to "Vocational Training card, please return the form to us by fax/ by mail/ in person. Fax: 2891 5707 Address: PEAK, 9/F, VTC Tower, 27 Wood Road, V 	orm to us by mail or in person with a crossed cheque	knowledge, accurate and complete.	I in this enrollment form is, to the best of my onal data will be used by PEAK for enrollment		

I have read, understood and agreed to follow PEAK's rules and guidelines stipulated in "Programme Administration Guidelines", "Notes to Applicants", and "Declaration", and PEAK's policy on handling applicants' personal data.

Applicant Signature Date