

# Proceeds of Crime (Anti-Money Laundering (AML)/ Anti-Terrorist Financing (ATF)) Regulations 2008



Information Form to be completed by all AML/ATF regulated financial institutions.

Business Information:	
Entity Name	
Class of Fund	<input type="checkbox"/> Authorised Fund: Institutional - Investment Funds Act 2006 Section 11
	<input type="checkbox"/> Authorised Fund: Standard - Investment Funds Act 2006 Section 11
	<input type="checkbox"/> Authorised Fund: Administered - Investment Funds Act 2006 Section 11
	<input type="checkbox"/> Registered Fund: Private Fund - Investment Funds Act 2006 Section 6
	<input type="checkbox"/> Registered Fund: Professional Class A Fund - Investment Funds Act 2006 Section 6A
	<input type="checkbox"/> Registered Fund: Professional Class B Fund - Investment Funds Act 2006 Section 7
	<input type="checkbox"/> Registered Fund: Professional Closed Fund - Investment Funds Act 2006 Section 8B
Fund Operator Name	
Fund Administrator Name	
AML/ATF Policies & Procedures attached <input type="checkbox"/> YES <input type="checkbox"/> NO (tick one) Please state reason AML/ATF policies and procedures are not attached.	
<b>Note that the Operator of the fund must consider the inherent risks associated with the funds activities in determining the appropriate controls to be put in place for the prevention and detection of money laundering and terrorist financing.</b>	
Does the Fund invest in Digital Assets <input type="checkbox"/> YES <input type="checkbox"/> NO (tick one)	

RESPONSIBILITIES			
<b>Compliance Officer Information:</b> <i>Person responsible for oversight of the AML/ATF regulated financial institution's compliance with AML/ATF regulations</i>		<b>Reporting Officer Information:</b> <i>Person nominated to receive internal suspicious activity reports</i>	
*Name: (please print)		*Name: (please print)	
Email:		Email:	
Telephone:		Telephone:	
Fax:		Fax:	
<b>Compliance Officer Address Details:</b> Company (If applicable)		<b>Reporting Officer Address Details</b> Company (If applicable)	
Address Line 1:		Address Line 1:	
Address Line 2:		Address Line 2:	
City/Parish:		City/Parish:	
State, Zip Code:		State, Zip Code:	
Country:		Country:	
* Attach resume		* Attach resume	

COMPANY			
<b>Physical Address</b>		<b>Mailing Address:</b> <i>(If different from physical address)</i>	
Address Line 1:		Address Line 1:	
Address Line 2:		Address Line 2:	
City/Parish:		City/Parish:	
State, Zip Code:		State, Zip Code:	
Country:		Country:	

PERSON COMPLETING FORM	
Name: (please print)	
Email:	
Telephone:	
Signature/Date:	
Capacity:	

As part of the Authority's prudential oversight of Bermuda registered and authorised funds there will be periodic assessments to verify registered and authorised funds are adhering to Bermuda's Anti-Money Laundering requirements imposed under the Proceeds of Crime (Anti-Money Laundering and Anti-Terrorist Financing) Regulations 2008. Once a fund has been selected for review, the Authority will request the requisite information needed to carry out the assessment.