



# FijiFIU

## Fiji Financial Intelligence Unit



### SCHEDULE 1 (Regulation 31)

#### FORM 5 – AML Compliance Officer Contact Information and Notification Form

For the purposes of section 21(2) of the Act and Regulation 31, the compliance officer's contact information is provided below.

**A. Name and Particulars of AML Compliance Officer**

1. Full Name: \_\_\_\_\_
2. Date of Appointment: \_\_\_\_\_
3. Term of Appointment (if applicable): \_\_\_\_\_
4. Other Functions/Designation of the Compliance Officer: \_\_\_\_\_
5. Full Contact Details
  - Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_
  - Facsimile: \_\_\_\_\_ Email: \_\_\_\_\_

**B. Name and Address of Financial Institution**

6. Name of Financial Institution: \_\_\_\_\_
7. Address: \_\_\_\_\_

**C. Name and Declaration of Appointing Authority**

8. Name of appointing authority: \_\_\_\_\_
9. Designation: \_\_\_\_\_
10. Declaration:
  - a. I am aware of the roles and responsibilities of the AML Compliance Officer as provided under the Act and the Regulations.
  - b. I hereby make the above appointment who shall:
    - be responsible for ensuring compliance with the Act and this Regulation;
    - be given appropriate and adequate authority and responsibility to implement the requirements of the Act and this Regulation;
    - have the authority to act independently and to report to senior management above the compliance officer's next reporting.
    - have timely access to customer identification data and other customer due diligence information, transaction records, and other relevant information.
  - c. I declare that I have the authority to make this appointment and declaration.
  - d. I declare that all information given in this form is true and correct.

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

Signed: \_\_\_\_\_

11. Stamp/Seal of Financial Institution:

<p><b>Compliance Officer's Specimen Signature</b></p>     <p>_____</p> <p>_____</p>
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