

BANK OF SIERRA LEONE
BANKING SUPERVISION DEPARTMENT
AML/CFT RETURNS TEMPLATE

Name of the Institution _____

Institution's Address: _____

Telephone: _____ Fax number: _____ Email: _____

Reporting Date: _____ 20_____

Compiled by _____ Email: _____

Telephone contact _____ Date submitted to BSL _____

DETAIL INFORMATION REQUEST	(# of customers/accounts/transactions as specified in the detail information request column) and amounts (balances or volume/turnover) rounded where specified in the detail information request column)	
INHERENT RISK FACTORS	Number	Amount
I. Customers		
a) PEPs (deposits: # and Le)		
i. (i) Domestic		
ii. (ii) Foreign - Resident		
iii. (iii) Foreign – Non resident		
b) Non-Resident clients (deposits: # and Le)		
i. Individuals		
ii. Legal entities		
c) Domestic legal entities (deposits: # and Le)		
d) NGOs (Charities, Foundations etc) (deposits: # and Le)		
e) Dealers in Precious metals and stones (deposits: # and Le)		
f) Professional Intermediaries		

(Lawyers, accountants etc) (deposits: # and Le)		
g) Casinos (deposits: # and Le)		
h) Pooled accounts		
i) Other high risk customers as identified by the FATF ¹		
TOTAL		
II. Products & Services For Business Activities that don't apply, insert "NA".	Number of Accounts	Amount Le'000
a) Deposits		
b) Loans and Advances		
c) Wire Transfers		
d) Trade Financing		
e) Private Banking		
f) Internet Banking		
g) Other (specify) ²		
TOTAL		
III. Geographic location of clients	Number	Amount
a) Specific High risk areas in Sierra Leone, see example below:		
i. Town/Street/Area etc.		
ii. Mining Districts		
iii. Border and Coastline towns		
iv.		
b) Specific High risk foreign jurisdictions		
i FATF listed high-risk and non-cooperative jurisdictions		

¹ High risk customers include:

- High cash turnover businesses: bars, clubs, taxi firms, laundry, takeaway restaurants;
- Money service businesses: foreign exchange bureaux and money transmitters;

² Include information on any other activity that banks engage in that may be vulnerable to abuse for money laundering and/or terrorism financing.

IV. Delivery Channel. For those that don't apply, insert "NA".		
a) Banking Hall		
b) Internet		
c) Mobile phone		
d) Agents		
e) Others (please specify)		
V. Mode of Payment by customer for investments and services provided.	Number of transactions	Amount
a) Cash		
b) Non Cash		
VI Suspicious and Currency Transaction Reports (STRs & CTRs)		
a) Number STRs filed		
b) CTRs (# of reports and amount Le)		

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Head Compliance

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Approved by MD/CEO