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Guidelines on Anti Money Laundering programme for Insurers/Brokers

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Guidelines on Anti Money Laundering programme for Insurers/Brokers

1. Background:

- 1.1 The Financial Transactions Reporting Act, No. 6 of 2006 and the Prevention of Money Laundering Act, No. 5 of 2006 brought into force with effect from 06th March 2005, are applicable to all the financial institutions, which include insurance institutions. The application of anti-money laundering measures to non-depository financial institutions generally, and to the insurance companies in particular, has also been emphasized by international regulatory agencies as a key element in combating money laundering. Establishment of anti money laundering programs by financial institutions is one of the central recommendations of the Financial Action Task Force and also forms part of the Insurance Core Principles of the International Association of Insurance Supervisors (IAIS). Accordingly, the Insurance Board of Sri Lanka (IBSL) has decided to put in place the following regulatory guidelines/instructions to the Insurers and Brokers as part of an **Anti Money Laundering Programme (AML)** for the insurance sector.
- 1.2 Insurers offer a variety of products aimed at transferring the financial risk of a certain event from the insured to the insurer. These products include life insurance contracts, annuity contracts, non-life insurance contracts, and health insurance contracts. These products are offered to the public through trained agents of the insurance companies and also through a number of alternate distribution channels like direct marketing, bancassurance etc.
- 1.3 The obligation to establish an anti-money laundering program applies to insurance companies and insurance broking companies. Hence the responsibility for guarding against insurance products being used to launder unlawfully derived funds or to finance terrorist acts, lies on the insurance company, which develops and bears the risks of its products, and the broking company.

2. What is Money Laundering?

- 2.1 Money Laundering is moving illegally acquired cash through financial systems so that it appears to be legally acquired.
- 2.2 There are three common stages of money laundering as detailed below which are resorted to by the launderers and insurance institutions which may unwittingly get exposed to a potential criminal activity while undertaking normal business transactions: -
- Placement - the physical disposal of cash proceeds derived from illegal activity;
 - Layering - separating illicit proceeds from their source by creating complex layers of financial transactions designed to disguise the source of money, subvert the audit trail and provide anonymity; and

- Integration - creating the impression of apparent legitimacy to criminally derived wealth.

2.3 If the layering process has succeeded, integration schemes place the laundered proceeds back into the economy in such a way that they re-enter the financial system appearing to be normal business funds. Financial institutions such as insurers/brokers are therefore placed with a statutory duty to make a disclosure to the authorized officer when knowing or suspecting that any property, in whole or in part, directly or indirectly, representing the proceeds of drug trafficking or of a predicated offence, or was or is intended to be used in that connection is passing through the institution. Law protects such disclosures, enabling the person with information to be able to disclose the same without any fear. Insurance institutions likewise need not fear breaching their duty of confidentiality owed to customers.

3. AML Program:

In order to discharge the statutory responsibility to detect possible attempts of money laundering or financing of terrorism, every insurer needs to have an AML program, which should, at a minimum, include:

- 3.1 Internal policies, procedures, and controls;
- 3.2 Appointment of a Principal compliance officer;
- 3.3 Recruitment and training of employees/agents;
- 3.4 Internal Control/Audit;

The above key elements of the AML programme are discussed in detail below:

3.1 Internal policies, procedures, and controls:

Each insurance company/broking company has to establish and implement policies, procedures, and internal controls, which would also integrate its agents in its anti-money laundering program as detailed below:

3.1.1 Know Your Customer (KYC):

Considering the potential threat of usage of the financial services by a money launderer, insurance company/broking company should make reasonable efforts to determine the true identity of all customers requesting for its services. Hence effective procedures should be put in place to obtain requisite details for proper identification of new customers.

- i. A list of documents to be verified at the time of accepting the risk for compliance with KYC requirement for individuals and others is given in **Annexure I**. It is mandatory to obtain any one of the documents to clearly establish the customer identity consistent with risk profile in respect of all new insurance contracts (Please also see 3.1.3 below).
- ii. The degree of due diligence to establish KYC could be decided by the insurers where premium is below Rs.500,000/- per annum. However, premium of Rs. 500,000/- per annum in case of individual policies should be

considered as a threshold for exercising detailed due diligence, what ever be the payment mode (Please see 3.1.3 below).

- iii. Remittance of premium is an important stage of entering into contract, hence, cash transactions need more diligence and care (Please also see paragraph 3.1.8)
- iv. Customer information should be collected from all relevant sources, including agents.
- v. Insurance premium paid by persons other than the person insured should be looked into to establish insurable interest.
- vi. The insurer should not enter into a contract with a customer whose identity matches with any person with known criminal background or with banned entities and those reported to have links with terrorists or terrorist organizations (A list of such entities would be sent to the insurance companies shortly).
- vii. Besides verification of identity of the customer at the time of initial issuance of contract, KYC should also be carried out at the claim payout stage and at times when additional top up remittances are inconsistent the customers known profile.

3.1.2 When should KYC be done?

i. Knowing New Customers:

- a) In case of new contracts, KYC should be done before the issue of every new contract.
- b) In case of non face to face business which includes Tele calling, Internet Marketing, Logging in of business or payment of premiums/lump sums at branches, collection of documentation be completed for premiums exceeding Rs.500,000/- per person per annum within 15 days of issue of policy.

ii. Knowing Existing Customers:

It has been decided that the process of AML should be applied for the policies coming into force on or after 01/01/2007. Since Insurers/brokers, invariably collect considerable background of the policyholder as also the beneficiary before entering into contracts no major constraints are expected in this exercise, in respect of the existing contracts. KYC in case of existing customers should therefore be carried out based on the limits fixed for new policies on all contracts/relevant transactions in case of the existing policies.

3.1.3 KYC and Risk Profile of the Customer

In the context of the very large base of insurance customers and the significant differences in the extent of risk posed by them, the companies are advised to classify the customer into high risk and low risk, based on the individual's profile and product profile, to decide upon the extent of due diligence.

- i. For the purpose of risk categorization, individuals (other than High Net Worth) and entities whose identities and sources of wealth can be easily identified and transactions in whose accounts by and large conform to the known profile may be categorized as low risk. Illustrative examples of low risk customers could be salaried employees whose salary structures are well defined, people belonging to lower economic strata of the society, Government departments and Government owned companies, regulators and statutory bodies etc., In such cases, the policy

may require that only the basic requirements of verifying the identity and location of the customer are to be met. Notwithstanding above, in case of continuing policies, if the situation warrants, as for example if the customer profile is inconsistent with his investment through top-ups, a re-look on customer profile is to be carried out.

- ii. For the high risk profiles, like for customers who are non-residents, high net worth individuals, trusts, charities, NGO's and organisations receiving donations, companies having close family shareholding or beneficial ownership, firms with sleeping partners, politically exposed persons (PEPs), and those with dubious reputation as per available public information who need higher due diligence, KYC and underwriting procedures should ensure higher verification and counter checks. In this connection insurers are also advised to carry out the appropriate level of due diligence keeping the observations at 3.1.5 in view.

3.1.4 Products to be covered:

The AML requirements focus on the vulnerability of the products offered by the insurers to any of the process of money laundering. Some vulnerable products are illustrated in **Annexure II**. Based on the vulnerability criterion and after examining the product and business coverage it has been decided that the following categories of products/business lines may be exempted from the purview of AML requirements:

- i. Standalone medical/health insurance products.
- ii. Reinsurance and retrocession contracts where the treaties are between insurance companies for reallocation of risks within the insurance industry and do not involve transactions with customers.
- iii. Group insurance businesses, which are typically issued to a company, financial institution, or association and generally restrict the ability of an individual insured or participant to manipulate its investment.
- iv. Term life insurance contracts, in view of the absence of cash surrender value and stricter underwriting norms for term policies (especially those with large face amounts)

3.1.5 Sources of Funds:

It is imperative to ensure that the insurance being purchased is reasonable. Accordingly, customer's source of funds, his estimated net worth etc., should be documented properly and the advisor and/or employee shall obtain income proofs as in **Annexure III**, to establish his need for insurance cover. Proposal form may also have questionnaires/declarations on sources of fund, and details of bank accounts. Large single premiums should be backed by documentation, to establish source of funds.

3.1.6 Defining Suspicious Transactions (including Suspicious Cash Transactions):

The AML program envisages submission of Suspicious Transaction Reports (STR)/Cash Transactions Reports (CTR) to a Financial Intelligence Unit (FIU) at Central Bank set up by the Government of Sri Lanka to track possible money laundering attempts and for further investigation and action. It is extremely difficult to give an exhaustive list of suspicious transactions. An illustrative list of such

transactions is however, provided in **Annexure IV**. Suspicious activity monitoring programs should be appropriate to the company and the products it sells.

3.1.7 Reporting of Suspicious Transactions:

Insurance companies/broking companies should report the suspicious transactions immediately on identification. When such transactions are identified post facto the contract, a statement may be submitted to FIU within 2 working days of identification in the prescribed formats.

3.1.8 Monitoring and Reporting of Cash Transactions:

With a view to ensuring that premiums are paid out of clearly identifiable sources of funds, it has been decided that remittances of premium by cash should not exceed Rs. 500,000/-. It would be advisable for the companies to evolve even lower thresholds for cash transactions. It is further advised that:

- i. Premium/proposal deposits beyond Rs.500,000/- should be remitted only through cheques, demand drafts, credit card or any other banking channels.
- ii. For integrally related transactions, premium amount greater than Rs.500,000/- in a calendar month should be examined more closely for possible angles of money laundering. This limit will apply at an aggregate level considering all the roles of a single person-as a proposer or life assured or assignee.
- iii. Insurance companies have to report integrally connected cash transactions above Rs.500,000/- per month to FIU by 15th of next succeeding month

3.1.9 Verification at the time of redemption/surrender:

- i. In life insurance business, no payments should be allowed to 3rd parties except in cases like superannuation/gratuity accumulations and payments to legal heirs in case of death benefits. All payments, should be made after due verification of the bona fide beneficiary, through account payee cheques.
- ii. Free look cancellations need particular attention of insurer/broker especially in clients/agents indulging in free look surrender on more than one occasion.
- iii. AML checks become more important in case the policy has been assigned by the policyholder to a third party not related to him (except where the assignment is to Banks/Financial Institutions/Capital Market intermediaries regulated by CBSL/IBSL/SEC).

3.1.10 Record Keeping:

The insurers/brokers are required to maintain the records of types of transactions mentioned under Rule 4 of Financial Transaction Reporting Act, No. 6 of 2006 and the copies of the Cash/Suspicious Transactions reports submitted to FIU as well as those relating to the verification of identity of clients for a period of 06 years.

- i. Sharing of information on customers may be permitted between different organizations such as banks, insurance companies/broking companies, Income tax authorities, and local government authorities on request. Records can also be in electronic form.

- ii. Insurance institutions should implement specific procedures for retaining internal records of transactions both domestic or international, to enable them to comply swiftly with information requests from the competent authorities. Such records must be sufficient to permit reconstruction of individual transactions (including the amounts and types of currency involved (if any) so as to provide, if necessary, evidence for prosecution of criminal activity. In the case of long term insurance, full documentary evidence is usually retained based on material completed at the initiation of the proposal of the contract, together with evidence of processing of the contract up to the point of maturity.
- iii. Companies should retain the records of those contracts, which have been settled by claim (maturity or death), surrender or cancellation, for a period of at least 06 years after that settlement.
- iv. In situation where the records relate to ongoing investigations, or transactions which have been the subject of a disclosure, they should be retained until it is confirmed that the case has been closed where practicable, insurance institutions are requested to seek and retain relevant identification documents for all such transactions and to report the offer of suspicious funds.
- v. In case of customer identification data obtained through the customer due diligence process, account files and business correspondence should be retained for at least 06 years after the business relationship is ended.

3.1.11 Compliance Arrangements:

- i. **A detailed AML Policy should be drawn up encompassing aspects of Customer acceptance policy, Customer Identification procedure, Monitoring of transactions, Risk management framework as evolved by the insurer. The policy should have the approval of the Board and duly filed with IBSL for information. The policy should be reviewed annually and changes effected based on experience.**
- ii. **Responsibility on behalf of the agents and brokers:**

The guidelines place the responsibility of a robust AML program on the insurers/brokers. Nonetheless, it is necessary that the following steps be taken to strengthen the level of control on the agents engaged by the insurers/brokers:

 - a) A list of rules and regulations covering performance of agents must be put in place. A clause should be added making KYC norms mandatory and specific process document can be included as part of the contracts.
 - b) **Services of defaulting agents who expose the insurers/brokers to AML related risks on multiple occasions should be terminated and the details reported to IBSL for further action.**
 - c) Insurance Company/broking company when faced with a non-compliant agent or broker should take necessary action to secure compliance, including when appropriate, terminating its business relationship with such an agent/broker.

3.2 Appointment of Principal Compliance Officer:

3.2.1 Appointment:

The companies should designate a Principal Compliance Officer under AML rules. The name of the principal compliance officer should be communicated to IBSL and FIU immediately.

3.2.2 Responsibilities:

- i. The Principal Compliance Officer should ensure that the Board approved AML program is being implemented effectively, including monitoring compliance by the company's insurance agents with their obligations under the program;
- ii. He should ensure that employees and agents of the insurance company/broking company have appropriate resources and are well trained to address questions regarding the application of the program in light of specific facts.

3.3 Recruitment and Training of employees/agents

3.3.1 As most part of the insurance business is through agents/brokers which brings in non face to face business relationships with the policyholders, the selection process of agents/brokers should be monitored carefully. The committee monitoring the agents should monitor sales practices followed by agents and ensure that if any unfair practice is being reported then action is taken after due investigation; Periodic risk management reviews should be conducted to ensure company's strict adherence to laid down process and strong ethical and control environment. Insurance companies/broking companies should have adequate screening procedures when hiring employees. Instruction Manuals on the procedures for selling insurance products, customer identification, record keeping, acceptance and processing of insurance proposals, issue of insurance policies should be set out.

3.3.2 The concept of AML should be part of in-house training curriculum for agents.

3.3.3 The following training requirements are considered essential based on the class of employees.

- i. New employees: A general appreciation of the background to money laundering, and the subsequent need for identifying and reporting of any suspicious transactions to the appropriate designated point should be provided to all new employees who will be dealing with customers or their transactions, irrespective of the level of seniority.
- ii. Sales/Advisory staff: Members of staff who are dealing directly with the public (whether as members of staff or agents) are the first point of contact with potential money launderers and their efforts are therefore vital to the strategy in the fight against money laundering. It is vital that "front-line" staff is made aware of the insurance institution's policy for dealing with non-regular customers particularly where large transactions are involved, and the need for extra vigilance in these cases.

iii. Processing staff: Those members of staff who receive completed proposals and cheques for payment of the single premium contribution must receive appropriate training in the processing and verification procedures.

iv. Administration/Operations supervisors and managers: A higher level of instruction covering all aspects of money laundering procedures should be provided to those with the responsibility for supervising or managing staff.

v. Ongoing training: It will also be necessary to make arrangements for refresher training at regular intervals to ensure that staff does not forget their responsibilities. This might be best achieved by a twelve or six-monthly review of training. Timing and content of training packages for various sectors of staff will need to be adapted by individual insurance institutions for their own needs.

vi. Records of training imparted to staff in the various categories detailed above should be maintained.

3.4 Internal Control/Audit:

Internal audit/inspection departments of Insurance companies/broking companies should verify on a regular basis, compliance with policies, procedures and controls relating to money laundering activities. The reports should specifically comment on the robustness of the internal policies and processes in this regard and make constructive suggestions where necessary, to strengthen the policy and implementation aspects. Exception reporting under AML policy should be done to Audit Committee of the company.

4.

The above guidelines on establishment of an effective AML regime would be effective from 01/01/2007. Insurance Companies/broking companies are therefore required to initiate various steps on the lines indicated above and file their AML policies with IBSL latest 01/12/2006.

Yours truly,

Lasinee Seresinhe (Mrs)
Director General
Insurance Board of Sri Lanka

**Annexure 1 - Customer Identification Procedure
Documents that may be obtained from customers**

Features	Documents
<p>Insurance Contracts with individuals</p> <ul style="list-style-type: none"> ▪ Legal name and any other names used ▪ Proof of Residence 	<ul style="list-style-type: none"> a) NIC Card b) Passport c) Voter's Roll d) Driving License e) Letter from a recognized public authority or public servant verifying the identity of the customer a) Telephone bill b) Bank account statement c) Letter from any recognized public authority or public servant verifying the residence of the customer d) Electricity bill e) Water bill f) Ration card
<p>Insurance Contracts with companies</p> <ul style="list-style-type: none"> ▪ Name of the company ▪ Principal place of business ▪ Mailing address of the company ▪ Telephone/Fax Number 	<ul style="list-style-type: none"> a) Certificate of incorporation and Memorandum & Articles of Association b) Resolution of the Board of Directors to open an account and identification of those who have authority to operate the account c) Power of Attorney granted to its managers, officers or employees to transact business on its behalf
<p>Insurance Contracts with partnership firms</p> <ul style="list-style-type: none"> ▪ Legal name ▪ Address ▪ Names of all partners and their addresses ▪ Telephone numbers of the firm and partners 	<ul style="list-style-type: none"> a) Registration certificate, if registered b) Partnership deed c) Power of Attorney granted to a partner or an employee of the firm to transact business on its behalf d) Any officially valid document identifying the partners and the persons holding the Power of Attorney and their addresses
<p>Insurance Contracts with trusts & foundations</p> <ul style="list-style-type: none"> ▪ Names of trustees, settlers beneficiaries and signatories ▪ Names and addresses of the founder, the managers/directors and the beneficiaries Telephone/fax numbers 	<ul style="list-style-type: none"> a) Certificate of registration, if registered b) Power of Attorney granted to transact business on its behalf c) Any officially valid document to identify the trustees, settlers, beneficiaries and those holding Power of Attorney, founders/managers/directors and their addresses d) Resolution of the managing body of the foundation/association

Annexure II

Vulnerable Products:

1. Unit linked products which provide for withdrawals and unlimited top up premiums;
2. Single premium products-where the money is invested in lump sum and surrendered at the earliest opportunity;
3. Free look cancellations-especially the big ticket cases;

Note: The list is only illustrative and not exhaustive

Annexure III

Income Proofs

Standard Income proofs:

Income tax assessment orders/Income Tax Returns

Employer's Certificate

Audited Company accounts

Audited firm accounts and Partnership Deed

Non-standard Income Proofs:

Chartered Accountant's Certificate

Bank Cash-flows statements

Pass-book

Note: The list is only illustrative and not exhaustive

Annexure IV

Illustrative list of Suspicious Transactions:

1. Customer insisting on anonymity, reluctance to provide identifying information, or providing minimal, seemingly fictitious information
2. Cash based suspicious transactions for payment of premium and top ups over and above Rs.500,000/- per person per month.
3. Frequent free look surrenders by customers;
4. Assignments to unrelated parties without valid consideration;
5. Request for a purchase of policy in amount considered beyond his apparent need;
6. Policy from a place where he does not reside or is employed;
7. Unusual terminating of policies and refunds;
8. Frequent request for change in addresses
9. Borrowing the maximum amount against a policy soon after buying it
10. Inflated or totally fraudulent claims e.g. by arson or other means causing a fraudulent claim to be made to recover part of the invested illegitimate funds
11. Overpayment of premiums with a request for a refund of the amount overpaid.

Note: The list is only illustrative and not exhaustive. For more examples on

**List of Cash Transactions Report (CTR)/Suspicious Transactions Report (STR)
Formats**

Sl.No.	Form No.	Title of the Format	No. Of Pages
1	STRI	Suspicious Transaction Reports (STRs) for an Insurance/Broking Company	5
2	CTRS	Summary of CTR for an Insurance/Broking Company	2
3	IAA	Annexure A-Individual details sheet for an Insurance/Broking Company	1
4	IAB	Annexure B-Legal Person/Entity Details Sheet for Insurance/Broking Company	1
5	IAC	Annexure C-Account detail sheet for Insurance/Broking Company	2
6	CTRI	Cash Transaction Reports (CTRs) for an Insurance/Broking Company	3

**SUSPICIOUS TRANSACTION REPORTS (STRs) FOR INSURANCE
COMPANY/BROKING COMPANY**

Kindly fill in CAPITAL. Read the instructions before filling the form

Page 1

PART 1: DETAILS OF REPORT		
1.1	Date of sending report	MM/YYYY
1.2	Is this a replacement to an earlier report? (Tick <input type="checkbox"/> as applicable)	NO <input type="checkbox"/> YES <input type="checkbox"/>
1.3	Date of sending original report if this a replacement report	DD/MM/YYYY
PART 2: DETAILS OF THE PRINCIPAL COMPLIANCE OFFICER		
2.1	Name of the Insurer/Broker(with branch)	
2.2	Registration Number	
2.3	Category of the Insurer	
2.4	Name of the Principal Compliance Officer	
2.5	Designation	
2.6	Address (No., Building)	
2.7	Street/Road	
2.8	Locality	
2.9	City/Town, District	
2.10	Province, Country	
2.11	Pin Code	
2.12	Tel	
2.13	Fax	
2.14	E-Mail	
PART 3: DETAILS OF REPORTING BRANCH/LOCATION		
3.1	Name of Branch/Location	
3.2	Registration Number of the Insurer	
3.3	Address (No., Building)	
3.4	Street/Road	
3.5	Locality	
3.6	City/Town, District	
3.7	Province, Country	
3.8	Pin Code	
3.9	Tel	
3.10	Fax	
3.11	E-Mail	
STRI-1		

**SUSPICIOUS TRANSACTION REPORTS (STRs) FOR INSURANCE
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Kindly fill in CAPITAL. Read the instructions before filling the form.

Page 2

PART 4: LIST OF INDIVIDUALS LINKED TO TRANSACTIONS			
	Name of Individual	Customer ID/number (if allotted)	Annexure
4.1			A1
4.2			A2
4.3			A3
4.4			A4
4.5			A5
4.6			A6
4.7			A7
4.8			A8
4.9			A9
4.10			A10
4.11			A11
4.12			A12
4.13			A13
4.14			A14
4.15			A15
<i>(Details of all individuals should be furnished in prescribed annexure)</i>			
Tick √ to confirm ←			
Number of additional sheets for PART4 attached			
<i>(Leave blank if space provided above is sufficient and no extra sheet is attached)</i>			
PART 5: LIST OF LEGAL PERSONS/ENTITIES LINKED TO TRANSACTIONS			
	Name of legal person/entity	Customer ID/number (if allotted)	Annexure
5.1			B1
5.2			B2
5.3			B3
5.4			B4
5.5			B5
5.6			B6
5.7			B7
5.8			B8
5.9			B9
5.10			B10
<i>(Details of all legal person/entities should be furnished in prescribed annexure)</i>			
Tick √ to confirm ←			
Number of additional sheets for PART5 attached			
<i>(Leave blank if space provided above is sufficient and no extra sheet is attached)</i>			
			STRI-2

**SUSPICIOUS TRANSACTION REPORTS (STRs) FOR INSURANCE
COMPANY/BROKING COMPANY**

Kindly fill in CAPITAL. Read the instructions before filling the form.

Page 3

PART 6: LIST OF CONTRACTS LINKED TO TRANSACTIONS			
	Policy Number	Name of the policy holder	Annexure
6.1			C1
6.2			C2
6.3			C3
6.4			C4
6.5			C5
6.6			C6
6.7			C7
6.8			C8
6.9			C9
6.10			C10
<i>(Details of all policyholders should be furnished in prescribed annexure)</i>			
Tick <input type="checkbox"/> to confirm ←			
Number of additional sheets for PART6 attached			
<i>(Leave blank if space provided above is sufficient and no extra sheet is attached)</i>			
PART 7: DETAILS OF SUSPICIOUS TRANSACTION			
7.1 Reasons for suspicion (Tick <input type="checkbox"/> as applicable. Multiple selections are possible. Refer to instructions)			
A. Identity of policyholder		D. Assignment to unrelated parties	
B. Huge Cash Top Ups		E. Policy from other than place of residence/employment	
C. Frequent free-look surrenders		F. Excessive borrowing soon after the contract	
		Z. Other reason (specify)	
7.2 Grounds of Suspicion (Mention summary of suspicion and sequence of events)			
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
<i>(Continued on next page)</i>			
			STRI-3

**SUSPICIOUS TRANSACTION REPORTS (STRs) FOR INSURANCE
COMPANY/BROKING COMPANY**

Kindly fill in CAPITAL. Read the instructions before filling the form.

Page 4

7.3 Grounds of Suspicion (continued from previous page)	
11	
12	
13	
14	
15	
16	
17	
18	
19	
20	
Number of additional sheets for PART 7 attached	
<i>(Leave blank if space provided above is sufficient and no extra sheet is attached)</i>	
PART 8: DETAILS OF ACTION TAKEN	
8.1 Whether the matter is/was under any investigation?	
<i>(Mention the name of agency, person and contact details)</i>	
1	
2	
3	
4	
5	
Number of additional sheets for PART 8 attached	
<i>(Leave blank if space provided above is sufficient and no extra sheet is attached)</i>	
Signature	
Name	
<i>(Should be same as the person mentioned in PART 2)</i>	
DO NOT FILL. FOR FIU USE ONLY	
ACK.NO.	
DATE	
	<i>DDMMYYYY</i>
STRI-4	

SUSPICIOUS TRANSACTION REPORTS (STRs) FOR INSURANCE COMPANY/BROKING COMPANY - INSTRUCTIONS	
<p>GENERAL INSTRUCTIONS</p> <p>Under the Financial Transactions Reporting Act, No. 6 of 2006 and the Prevention of Money Laundering Act, No. 5 of 2006, every Insurance company/broking company shall furnish details of suspicious transactions whether or not made in cash.</p> <p>Suspicious transaction means a transaction whether or not made in cash which to a person acting in good faith-</p> <p>a) gives rise to a reasonable ground of suspicion that it may involve the proceeds of crime; or</p> <p>b) appears to be made in circumstances of unusual or unjustified complexity; or</p> <p>c) appears to have no economic rationale or bona-fide purpose</p> <p>How to submit</p> <p>Every branch of the Insurance company/Broking company must submit this form to the Director, FIU only through the principal officer of the Insurance Company/Broking company designated under the Financial Transactions Reporting Act, No. 6 of 2006.</p> <p>PART 1:DETAILS OF REPORT</p> <p>1.1 Date of sending report is the date on which the principal officer sends the report to Director (FIU).</p> <p>1.2 Replacement report is a report submitted in replacement of an earlier STR. When a replacement report is submitted, date of submitting original STR may be mentioned and the complete STR has to be submitted again</p> <p>PART 2 DETAILS OF PRINCIPAL COMPLIANCE OFFICER</p> <p>2.1 Category of the Insurance Company</p> <p>2.2 Principal compliance officer is the officer designated by the Insurance company/Broking company under the Financial Transactions Reporting Act, No. 6 of 2006.</p>	<p>PART 3: DETAILS OF REPORTING BRANCH/LOCATION</p> <p>Particulars of the branch/location in which the reported account is maintained should be submitted in this part</p> <p>PART 4: LIST OF INDIVIDUALS LINKED TRANSACTIONS</p> <p>Customer ID/number is the number allotted by the Insurer/Broker to identify the customer. Enclose a separate annexure for each Policyholder.</p> <p>PART 5: LIST OF LEGAL PERSONS/ENTITIES LINKED TO TRANSACTIONS</p> <p>Customer ID/number is the number allotted by the insurer to identify the customer. Enclose a separate annexure B for each Policyholder. Include the details about individuals (Director/Partner/Member etc.) related to the policyholder.</p> <p>PART 6: LIST OF CONTRACTS LINKED TO TRANSACTIONS</p> <p>Enclose a separate Annexure C for each contract</p> <p>PART 7: ILLUSTRATIVE LIST OF SUSPICIOUS TRANSACTIONS</p> <ol style="list-style-type: none"> 1. Customer insisting on anonymity, reluctance to provide identifying information, or providing minimal, seemingly fictitious information 2. Cash based suspicious transactions for payment of premium and top ups over and above Rs.500,000 per person per month. 3. Frequent free look surrenders by customers; 4. Assignments to unrelated parties without valid consideration; 5. Request for a purchase of policy in amount considered beyond his apparent need; 6. Policy from a place where he does not reside or is employed; 7. Unusual terminating of policies and refunds; 8. Frequent request for change in addresses 9. Borrowing the maximum amount against a policy soon after buying it <p>ALL ANNEXURES MUST BE ENCLOSED</p>

**SUMMARY OF CASH TRANSACTION REPORTS (CTR) FOR INSURANCE
COMPANY/BROKING COMPANY**

Kindly fill in CAPITAL. Read the instructions before filling the form

Page 1

PART 1: DETAILS OF THE SUMMARY			
1.1	Month and Year of Summary	MM/YYYY	
1.2	Is this a supplementary to an earlier summary (Tick as applicable)	NO	YES
1.3	Date of sending original summary if this a supplementary	DD/MM/YYYY	
PART 2: DETAILS OF THE PRINCIPAL COMPLIANCE OFFICER			
2.1	Name of the Insurer/Broker		
2.2	Registration Number		
2.3	Category of the Insurer		
2.4	Name of the Principal Compliance Officer		
2.5	Designation		
2.6	Address (No., Building)		
2.7	Street/Road		
2.8	Locality		
2.9	City/Town, District		
2.10	Province, Country		
2.11	Pin Code		
2.12	Tel		
2.13	Fax		
2.14	E-Mail		
PART 3: STATISTICS FOR THE MONTH			
3.1	Number of total branches		
3.2	Number of branches which have sent reports (including NIL report)		
3.3	Number of branches which have submitted CTRs (excluding NIL reports)		
3.4	Number of original CTRs enclosed with this summary		
3.5	Number of replacement CTRs enclosed with this summary		
3.6	Total original CTRs reported for the month		
DO NOT FILL. FOR FIU USE ONLY			
ACK.NO.		Signature	
DATE	DD/MM/YYYY	Name <i>(Should be same as the person mentioned in PART 2)</i>	

SUMMARY OF CASH TRANSACTION REPORTS (CTRs) FOR INSURANCE COMPANY/BROKING COMPANY INSTRUCTIONS	
<p>GENERAL INSTRUCTIONS</p> <p>Under the Financial Transactions Reporting Act, No. 6 of 2006 and the Prevention of Money Laundering Act, No. 5 of 2006, every Insurance company/Broking company shall furnish details of:</p> <p>A) All cash transactions of the value of more than Rs.500,000/- or its equivalent in foreign currency</p> <p>B) All series of cash transactions integrally connected to each other which have been valued below Rs.500,000/- or its equivalent in foreign currency where such series of transactions have taken place within a month;</p> <p>Provided that where the principal compliance officer of an insurance company/Broking company has reason to believe that a single transaction or series of transactions integrally connected to each other have been valued below the prescribed limit so as to defeat the provisions of this section, such officer shall furnish information in respect of such transactions to the Director within the prescribed time.</p> <p>How to submit</p> <p>The Principal Compliance Officer should submit this summary along with CTRs received from branches/locations to the Director, FIU</p> <p>Address: Director, Financial Intelligence Unit Central Bank Colombo 1.</p> <p>EXPLANATION OF SPECIFIC TERMS</p> <p>PART 1:DETAILS OF THE SUMMARY</p> <p>Separate summary should be furnished for each month. Supplementary summary is required to be submitted where a summary for the month has already been submitted. In case of supplementary summary, only additional CTRs, need to be enclosed</p>	<p>PART 2: DETAILS OF THE PRINCIPAL COMPLIANCE OFFICER</p> <p>2.1 ID allotted by FIU (if allotted) may be left blank till the same is communicated by FIU</p> <p>2.2 Category of the Insurer:</p> <p>2.3 Principal Compliance Officer is the officer designated by the Insurance Company/Broking company under the Financial Transactions Reporting Act, No. 6 of 2006</p> <p>PART 3: STATISTICS FOR THE MONTH</p> <p>3.1 Number of branches of the Insurance Company/Broking company</p> <p>3.2 Number of branches which have sent CTRs or submitted NIL report for the month</p> <p>3.3 Number of branches which have submitted CTRs for the month</p> <p>3.4 Number of original CTRs should match with the original CTRs enclosed with this summary</p> <p>3.5 Number of replacement CTRs should match with the replacement CTRs enclosed with this summary. All replacement CTRs received from branches should be enclosed at the end of the reports for the month.</p> <p>3.6 This figure should be the cumulative total of 3.4 above for all the summaries of the month.</p> <p>ALL CTRs MUST BE ENCLOSED.</p>

**ANNEXURE A - INDIVIDUAL DETAIL SHEET FOR INSURANCE
COMPANY/BROKING COMPANY - INDIVIDUAL A**

Use separate annexure for each individual. Kindly fill in CAPITAL

1. Name of the insurance company/Broking company (with branch)	
2. Registration No.	
3. Annexure enclosed with	a. Cash Transaction Report b. Suspicious Transaction Report <i>(Tick ✓ as applicable)</i>
4. Full name of individual	
5. Customer ID/number <i>(if allotted)</i>	
6. Name of father/spouse	
7. Occupation	
8. Date of birth	(DD/MM/YYYY)
9. Sex (M/F)	
10. Nationality	
11. Identification document	<i>(Number mentioned in the identification document)</i>
	A - Passport
	B - Voters' Roll
	C - Driving license
	Z - Other (Specify)
12. Issuing authority	<i>(Place where the document was issued)</i>
13. Place of Issue	
Communication address	
15. Address (No. Building)	
16. Street/Road	
17. Locality	
18. City/Town, District	
19. Province, Country	
20. Pin code	
21. Tel	
22. Mobile number	
23. E-mail	
24. Name of Organization/Employer	
Second Address (Permanent address/Place of work)	
25. Address (No. Building)	
26. Street/Road	
27. Locality	
28. City/Town, District	
29. Province, Country	
30. Pin Code	
31. Tel	
DO NOT FILL. FOR FIU USE ONLY	
IAA	

**ANNEXURE B - LEGAL PERSON /ENTITY DETAIL SHEET FOR INSURANCE
COMPANY/BROKING COMPANY - LEGAL PERSON/ENTITY B**

Use separate annexure for each individual Kindly fill in CAPITAL

1. Name of the insurance company/broking company (with branch)			
2. Registration No.			
3. Annexure enclosed with	a. - Cash Transaction Report b. - Suspicious Transaction Report <i>(Tick ✓ as applicable)</i>		
4. Name of legal person/entity			
5. Customer ID/number (if allotted)			
6. Nature of business			
7. Date of Incorporation	(DD/MM/YYYY)		
8. Type of Constitution	A. - Sole Proprietorship B. - Firm C. - HUF D. - Pvt. Ltd. Co. E. - Public Ltd. Co. F. - Society G. - Association H. - Trust I. - Liquidator J. - Other (Specify)		
9. Registration number	<i>(Number mentioned in the deed document)</i>		
10. Registering Authority	<i>(Authority registering the deed/document)</i>		
11. Place of Registration	<i>(Place where the document was registered)</i>		
Communication address			
13. Address (No. Building)			
14. Street/Road			
15. Locality			
16. City/Town, District			
17. Province, Country			
18. Pin code			
19. Tel			
20. Fax			
21. E-mail			
22. List of directors/partners/members and other related persons			
Name of Individual/ Legal Person/ Entity	Customer ID/number**	Relation**	Annexure*
22.1			
22.2			
22.3			
22.4			
22.5			
	**Mention B for Proposer, D for Beneficiary, E for assignee		* 1. Mention A for Individuals, B for Legal Person/Entity 2. Mention appropriate Annexure number 3. Tick ✓ to confirm
DO NOT FILL. FOR FIU USE ONLY			
IAB			

ANNEXURE C - ACCOUNT DETAIL SHEET FOR AN INSURANCE COMPANY/BROKING COMPANY - ANNEXURE C

Use Separate annexure for each account. Kindly fill in CAPITAL

Page 1

1. Name of Insurer/Broker (with branch)			
2. Registration No.			
3. Annexure enclosed with		a. - Cash Transaction Report b. - Suspicious Transaction Report (Tick <input type="checkbox"/> as applicable)	
4. Policy No.			
5. Type of cover			
		A. - Life Insurance	
		B. - Non-Life (specify)	
		C. - Annuity	
		D. - Others (specify)	
6. Type of policy holder			
		A. - Individual	
		B. - Legal Person/entity	
		C. - Central/State Government	
→		D. - Central/State Government Owned undertaking	
		E - Other	
7. Date of Insurance Contract		DD/MM/YYYY	
8. Details of policyholders			
Name of Individual/Legal Person/Entity		Customer ID/number (if allotted)	Annexure*
8.1			
8.2			
8.3			
			* 1. Mention A for Individuals, B for Legal Person/ Entity 2. Mention appropriate annexure number 3. Tick <input type="checkbox"/> to confirm
<i>(Details of all account holders should be furnished in prescribed annexure)</i>			
Number of additional sheets for account holders <input type="checkbox"/> <i>(Leave blank if space provided above is sufficient and no extra sheet is attached)</i>			
9. List of related persons (other than mentioned at 8 above)			
Name of Individual/Legal Person/Entity		Customer ID/number (if allotted)	Relation**
9.1			
9.2			
9.3			
9.4			
9.5			
			** Mention B for Proposer, D for Beneficiary, E for Assignee
			* 1. Mention A for Individuals, B for Legal Person/ Entity 2. Mention appropriate annexure number 3. Tick <input type="checkbox"/> to confirm
<i>(Details of all related persons should be furnished in prescribed annexure).</i>			
Number of additional sheets for related persons <input type="checkbox"/> <i>(Leave blank if space provided above is sufficient and no extra sheet is attached)</i>			
IAC-1			

**ANNEXURE C - ACCOUNT DETAIL SHEET FOR AN INSURANCE
COMPANY/BROKING COMPANY
ANNEXURE C**

Kindly fill in CAPITAL (mention the same number as on the previous page)

Page 2

10 Transaction details			
Date of Transaction	Amount in Rupees	Remarks (Foreign currency and other details)	
10.1			
10.2			
10.3			
10.4			
10.5			
10.6			
10.7			
10.8			
10.9			
10.10			
	└───▶DDMMYYYY		
Number of additional sheets for transactions			
<i>(Leave blank if space provided above insufficient and no extra sheet is attached)</i>			
11 Write up about transactions (transactions mentioned in 10 above)			
1			
2			
3			
4			
5			
6			
7			
8			
DO NOT FILL. FOR FIU USE ONLY		Signature	
ACK.NO.		Name	
DATE		Designation:	
	DD/MM/YYYY		
			IAC-2

**CASH TRANSACTION REPORTS (CTRs) FOR INSURANCE
COMPANY/BROKING COMPANY**

Kindly fill in CAPITAL. Read the instructions before filling the form.

Page 1

PART 1 DETAILS OF REPORT		
1.1 Month and year of report	MMYYYY	
1.2 Is this a replacement to an earlier report?	NO YES (Tick √ as applicable)	
1.3 Date of sending original report if this is a replacement report	MMYYYY	
PART 2 DETAILS OF REPORTING BRANCH/LOCATION		
2.1 Name of the Insurer/Broker (with Branch)		
2.2 Registration Number		
2.3 Address (No. Building)		
2.4 Street/Road		
2.5 Locality		
2.6 City/ Town, District		
2.7 Province, Country		
2.8 Pin Code		
2.9 Tel		
2.10 Fax		
2.11 E-mail		
PART 3 DETAILS OF INSURANCE CONTRACT		
3.1 Policy Number		
3.2 Type of the contract		
3.3 Type of policy holder		
3.4 Date of Insurance contract		
PART 4 LIST OF POLICY HOLDERS		
Name of Individual/Legal Person/Entity	Customer ID /number (if allotted)	Annexure*
4.1		
4.2		
4.3		
4.4		
4.5		
		* 1. Mention A for Individuals, B for Legal Person/Entity 2. Mention appropriate annexure number 3. Tick √ to confirm
<i>(Details of all account holders should be furnished in prescribed annexure)</i>		
Number of additional sheets for PART 4 attached <input type="checkbox"/> <i>(Leave blank if space provided above is sufficient and no extra sheet is attached)</i>		
CTR-1		

**CASH TRANSACTION REPORTS (CTRs) FOR INSURANCE
COMPANY/BROKING COMPANY**

Kindly fill in CAPITAL. Read the instructions before filling the form.

Page 2

PART 5 LIST OF OTHER RELATED PERSONS (other than policyholders)

Name of Individual/Legal Person/Entity	Customer ID /number (if allotted)	Relation**	Annexure*
5.1			
5.2			
5.3			
5.4			
5.5			
		** Mention B for Proposer, C for Director/Partner/Member etc., D for Beneficiary, E for Assignee	* 1. Mention A for Individuals, B for Legal Person/Entity 2. Mention appropriate Annexure number 3. Tick ✓ to confirm

(Details of all persons should be furnished in prescribed annexure)

Number of additional sheets for PART 5 attached *(Leave blank if space provided above is sufficient and no extra sheet is attached)*

PART 6 DETAILS OF TRANSACTIONS

Date of Transaction	Amount in Rupees	Remarks
6.1		
6.2		
6.3		
6.4		
6.5		
6.6		
6.7		
6.8		
6.9		
6.10		

Number of additional sheets for PART 6 attached *(Leave blank if space provided above is sufficient and no extra sheet is attached)*

DO NOT FILL. FOR FIU USE ONLY		Signature	
ACK.NO.		Name	
DATE		Designation:	
	DD/MM/YYYY		

CTR-2

**CASH TRANSACTION REPORTS (CTRs) FOR AN INSURANCE
COMPANY/BROKING COMPANY INSTRUCTIONS**

GENERAL INSTRUCTIONS

Under the Financial Transactions Reporting Act, No. 6 of 2006 and the Prevention of Money Laundering Act, No. 5 of 2006, every Insurance company/broking company shall furnish details of:

(A) All cash transactions of the value of more than Rs.500,000/- or its equivalent in foreign currency

(B) All series of cash transactions integrally connected to each other, which have been valued below Rs. 500,000/- or its equivalent in foreign currency where such series of transactions have taken place within a month;

Provided that where the principal compliance officer of an insurance company/broking company has reason to believe that a single transaction or series of transactions integrally connected to each other have been valued below the prescribed limit so as to defeat the provisions of this section, such officer shall furnish information in respect of such transactions to the Director within the prescribed time.

How to submit

Every branch of the Insurance company/Broking company must submit this form to the Director, FIU only through the principal compliance officer of the Insurance Company/Broking company designated under the Financial Transactions Reporting Act, No. 6 of 2006

EXPLANATION OF SPECIFIC TERMS**PART 1: DETAILS OF REPORT**

Replacement report is a report submitted in replacement of an earlier CTR. When a replacement report is submitted, date of submitting original CTR may be mentioned and the complete CTR has to be submitted again.

PART 2: DETAILS OF REPORTING BRANCH/ LOCATION

Particulars of the branch/location in which the reported account is maintained should be submitted in this part

PART 3: DETAILS OF INSURANCE CONTRACT

A separate CTR is required to be filed for each reported insurance contract

3.2 Types of Contract

"A" Life
"B" Non Life
"C" Annuities
"D" Others

3.3 Type of Policy Holder

Individual
Legal Entity

PART 4: LIST OF POLICY HOLDERS

Customer ID/number is the number allotted by bank to identify the customer. Enclose a separate annexure for each Policy holder.

PART 5 LIST OF OTHER RELATED PERSONS

The customer ID/ number may be mentioned if the related person is also a customer of the bank.

The related person can be of following types:

"B" Proposer
"D" Beneficiary
"E" Assignee
"Z" Other

Enclose a separate annexure for each related person

PART 6: DETAILS OF TRANSACTIONS

The amount should be rounded off to nearest rupee without decimal. If this amount was not in Indian Rupees, it should be converted into rupees. Mention any other information related to the transaction (Such as amount and type of foreign currency) in the Remarks column.

ALL ANNEXURES MUST BE ENCLOSED.