APPENDIX B: THE CLIENT RISK FACTOR QUESTIONNAIRE

*To be adjusted / expanded as circumstances require

Client Name:	**File / Matter Reference:**
Brief Transaction Details:	
Responsible Attorney:	**Date Opened (YY/MM/DD):**

CLIENT RISK	YES / NO	NOTES
STATUS OF CLIENT		
How well do you know your client and background?	☐ Y ☐ N	
Is your client known to you personally/existing client, or new business relationship?	☑ Y ☐ N	
Is your client a high risk person/entity e.g., a PEP?	☐ Y ☑ N	
Has your client been introduced to you by a 3rd Party? Is the instruction from your client channelled through a 3rd party? If so, why? Have you noted the requirements for introduced business?	☐ Y ☐ N	
Are you aware of your client having any links to criminality?	☐ Y ☐ N	
FACE-TO-FACE CONTACT		
Have you met with your client face-to-face or is it a non-face-to-face transaction? Non-face-to-face is a factor suggesting high risk.	☐ Y ☐ N	
If non-face-to-face, are you comfortable there is a legitimate reason for this and what is the reason?	☐ Y ☐ N	
LOCATION OF CLIENT		
Where is your client based? Locally/overseas?	☐ Y ☐ N	
Is your client based/resident/linked to a high risk jurisdiction/high risk country?	☐ Y ☐ N	
Does your client have connections to a jurisdiction where ML controls are weak? Are funds being sent to/from any of these places?	☐ Y ☐ N	
Have you carried out a check of the list issued by the Supervisory Authority or any other relevant terrorist lists pertaining to AML/CFT?	☐ Y ☐ N	
CLIENT DUE DILIGENCE		
Has your client provided the requisite information and documentation e.g. regarding ID and address information and verification as follows: Acceptable documentation to verify identity and address within 14 days/ Acceptable non-standard documentation to verify identity and address within 14 days?	☐ Y ☐ N	
Have you been able to confirm the authenticity/professional status of the certifier (where required) of any copies of documentation e.g. ID/address verification?	☐ Y ☐ N	
Has your client been cooperative in the process or have they delayed providing ID and address verification / appeared reluctant to do so?	☐ Y ☐ N	
FINANCIAL PROFILE OF CLIENT		
Does the stated source of wealth / source of funds and the amount of money involved stack up with what you know of your client, for example given their age and occupation?	☐ Y ☐ N	
Is your client involved in / run a high risk or high cash turnover business?	☐ Y ☐ N	
Is there the potential that the funds are from untaxed income? Is there a potential the funds are the proceeds of fraud?	☐ Y ☐ N	

AML-REGULATED LEGAL SERVICE RISK	YES / NO	NOTES
TYPE OF LEGAL SERVICE		
Could the type of transaction be used for the purposes of money laundering or is it at a higher risk of money laundering? – E.g., Will / Power of Attorney - lower risk; Conveyancing / Commercial Property - higher risk	☐ Y ☐ N	

AML-REGULATED LEGAL SERVICE RISK	YES / NO	NOTES
Does the transaction make sense or is it overly complex given the underlying nature of the business being conducted?	☐ Y ☐ N	
Does it make sense that your client has asked your firm to carry out this type of transaction? (e.g. is it within your area of expertise/local geographical area?)	☐ Y ☐ N	
VALUE OF LEGAL SERVICE / ASSET / TRANSACTION		
Does the value of the transaction appear to fall within the financial means of your client, given their income and savings?	☐ Y ☐ N	
SOURCE OF FUNDS		
Is the source of funds clear and identifiable?	☐ Y ☐ N	
Are funds coming from a recognised financial/credit institution (e.g. a loan or mortgage) or are they personal funds? If no loan or mortgage, enquire into the source of wealth. It may be prudent to ask for some supporting evidence to confirm the information provided and then reconsider the ML/TF risks involved.	☐ Y ☐ N	
Is any funding coming from overseas? From where? From who? Connection to client?	☐ Y ☐ N	
Are any of the funds being paid by a third party otherwise unconnected to the transaction?	☐ Y ☐ N	
Does your client seek to change the source of funds at the last minute?	☐ Y ☐ N	
Has your client paid excess funds into your client account? Why/How?	☐ Y ☐ N	
Is it being proposed that funds come from outside Jamaica and gain entry to the Jamaican financial system for the first time via your client account?	☐ Y ☐ N	
Could the client be trying to route funds through the attorney without an underlying transaction?	☐ Y ☐ N	
N.B. Standard CDD requires attorneys to understand the client's source of funds/wealth. Evidence of source of funds/wealth is only required if there is a high ML/TF risk and, in such circumstances, attorneys must consider whether any documentation could possibly negate the risk that the attorney might themselves unwittingly commit the substantive offence of ML/TF by proceeding.		
DESTINATION OF FUNDS		
Has your client requested that proceeds of a transaction be paid to someone other than a lender or themselves?	☐ Y ☐ N	
Are proceeds of a transaction to be paid to an overseas account?	☐ Y ☐ N	

Reminder – After you have completed the questionnaire, complete the file note (below) to document your thought process for individual ML/TF Customer Risk Assessment, CDD measures and any other compliance decisions.

MONEY LAUNDERING RISK ASSESSMENT – FILE NOTE

This should be completed at the beginning of the transaction, during the transaction if anything changes and just before the transaction is completed. Assessment of risk should take both client and transaction risk into consideration and will dictate whether Standard or Enhanced Client Due Diligence (CDD) is required and if the client/transaction is accepted and if any disclosure is made to the FID.

INITIAL ASSESSMENT OF RISK	☐ LOW (Standard CDD)	☐ MEDIUM (Standard CDD)	☑ HIGH (Enhanced CDD)

Please note below reasons for your assessment:

SIGNED BY: _____ **DATE:** _____ (YY/MM/DD)

INTERIM RISK ASSESSMENT – HAVE ANY RISK FACTORS CHANGED?	☐ LOW (Standard CDD)	☐ MEDIUM (Standard CDD)	☐ HIGH (Enhanced CDD)

(If no, a quick note stating as such, signed and dated – evidences that a review has been undertaken and consideration has been made)

Please note below reasons for your assessment:

SIGNED BY: _____ **DATE:** _____ (YY/MM/DD)

FINAL RISK ASSESSMENT – HAVE THERE BEEN ANY LAST MINUTE CHANGES THAT GIVE CAUSE FOR CONCERN?	☐ LOW (Standard CDD)	☐ MEDIUM (Standard CDD)	☐ HIGH (Enhanced CDD)

(Should be undertaken before monies are transacted / enter the client A/C)

Please note below reasons for your assessment:

SIGNED BY: _____ **DATE:** _____ (YY/MM/DD)

If you have assessed the risk as high at the beginning or thereafter at any point during the relationship/transaction or if you have any reservations or concerns, please refer to the Nominated Officer before commencing or continuing to act for the client. Remember that one of the enhanced due diligence measures required by the POCA (MLP) Regulations, is obtaining senior management approval to commence or continue the business relationship or one off transaction.

This form is issued by the General Legal Council as a standard to assist attorneys-at-law in meeting their customer due diligence obligations. Its use is not mandatory. An attorney may design and use an alternative form, provided that it captures the information required under the Proceeds of Crime Act, the Terrorism Prevention Act, the United Nations Security Council Resolutions Implementation Act and their attendant regulations.