**ANNEX X**

**DUE DILIGENCE QUESTIONNAIRE**

*Request for Proposal (RFP) no.:* ***21-243***

***Construction of bases and installation of water storage tanks in Nauru***

Please complete the following questionnaire and provide supporting documents where applicable.

### For individuals operating a business in their personal capacity

1. Please provide copies of any two of the following documents to verify identity and proof of address:
	1. Passport
	2. Driver’s license
	3. Voter card or other government-issued identity card
	4. Bank statement with the individual’s name displayed
2. Have you ever been convicted for criminal offences relating to money laundering or terrorism financing? ☐Yes ☐No

If you answered ‘yes’, please provide further details.

1. Have you ever been the subject of any investigation, indictment, conviction or civil enforcement action related to financing terrorists? ☐Yes ☐No

If you answered ‘yes’, please provide further details.

### For companies and other legal entities

1. Please provide the following documents to verify identity and proof of address:
	1. Evidence of Power of Attorney/Board Resolution granted to the officers to transact business on its behalf; and
	2. Any of the following documents:
		* Certificate of Incorporation
		* Memorandum and Articles of Association
		* Telephone bill in the name of the company
		* Bank statement with the entity’s name displayed
2. Does your entity have foreign branches and/or subsidiaries? ☐Yes ☐No
3. If you answered ‘yes’ to the previous question, please confirm the areas of your entity covered by responses to this questionnaire

|  |  |  |  |
| --- | --- | --- | --- |
| Head Office & domestic branches | * Yes
 | * No
 | * N/A
 |
| Domestic subsidiaries | * Yes
 | * No
 | * N/A
 |
| Overseas branches | * Yes
 | * No
 | * N/A
 |
| Overseas subsidiaries | * Yes
 | * No
 | * N/A
 |
| 4. Is your entity regulated by a national authority? | * Yes
 | * No
 |  |

If you answered ‘yes’ please specify the name of the national authority.

1. Does your entity have a written policy, controls and procedures reasonably designed to prevent and detect money laundering or terrorist financing activities? ☐Yes ☐No

If you answered ‘yes’, please send SPC your policy in English.

1. Does your entity have an officer responsible for an anti-money laundering and counter-terrorism financing policy? ☐Yes ☐No

If yes, please state that officer’s contact details:

……………………………………………………………………………….

1. Does your entity provide financial services to customers determined to be high risk including but not limited to:

|  |  |  |
| --- | --- | --- |
| - Foreign Financial Institutions | * Yes
 | * No
 |
| - Casinos | * Yes
 | * No
 |
| - Cash Intensive Businesses | * Yes
 | * No
 |
| - Foreign Government Entities | * Yes
 | * No
 |
| - Non-Resident Individuals | * Yes
 | * No
 |
| - Money Service Businesses | * Yes
 | * No
 |

1. If you answered ‘yes’ to any of the boxes in question 7, does your entity’s policies and procedures specifically outline how to mitigate the potential risks associated with these higher risk customer types? If yes, how?
2. Has your entity ever been the subject of any investigations or had any regulatory or criminal enforcement actions resulting from violations of laws and regulations relating to either money laundering or terrorism financing? ☐Yes ☐No

If you answered ‘yes’ please provide details.

1. Has the director or CEO of your entity ever been the subject of any investigations or had any regulatory or criminal enforcement actions resulting from violations of laws and regulations relating to either money laundering or terrorism financing? ☐Yes ☐No

If you answered ‘yes’ please provide details.

I declare that none of the funds received or to be received by me or my organisation are used or will be used for money laundering or terrorism financing.

I declare that the particulars given herein above are true, correct and complete to the best of my knowledge, and the documents submitted in support of this form are genuine and obtained legally from the respective issuing authority.

Dated this................day of................................................... [month and year] at................................

Signature …..........................................

Name..................................................