**Note: This information is being requested pursuant to NJSA 17:9A- sec.264. Please contact us at** [**DOBI.BankingReports@dobi.nj.gov**](mailto:DOBI.BankingReports@dobi.nj.gov) **with any questions regarding this survey.**

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| **Institution Name:** |  |

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| 1. **What is the date of your most recent “risk assessment” that provided an institution-wide analysis of BSA/AML risk in compliance with 12 C.F.R. §326.8?** |  |
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| * 1. **Is the risk assessment in writing? (circle one)** | **Yes / No** |
|  |  |
| 1. **What is the date of your institution’s current Board-approved BSA/AML Compliance Program?** |  |
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| 1. **Provide the name and title of the officer responsible for BSA/AML compliance:** | |
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| 1. **Provide the date of the most recent independent testing of the institution’s BSA Compliance Program (per 12 C.F.R. §326.8(c)(2)):** |  |
|  |  |
| * 1. **Provide the name and title of the individual(s) who conducted the independent testing.** | |
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|  | |
| **b) What is the Relationship of the Independent Tester to the bank?** |  |
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| * 1. **Provide the date of the Board Meeting when the Report of Independent Testing was presented:** |  |

**Name, title and phone number of individual to contact with questions regarding any of the information reported above:**

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| --- | --- | --- |
|  |  |  |
| **Name** | **Title** | **Phone No.** |