**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.**

|  |  |
| --- | --- |
| **Institution Name:** |  |

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

**5) Does the bank use an automated system for alert generation/suspicious activity monitoring? If so, please name the system used.**

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

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