GOVERNMENT OF ZAMBIA

STATUTORY INSTRUMENT No. 52 of 2016

The Financial Intelligence Centre Act, 2010 (Act No. 46 of 2010)

The Financial Intelligence Centre (Prescribed Thresholds) Regulations, 2016

ARRANGEMENT OF REGULATIONS

Regulations

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IN EXERCISE of the powers contained in section *fiftyeight* of the Financial Intelligence Centre Act, 2010, and in consultation with the Centre, the following Regulations are made:

1. (1) These Regulations may be cited as the Financial Intelligence Centre (Prescribed Thresholds) Regulations, 2016.

Title and commencement

- (2) These Regulations shall come into effect one hundred and eighty days from the date of publication.
- 2. In these Regulations, unless the context otherwise requires, words and expressions have their meanings assigned to them in the Act.

Interpretation

3. The Centre and supervisory authorities shall monitor and ensure compliance by reporting entities with the reporting entity's obligations under these Regulations.

Monitoring compliance

4. The Director-General may request a reporting entity to furnish financial information on a transaction to which these Regulations apply, whether conducted as a single transaction or as several transactions that appear to be linked.

Request information

5. A reporting entity shall identify andb verify a customer who is neither an account holder nor in an established business relationship with a financial institution, who wishes to carry out a transaction for any amount with the reporting entity.

Customer identification requirements

6. (1) The threshold of a wire transfer transaction in a financial institution is—

Wire transfers

- (a) with respect to a legal person or legal arrangement, an amount equal to, or above, the kwacha equivalent of ten thousand United States dollars, whether denominated in Zambian kwacha or a foreign currency; and
- (b) with respect to an individual, an amount equal to, or above the kwacha equivalent of five thousand United States dollars, whether denominated in Zambian kwacha or a foreign currency.
- (2) A financial institution undertaking wire transfer equal to, or above, the amounts referred to in subregulation (1) shall identify and verify the identity of the originator as follows:
 - (a) for an individual, the full name, date and place of birth, address and other particulars of the individual by comparing the particulars with—
 - (i) the individual's driving licence, passport or a national identification document bearing the individual's pictorial image;

- (ii) a reference from the individual's employer or a professional or traditional authority that has known that individual for at least twelve months:
- (iii) a reference obtained from the individual's foreign bank, where possible, in the case of a non-resident or foreigner;
- (iv) an original or certified true copy of the latest council or applicable rates, or utility bill receipt; and
- (v) information which is obtained from any other independent source, if it is accurate and reasonably necessary, taking into account any other written law or guidelines concerning the verification of identity;
- (b) for a body corporate—
 - (i) by comparing the submitted details of the body corporate with a certified true copy of its certificate of incorporation issued by the Registrar of Companies or another relevant authority;
 - (ii) reviewing the tax payer identification number (TPIN) issued by the Zambia Revenue Authority and other information held by the Registrar of companies or other relevant supervisory authority; and
 - (iii) except for a statutory body, the particulars of every person exercising direct or indirect control, for the purposes of identifying the beneficial owner; and
- (c) for a partnership, obtain from an individual acting or purporting to act on its behalf—
 - (i) the name of the partnership;
 - (ii) the business address:
 - (iii) the partnership agreement; and
 - (iv) the full names, address and date and place of birthof every partner, including the person who exercises direct or indirect control or management of the partnership, for purposes of identifying the beneficial owner.
- (3) A financial institution undertaking a wire transfer in accordance with subregulations (2) shall—

- (a) obtain and maintain the account number of the originator or, in the absence of an account number, a unique reference number;
- (b) obtain and maintain the originator's address or in the absence of the address, the national identity number or date and place of birth; and
- (c) include the information from subregulations (2)(a), (b) and (c) in the message or payment form accompanying the transfer
- 7. A reporting entity shall not later than three working days after the transaction, report a currency transaction equal to or above the kwacha equivalent of ten thousand United States dollars, whether denominated in Zambian kwacha or a foreign currency in the Form set out in the Schedule.

Currency transactions

8. (1) A person leaving or entering Zambia with an amount in cash, negotiable bearer instruments or both, exceeding the kwacha equivalent of five thousand united states dollars, whether denominated in Zambian kwacha or foreign currency, shall declare to a customs officer such amount in accordance with the Customs and Excise Act.

Financial instrument reporting at borders

Cap. 322

- (2) A customs officer may inquire about the source of funds declared under subregulations (1) or any other matter relating to the declaration in accordance with the Customs and Excise Act.
- (3) A customs officer shall transmit a declaration made to a customs officer under subregulation (1) to the centre as soon as practicable.
- 9. (1) A person who contravenes a provision of these Regulations commits an offence and is liable, upon conviction, to a fine not exceeding two thousand five hundred penalty units or to imprisonment for a period not exceeding one year, or to both.

General offence and penalty

- (2) Where an offence under these Regulations is committed by a body corporate or an unincorporated body, every director or manager of the corporate or unincorporate body is liable, upon conviction, as if the director or manager had personally committed the offence, unless the director or manager proves to the satisfaction of the court that the act constituting the offence was done without the knowledge, consent or connivance of the director or manager or that the director or manager took reasonable steps to prevent the commission of the offence.
- (3) A contravention of these Regulations may be determined summarily by a court of competent jurisdiction which shall take into account any relevant guidelines issued by the Centre.

SCHEDULE

FIC CTR Form

CTR No:

Date:

The Financial Intelligence Centre Act (Act No. 46 of 2010)

The Financial Intelligence Centre (Prescribed Threshold) Regulations, 2016

CURRENCY TRANSACTION REPORT

THE OBLIGATION TO REPORT CURRENCY TRANSACTION ARISES FROM SECTION 30 OF THE FINANCIAL INTELLIGENCE CENTRE ACT, NO. 46 OF 2010. ALL CURRENCY TRANSACTION REPORTS (CTRs) MUST BE TREATED AS CONFIDENTIAL WHEN COMPLETED

INSTRUCTIONS:

- i. Complete as much of this form as possible.
- ii. Fields marked with an asterisk (*) are mandatory, except for attempted transactions.
- iii. Please complete form in **INK** and **CAPITAL LETTERS**.
- iv. Mark appropriate boxes with a cross (X). For further information on how to complete this form please refer to the CTR Guidelines.
- For electronic submission please log on to our website at www.fic.zm

Send the Completed form to:

The Director-General
Financial Intelligence Centre
Plot 50L
Kudu Road
Kabulonga
P.O. Box 30481, Lusaka,
Zambia
or fax to:
+260-211-238232 or
Email: ctr@fic.gov.zm

Part A: Details of the Person/Organisation Involved in Transaction(s)

PERSON(S) ON WHOSE BEHALF TRANSACTION(S) IS CONDUCTED Check all box(es) that apply: a. ___ Amends Prior Report b. ___ Multiple Persons c. ___ Multiple Transactions Individual's Last Name or Company's Name: ______ First Name: ______ Middle Name: ______ Date of Birth: (DD/MM/YYYY) _____ /____ Gender: F ______ Doing Business as: Profession/Nature of business:

	Identify Type: NRC Passport Driver's License						
	a. Identification Number:						
	b. Identification issued by:						
10	c. Place of Issue:						
10.	Physical Address*						
	a. Property Number and Street Name:						
	b. Residential Area:						
	c. Town:						
11	d. Provincial & Country:						
11.							
12.	Telephone: Mobil:						
	Fax:						
	NUMBER OF STREET						
II.							
	If Section II is left blank or incomplete, check the box(es) below to indicate the reasonable to the section of						
	a. Armored Car Service b. Mail Deposit or Transportation						
	c. Night Deposit or ATM						
	d. Multiple Transactions e. Conducted on Own Be						
120							
	Individual's Last Name or Company's Name:						
14.	Individual's Last Name or Company's Name: First Name:						
13.14.15.	Individual's Last Name or Company's Name: First Name: Middle Name:						
14. 15. 16.	Individual's Last Name or Company's Name: First Name: Middle Name: Date of Birth: (DD/MM/YYYY) / /						
14.15.16.17.	Individual's Last Name or Company's Name: First Name: Middle Name: Date of Birth: (DD/MM/YYYY) / / Gender: F M						
14. 15. 16. 17.	Individual's Last Name or Company's Name: First Name: Middle Name: Date of Birth: (DD/MM/YYYY) / / Gender: F M Doing Business as:						
14. 15. 16. 17.	Individual's Last Name or Company's Name: First Name: Middle Name: Date of Birth: (DD/MM/YYYY) / / Gender: F M Doing Business as: Profession/Occupation/Nature of business:						
14. 15. 16. 17. 18.	Individual's Last Name or Company's Name: First Name: Middle Name: Date of Birth: (DD/MM/YYYY) / / Gender: F M Doing Business as: Profession/Occupation/Nature of business: Identify Type: NRC Passport Driver's License TPIN I						
14. 15. 16. 17. 18.	Individual's Last Name or Company's Name: First Name: Middle Name: Date of Birth: (DD/MM/YYYY) / / Gender: F M Doing Business as: Profession/Occupation/Nature of business: Identify Type: NRC Passport Driver's License TPIN I	Number					
14. 15. 16. 17. 18.	Individual's Last Name or Company's Name: First Name: Middle Name: Date of Birth: (DD/MM/YYYY) / / Gender: F M Doing Business as: Profession/Occupation/Nature of business: Identify Type: NRC Passport Driver's License TPIN I a. Identification Number: b. Identification issued by:	Number					
14. 15. 16. 17. 18.	Individual's Last Name or Company's Name: First Name: Middle Name: Date of Birth: (DD/MM/YYYY) / / Gender: F M Doing Business as: Profession/Occupation/Nature of business: Identify Type: NRC Passport Driver's License TPIN I	Number					
14. 15. 16. 17. 18. 19.	Individual's Last Name or Company's Name: First Name: Middle Name: Date of Birth: (DD/MM/YYYY) / / Gender: F M Doing Business as: Profession/Occupation/Nature of business: Identify Type: NRC Passport Driver's License TPIN I a. Identification Number: b. Identification issued by: c. Place of Issue: Physical Address*	Number					
14.15.16.17.	Individual's Last Name or Company's Name: First Name: Middle Name: Date of Birth: (DD/MM/YYYY) / / Gender: F M Doing Business as: Profession/Occupation/Nature of business: Identify Type: NRC Passport Driver's License TPIN I a. Identification Number: b. Identification issued by: c. Place of Issue:	Number					
14. 15. 16. 17. 18. 19.	Individual's Last Name or Company's Name: First Name: Middle Name: Date of Birth: (DD/MM/YYYY) / / Gender: F M Doing Business as: Profession/Occupation/Nature of business: Identify Type: NRC Passport Driver's License TPIN I a. Identification Number: b. Identification issued by: c. Place of Issue: Physical Address*	Number					
14. 15. 16. 17. 18. 19.	Individual's Last Name or Company's Name: First Name: Middle Name: Date of Birth: (DD/MM/YYYY) / / Gender: F M Doing Business as: Profession/Occupation/Nature of business: Identify Type: NRC Passport Driver's License TPIN I a. Identification Number: b. Identification issued by: c. Place of Issue: Physical Address* a. Property Number and Street Name:	Number					

23.	Telephone:	Mobil:				
	Fax:					
	If box 1a above for Amend prior report is checked, please provide the reference number					
	for the CTR to be amended					
24.	CTR Reference Number:					
	If box 1a above for Amend prior report is checked, please provide the reference number					
	for the CTR to b	e amended				
	PART B: TRANSACT	TON DETAILS CHECK ALL BOXES THAT APPLY				
25.	Place of Transaction	*				
26.	Date of Transaction*	::DD/MM/YYYY//				
27.	Total cash in (K)*: _					
28.	Total cash out (K):					
29.	Foreign Currency Ar	nount and Type (specify):				
30.	Account Number(s)	Affected*:				
31.	Transaction Type*	Negotiable Instrument(s) Purchased				
		Negotiable Instrument(s) Cashed				
		Deposit(s)				
		Withdraws(s)				
		Other (specify):				
	PART C: REPORTING	G ENTITY DETAILS*				
NAT	TURE OF BUSINESS					
	ro Finance Institution	☐ Insurance Broker ☐ Lotteries ☐ Motor Vehicle Dealer				
Micr	o i manee monatarion					
		Precious Metal Dealer Leasing Company				
Moto	or Vehicle Dealer	Precious Metal Dealer Leasing Company				
Moto Bure	or Vehicle Dealer = = Real	Precious Metal Dealer Leasing Company Lestate Ag. Legal Practitioner Insurance				
Moto Bure Buile	or Vehicle Dealer cau de Change Reading Society Money	Precious Metal Dealer Leasing Company Lestate Ag. Legal Practitioner Insurance Remitter Real Estate Dev. Accountant/Auditor				
Moto Bure Build Pens	or Vehicle Dealer eau de Change Real ding Society Money sion Commercial Ba	Precious Metal Dealer Leasing Company I Estate Ag. Legal Practitioner Insurance				
Moto Bure Build Pens	or Vehicle Dealer cau de Change Reading Society Money	Precious Metal Dealer Leasing Company Lestate Ag. Legal Practitioner Insurance Remitter Real Estate Dev. Accountant/Auditor				
Moto Bure Build Pens	or Vehicle Dealer eau de Change Real ding Society Money sion Commercial Bal elopment Finance	Precious Metal Dealer Leasing Company Lestate Ag. Legal Practitioner Insurance Remitter Real Estate Dev. Accountant/Auditor				
Moto Bure Build Pens	or Vehicle Dealereau de Change Realeding Society Moneysion Commercial Ballelopment Finance	Precious Metal Dealer Leasing Company Lestate Ag. Legal Practitioner Insurance Remitter Real Estate Dev. Accountant/Auditor ank Casino Stock Broker Tax Consultant				

Compliance/Reporting Offi	icer	
Name:	· · · · · · · · · · · · · · · · · · ·	4
Tel. No.:		
Email Address:		÷
If different from Complian	ce/ReportingOfficer	
Name:		· · · · · · · · · · · · · · · · · · ·
Address:		
Tel. No.: Landline: +260	60	
Email Address:		4
Are there any attachments acc	companying this form? Yes	□ NO □
(If yes, please specify):		
	MM/DD/YYYYY	_/
Signature	Date	
		A. B. CHIWANDA, Minister of Finance

LUSAKA
17th June, 2016
[MF/IDM.101/1915]