

# Training Record

Name:

Position in Practice:

Has a copy of Practice's Compliance Policy and Procedures Statement been given to the individual? **YES/NO**

Has the individual been made aware of the obligations of the practice under ML Regs regarding:

- Customer Due Diligence and ongoing monitoring **YES/NO**
- Internal control **YES/NO**
- Reporting **YES/NO**
- Record keeping **YES/NO**
- Risk Assessment and management **YES/NO**
- Monitoring and management of compliance with the policies and procedures of the Practice? **YES/NO**

Has the person received training as to how to recognise and handle transactions which might relate to Money Laundering/Terrorist Financing? **YES/NO**

Has the person been made aware of the Law relative to Money Laundering/Terrorist Financing? **YES/NO**

List Courses Attended

Course	Date	Content of Course

Are there any other courses or training required **YES/NO** (if **YES** give details)

I confirm that this person has met the requirements under the Money Laundering Regulations.

Name:	
Position:	
Signature:	

Strictly Confidential

I confirm that I have received the training in respect of the Money Laundering Regulations as listed over.

Name:	
Position:	
Signature:	

