PF02 – Trust Company Data on AML

Box N°	Name	Description of the Data to be Reported	Format
1	Date	The request for information will be made on a semiannual basis. The closing dates will be on June 30 and December 31 of each year. The information must be submitted to the Superintendency of Banks of Panama by the thirty-first (31st) day of the month following the closing date of each period.	Date format YYYYMMDD
2	Trust Company Code	Trust company code assigned by the SBP.	3-character text
3	Prepared by	Name of the person filling out the document.	50-character text. Do not use null values.
4	position	Position held by the person filling out the document.	50-character text. Do not use null values.
5	Compliance Officer's Name	Name of the Compliance Officer according to the last notification submitted to the Superintendency.	50-character text. Do not use null values.
6	Compliance Officer's telephone number	Organization's telephone number at which the Compliance Officer can be reached.	20-character text. Do no use null values.
7	Economic Group's Name	If the entity is a Panama-based parent company for a financial/economic group, please indicate the name of the financial/economic group. If not applicable, please enter NA	100-character text. Do not leave blank spaces or use null values. If the bank does not belong to a financial/ economic group insert NA
8	Number of regulated affiliates	If the entity is a Parent Company, indicate the number of regulated affiliates and subsidiaries.	Integer
9	Number of affiliates abroad	If the entity is a Parent Company with affiliates or subsidiaries abroad, indicate the number of regulated affiliates abroad	Integer
10	Number of nonregulated affiliates	If the entity is a Parent Company with nonregulated affiliates or subsidiaries within the country or abroad, insert the number.	Integer
11	Holding Company Name	Insert the name of the Parent Company to which the bank belongs. If not applicable, insert NA.	100-character text. Do not leave blank spaces or use null values. If the bank does not belong to a financial/ economic group insert NA

Box N°	Name	Description of the Data to be Reported	Format
12	Total Employees	Insert the total number of employees directly hired by the Bank, regardless of the type of relationship (hired, contracted, etc.)	Integer
13	Alternate Compliance Officer's Name	In case of the temporary absence of the Principal Compliance Officer, insert the name of the person taking on the Compliance Officer's role and responsibilities.	50-character text. Do not use null values.
14	Total compliance structure	Number of persons working in the AML/FT/FPWMD unit/area.	Integer
15	Monitoring tool name	Name of the monitoring tool the entity uses for ML/FT/FPWMD risk prevention.	50-character text. Do not use null values.
16	Monitoring tool version	If this tool has different versions, insert the current version the entity uses.	10-character text. Do not use null values.
17	Monitoring tool implementation date	(YYYYMMDD) Date on which the entity started using the monitoring tool.	Date format YYYYMMDD
18	Monitoring tool last update date	(YYYYMMDD) Date on which the monitoring tool was last updated.	Date format YYYYMMDD
19	Monitoring tool supplier	If applicable, insert the name of the monitoring tool supplier.	50-character text. Do not use null values
20	Total warnings produced during the surveyed period	Number of warnings produced during the surveyed period.	Integer
21	Total warnings processed during the surveyed period	Number of warnings processed during the surveyed period.	Integer
22	Total warnings pending during the surveyed period	Number of warnings pending processing during the surveyed period.	Integer
23	Total number of employees assigned to analyze warnings	Number of employees assigned to analyze warnings.	Integer
24	Total number of Suspicious Transaction Reports issued during the period	Number of Suspicious Transaction Report(s) (STRs) sent to the Financial Analysis Unit (UAF) during the surveyed period.	Integer
25	Currency Transaction Reports (CTR) during the period. Number	Number of Currency Transaction Report(s) (CTRs) for the period.	Integer

Box N°	Name	Description of the Data to be Reported	Format
26	Currency Transaction Reports (CTR) during the period (monetary value)	Insert the total amount of the cash transactions reported in CTRs, according to the surveyed period.	Numeric with 2 decimals
27	Total Assets	Insert total assets owned by the trust company.	Integer
28	Total fee income for trust fund management	Insert total fee income from trust fund management.	Integer
29	Total fee income for other services	Insert total fee income from other services.	Integer
30	Number of trust fund agreements created under Panamanian law	Indicate the number of agreements created under Panamanian Law.	Integer
31	Number of trust fund agreements created under other legislation	Indicate the number of agreements created under other country laws.	Integer