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|  | |  | |
| **Examination Period:** DATE LICENSED/LAST EXAM DATE through As of Date | | | |
|  | |  | |
| **FINANCIAL INFORMATION** | | | |
|  | 1. Sales Volume Report – ***Attachment A*** | |
|  | 1. Most recent independently audited financials (if not already previously submitted), and the independent audit engagement letter. | |
|  | 1. Most recent interim financial statements. | |
|  | 1. Most recent year end and quarter end trial balance / general ledger. | |
|  | 1. Permissible Investment and Average Daily Transmission Liability Reports for the last three months of the examination period –  * Also, provide the supporting documentation that reconcile to the figures shown on your Permissible Investment and Average Daily Transmission Liability Reports. | |
|  | 1. List all domestic and/or foreign bank accounts (bank name, city, and state and account number) and­ identify all account signors. | |
|  | 1. Provide a recap of bank account reconcilements; detail what bank accounts have been reconciled, how often bank accounts are reconciled, date of the last reconcilements, who conducted the bank account reconciliations, who reviewed the bank account reconciliations, identify which bank accounts are out of balance or bank accounts that cannot be reconciled. | |

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| **MANAGEMENT** | |
|  | 1. General Information Sheet – ***Attachment B*** |
|  | 1. List all services offered as well as a copy of your fee schedule for the services offered. |
|  | 1. Corporate History: Provide a brief history of the licensee. Describe the origin of the company, changes in the corporate structure and/or ownership, and the present scope of operation. |
|  | 1. Corporate Organizational Chart: Please provide an organizational chart of parents, subsidiaries, and affiliates. |
|  | 1. Listing of directors, senior management and major shareholders—those individuals, companies, LLCs, or partnerships, owning more than 9.99% of the outstanding stock. – ***Attachment C*** |
|  | 1. Operations Resume: Describe in detail the flow of operation from receipt of customer’s funders (agents’ operations), printing of payment instruments if applicable, delivery of beneficiary funds, to receiving agent deposits or final collections. Basically, describe how a transaction flows from start to finish. |
|  | 1. Copy of any enforcement action(s) issued by any local, state, or federal agency and all relating correspondence to such enforcement action, as well as a listing of any material litigation, pending or settled, against the company. |
|  | 1. Copy of wire transfer receipt and of each type of payment instrument. |

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| **AUTHORIZED DELEGATE, DELEGATE RECORDS, and BONDING REQUIREMENTS** | |
|  | 1. Prepare the authorized delegates and company location information sheet – ***Attachment D*** |
|  | 1. Copy of surety bond, current invoice and proof of payment/or copies of current safekeeping receipts for securities pledged as a deposit in lieu of bond. |
|  | 1. Provide your agent policies: policies addressing delegate selection criteria, delegate operations, and delegate loss prevention. |
|  | 1. Blank copy of the authorized delegate contract or delegate trust agreement. |
|  | 1. List of domestic and foreign paying agents. |
|  | 1. FinCEN INTERPRETIVE RULES Release No. 2004-1. For foreign paying agents and counterparties, have available:  * A copy of the contract with the foreign paying agent and a copy of the foreign paying agent’s license, * File(s) to support your due diligence with respect to foreign agents or foreign counterparties, and * Documentation to support your ongoing monitoring of the foreign paying agent and counterparties. |
|  | 1. Provide any internal delegate monitoring reports or on-site inspection reports. |

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| **BSA / AML / USA PATRIOT ACT / OFAC RECORDKEEPING** | |
|  | 1. Provide your most recent MSB Registration (FinCEN Form 107). |
|  | 1. Anti-Money Laundering (AML) program. (31 CFR 1022.210) |
|  | 1. The most recent independent AML review. |
|  | 1. Provide a list of countries transmitting to. |
|  | 1. Agent listing and information required by 31 CFR 1022.380(d). |
|  | 1. Procedures utilized for identifying and reporting suspicious activity; if not included in the AML program. |
|  | 1. Provide a listing of your internal business rules used to monitor suspicious activity and business rules used to monitor for fraudulent activity. |
|  | 1. Documentation which supports delegate, employee and management BSA/AML training. At a minimum, provide attendance sheets or login sheets, dates of training, agenda of training session, materials used in the training session, etc. |
|  | 1. Provide copies of all CTRs filed during the review period |
|  | 1. Provide copies of any FBARs / FinCEN Form TD F 90-22.1 – Report of Foreign Bank and Financial Account as well as any proof of filing. (31 CFR 1010.350) |

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| **MISCELLANEOUS and ADDITIONAL REQUESTS** | |
|  | 1. Customer Privacy policy / Procedures utilized to keep customer information confidential |
|  | 1. A copy of the most recent unclaimed funds report for the state of Washington. |
|  | 1. A copy of the company refund policy. |

**ATTACHMENT A**

***Sales Volume & Outstanding Instruments and Transmissions***

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **2012** | | **2013** | | **Through 6/30/14** | |
|  | Total ($) | Total (#) | Total ($) | Total (#) | Total ($) | Total (#) |
| **Money Orders** | | | | | | |
| Washington | $ |  | $ |  | $ |  |
| United States | $ |  | $ |  | $ |  |
| WA Outstanding | $ |  | $ |  | $ |  |
| Total U.S. Outstanding | $ |  | $ |  | $ |  |
| **Transmissions** | | | | | | |
| Washington | $ |  | $ |  | $ |  |
| United States | $ |  | $ |  | $ |  |
| WA Outstanding | $ |  | $ |  | $ |  |
| Total U.S. Outstanding | $ |  | $ |  | $ |  |
| **Travelers Checks** | | | | | | |
| Washington | $ |  | $ |  | $ |  |
| United States | $ |  | $ |  | $ |  |
| WA Outstanding | $ |  | $ |  | $ |  |
| Total U.S. Outstanding | $ |  | $ |  | $ |  |
| **Other Instruments** (*drafts; gift certificates; checks; pre-paid access, etc.)* | | | | | | |
| Washington | $ |  | $ |  | $ |  |
| United States | $ |  | $ |  | $ |  |
| WA Outstanding | $ |  | $ |  | $ |  |
| Total U.S. Outstanding | $ |  | $ |  | $ |  |

**ATTACHMENT B**

***General Information***

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date: | | | | | | | | | | | | |  | | |  | | |
|  | | | | | | | | | | | | | | | | | | |
| Licensee Name: | | | | |  | | | | | | | | | | | | | |
| Licensee Address: | | | | |  | | | | | | | | | | | | | |
| Name of Examination Contact: | | | | | | | | | |  | | | | | | | | |
| Title: |  | | | | | | | | | | | | | Phone: |  | | Extension: |  |
| **Name of Independent Auditing Firm:** | | | | | | | | | | | |  | | | | | | |
| Accountant in Charge: | | | | | | | |  | | | | | | | | | | |
| Fiscal Year Ends: | | | | |  | | | | | | | | | Phone: |  | | Extension: |  |
| **IT / Service Provider (Computer Control Center or In-House Processing:** | | | | | | | | | | | | | | | | | | |
| Name: | |  | | | | | | | | | | | | | | | | |
| Address: | |  | | | | | | | | | | | | | | | | |
| IT Contact Name: | | | | |  | | | | | | | | | | | | | |
| Title: | |  | | | | | | | | | | | | Phone: |  | | Extension: |  |
| **Law Firm representing Licensee:** | | | | | | | | | | |  | | | | | | | |
| Address: | |  | | | | | | | | | | | | | | | | |
| Counsel’s Name: | | | |  | | | | | | | | | | Phone: |  | | Extension: |  |
| **Bonding Company:** | | | | | | |  | | | | | | | | | | | |
| Address: | |  | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| Bond Amount: | | |  | | | | | | | | | | | | | | | |
| Policy #: | | |  | | | | | | | | | | | | | | | |
| Renewal Date: | | |  | | | | | | | | | | | | | | | |
| Bonding Company Contact: | | | | | | | | |  | | | | | | | | | |
| Title: | |  | | | | | | | | | | | | Phone: |  | | Extension: |  |
| **Principal Clearing Bank:** | | | | | | | | |  | | | | | | | | | |
| Address: | |  | | | | | | | | | | | | | | | | |
| Bank Contact Name: | | | | | |  | | | | | | | | | | | | |
| Title: | |  | | | | | | | | | | | | Phone: |  | | Extension: |  |

**ATTACHMENT C**

***Listing of Senior Management, Directors, & Major Shareholders***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Address** | **Title** | **Date(1)** | **% of Ownership(2)** |
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1. For Directors, insert date of appointment; For Officers, insert date of election.
2. Insert percent owned for each director and/or officer. List any major shareholders and percentage owned by such person or entity. Major shareholder is anybody that owns or controls more than 9.99% of the outstanding stock.

**ATTACHMENT D**

***Authorized Delegates and Company Locations***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | | | **WASHINGTON** | **UNITED STATES** | **WORLD-WIDE** |
| **Number of locations where licensee’s products and services are offered:** | | | | | |
| Company owned | as of | 6/30/14 |  |  |  |
| Authorized Delegates | as of | 6/30/14 |  |  |  |
| Subagents | as of | 6/30/14 |  |  |  |
| **Average daily clearance for payment:** | | | | | |
| Money Orders | | | $ |  | |
| Travelers’ Checks | | | $ |  | |
| Drafts/Other Instruments | | | $ |  | |
| **Remittance period:** | | | | | |
| Money Orders | | |  |  | |
| Travelers’ Checks | | |  |  | |
| Drafts/Other Instruments | | |  |  | |
| **Dollar amount of delegate receivables:** | | | | | |
| Delinquent 10 – 29 days | | | $ |  | |
| Delinquent 30 – 59 days | | | $ |  | |
| Delinquent 60 – 89 days | | | $ |  | |
| Delinquent 90 or more days | | | $ |  | |