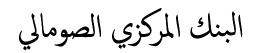
# BANKIGA DHEXE EE SOOMAALIYA





## CENTRAL BANK OF SOMALIA

## **Licensing and Supervision Department**

Qaybta Shati-siinta iyo Kormeerka

## **Compliance Contact Information**

### A. Name and Address of Financial Institution

Name of Financial Institution:
2. Primary Phone:
3. Secondary Phone:
4. Email:
5. Address:
B. Name and Particulars of Compliance Contact Person
6. Full Name:
7. Date of Appointment:
8. Term of Appointment (if applicable):
9. Full Contact Details
Primary Phone:
Secondary Phone:
Email:
Back-up Contact Name:
Back-up Contact Phone:
Back-up Contact Email:

C. Name and Declaration of Appointing Authority				
10. Name of appointing authority:				
11. Title of appointing authority:				
D. Declaration:				
a. I am aware of the roles and responsibilities of the Compliance Contact Person.				

• serve as compliance contact person for the financial institution;

b. I hereby make the above appointment who shall:

- be responsible for ensuring compliance with the Financial Institution Law and all Central Bank of Somalia issued regulations, directives, orders, guidelines and instructions;
- be given appropriate and adequate authority and responsibility to implement the requirements of the Act and all Central Bank of Somalia issued regulations, directives, orders, guidelines and instructions;
- have the authority to act independently and to report to the senior management.
- have timely access to customer identification data and other customer due diligence information, transaction records, and other relevant information.
- c. I declare that I have the authority to make this appointment and declaration.
- d. I declare that all information given in this form is true and correct.

Dated this	day of	20	
Signed:			
12. Stamp/Seal o	f the Financial Institution	n:	