



CENTRAL BANK OF SOMALIA

Licensing and Supervision Department

Qaybta Shati-siinta iyo Kormeerka

Compliance Contact Information

A. Name and Address of Financial Institution

1. 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.

b. I hereby make the above appointment who shall:

- serve as compliance contact person for the financial institution;
- 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 of the Financial Institution:

