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REGISTERED BY
THE MINISTRY OF JUSTICE OF
THE REPUBLIC OF ARMENIA
APRIL 9, 2007
STATE REGISTRATION NUMBER: 05007162

REPUBLIC OF ARMENIA CENTRAL BANK BOARD DECISION

Number 56-N dated February 20, 2007

ON APPROVING THE FORM FOR PROVISION OF INFORMATION ON TRANSACTIONS SUBJECT TO MANDATORY REPORTING AND SUSPICIOUS TRANSACTIONS (REPORTING FORM 002) BY ENTITIES CARRYING OUT INSURANCE ACTIVITIES (HEREINAFTER, "REPORTING ENTITIES"), APPROVING THE PROVISION OF INFORMATION PROCEDURE AND DEADLINES, AND REPEALING THE REPUBLIC OF ARMENIA CENTRAL BANK BOARD DECISION 139-N DATED MARCH 28, 2006

Based on Article 7 of the Republic of Armenia Law on Combating the Legalization of Crime Proceeds and Terrorism Financing, and guided by Articles 5 and 20 of the Republic of Armenia Law on the Central Bank and Article 72 of the Republic of Armenia Law on Legal Acts, the Republic of Armenia Central Bank Board hereby decides:

1. To approve the Form for Provision of Information on Transactions Subject to Mandatory Reporting and Suspicious Transactions by Reporting Entities (Reporting Form 002) as per Appendix 1 (attached).
2. To approve the Procedure of Provision of Information on Transactions Subject to Mandatory Reporting and Suspicious Transactions by Reporting Entities as per Appendix 2 (attached).
3. To approve the Deadlines of Provision of Information on Transactions Subject to Mandatory Reporting and Suspicious Transactions by Reporting Entities as per Appendix 3 (attached).
4. To repeal the Republic of Armenia Central Bank Board Decision 139-N dated March 28, 2006 "On Defining the Form for Provision of Information on Transactions Subject to Mandatory Reporting and Suspicious Transactions (Reporting Form 002) by Insurance Companies and Defining the Provision of Information Procedure and Deadlines."

SIGNED BY THE DEPUTY GOVERNOR
OF THE CENTRAL BANK
OF THE REPUBLIC OF ARMENIA ON FEBRUARY 27, 2007

Appendix 1

Approved under
Decision 56-N of the
Republic of Armenia
Central Bank Board
Dated February 20, 2007

New report ○
Supplementary report ○
Number of supplemented report ☐ and ☐
sequence number of the supplementary report version

REPORTING FORM 002

FOR PROVISION OF INFORMATION ON TRANSACTIONS SUBJECT TO MANDATORY REPORTING AND SUSPICIOUS TRANSACTIONS BY REPORTING ENTITIES

This Reporting Form is filled out and presented by entities carrying out insurance activities, in accordance with the Guidelines for Filling out and Presenting this Form.

Whenever used in this Reporting Form, the "" sign denotes the fields that must be filled out for transactions that are subject to mandatory reporting.*

1. DESCRIPTION OF THE TRANSACTION

***1.1. Date transaction executed** ☐☐ / ☐☐ / ☐☐☐☐ (d d / m m / y y y y)
Fill out only one of fields 1.2. and 1.3.

***1.2. Transaction subject to mandatory reporting** ☐

1.3. Suspicious transaction ☐

(Mark this field each time the suspicion grounds stipulated by the Procedure are present in the transaction conclusion or execution terms, regardless of the transaction amount)

1.3.1. Grounds and criteria for deeming transaction suspicious

(If the information does not fit in the space allocated for this field, add a numbered page, marked "1.3.1." in the left corner, and fill out the necessary information in that page.)

See Paragraph 5 of the General Provisions of the Guidelines.

Fill out only one of fields 1.3.2. and 1.3.3.

1.3.2. Transaction was suspended ☐	**1.3.3. Terminated** ☐

1.3.4. Suspension or termination date and duration ☐☐ / ☐☐ / ☐☐☐☐ (d d / m m / y y y y) and ☐ (days)

1.3.5. Unexecuted or unfinished transaction ☐

Is it an interrelated transaction? (fill out only one of fields 1.4 and 1.5).
(Specify "Yes" in case of the interrelated insurance transactions stipulated by the Guidelines)

Specify the number of interrelated transactions and how they are interrelated

1.4. Yes ☐ number ☐	**1.5. No** ☐

Specify how the transactions are interrelated

1.6. Type of insurance

***1.6.1. Life insurance** ☐	***1.6.2. Other insurance** ☐
specify the sub-type under paragraph 1.6.1	*specify the sub-type under para. 1.6.2*

1.7. Insured period _____ *(number of days)*

***1.8.1. Insured sum and currency** _____ and _____

***1.8.2. Insurance premium (Armenian drams)** _____

***1.8.3. Insurance compensation (Armenian drams)** _____

1.9. INFORMATION ABOUT REINSURERS AND REINSURANCE, IN CASE OF REINSURED TRANSACTIONS

1.9.1. Full name of reinsurer _____
Name of the organization, legal-organizational form

1.9.2. Address of reinsurer _____ _____ _____
Apartment, building, street | City/village | Country

1.9.3. Bank account number of reinsurer _____

1.9.4. Reinsured sum and currency _____ _____

1.9.5. Reinsurance premium and currency _____ _____

1.9.6. Reinsurance compensation (Armenian drams) _____

2. INSURED ENTITY, WHICH IS A PARTY TO THE TRANSACTION

In case of two or more insured entities, fill out the entity information twice or more times.
See Paragraph 5 of the General Provisions of the Guidelines

***2.1. Number of entities** _____

2.1.1. Legal entity or sole entrepreneur

***2.1.1.1. Full name:** _____
Name of the organization, legal-organizational form

***2.1.1.2. Location (residence)** _____ _____ _____
Apartment, building, street | City/village | Country

***2.1.1.3. Taxpayer identification number** _____

***2.1.1.4.1. Bank account number** _____

***2.1.1.4.2. Bank name and country** _____ _____

2.1.2. In case the insured entity, which is a party to the transaction, is a natural person:

***2.1.2.1. Name** _____ ***2.1.2.2. Surname** _____

Specify the sex and family status of the transaction party that is a natural person _____ _____

***2.1.2.3. Residence address** _____ _____ _____
Apartment, building, street | City/village | Country

***2.1.2.4. Date of birth** _____ _____ _____ **2.1.2.5. Citizenship** _____
d d / m m / y y y y | Country

***2.1.2.6. Social card number** _____

***2.1.2.7. Name of personal identification document** _____

***2.1.2.7.1. Document number** _____

***2.1.2.7.2. Issuing authority and date issued** _____ _____ _____ _____
d d / m m / y y y y

***2.1.2.8.1. Bank account number** _____

***2.1.2.8.2. Bank name and country** _____ _____

2.2. The insured entity is also a beneficiary _____

INFORMATION ABOUT THE INSURANCE BROKER THAT CARRIES OUT THE TRANSATION ON BEHALF OF THE INSURED ENTITY

This section should be filled out only if an insurance broker is involved

2.3. Legal entity

2.3.1. Full name: _____
Name of the organization, legal-organizational form

2.3.2 Location (residence)

Apartment, building, street | City/village | Country

2.3.3. Taxpayer identification number

2.3.4.1. Bank account number

2.3.4.2. Bank name and country

3. ENTITY TO WHOSE BENEFIT THE TRANSACTION IS CONDUCTED (BENEFICIARY)

In case of two or more beneficiaries, fill out the beneficiary information twice or more times

***3.1. Number of beneficiaries**

3.2. If the beneficiary is a legal entity or sole entrepreneur

***3.2.1. Full name**

Name of the organization, legal-organizational form

3.2.2. Location (residence)

Apartment, building, street | City/village | Country

3.2.3. Taxpayer identification number

***3.2.4.1. Bank account number**

***3.2.4.2. Bank name and country**

3.3. If the beneficiary is a natural person

***3.3.1. Name** ***3.2.2. Surname**

Specify the sex and family status of the transaction party that is a natural person

3.3.3. Residence address

Apartment, building, street | City/village | Country

3.3.4. Date of birth d d / m m / y y y y **3.3.5. Citizenship** Country

3.3.6. Social card number

3.3.7. Name of personal identification document

3.3.7.1. Document number

3.3.7.2. Issuing authority and date issued d d / m m / y y y y

***3.3.8.1. Bank account number**

***3.3.8.2. Bank name and country**

***3.4. Amount due to the beneficiary**

4. OTHER TRANSACTION-RELATED INFORMATION THAT YOU DEEM IMPORTANT

(If the information does not fit in the space allocated for this field, add a numbered page, marked "4" in the left corner, and fill out the necessary information in that page.)

See Paragraph 5 of the General Provisions of the Guidelines.

***5. OFFICER INFORMATION**

***5.1. Name** ***5.2. Surname**

***5.3. Date form filled out** d d / m m / y y y y *Signature*

***5.4. FMC recording number of Reporting Entity**

Republic of Armenia Central Bank
Financial Monitoring Center
6 V. Sargsyan, 375010
Tel. 545088, E-mail: info_fiu@cba.am

Annex

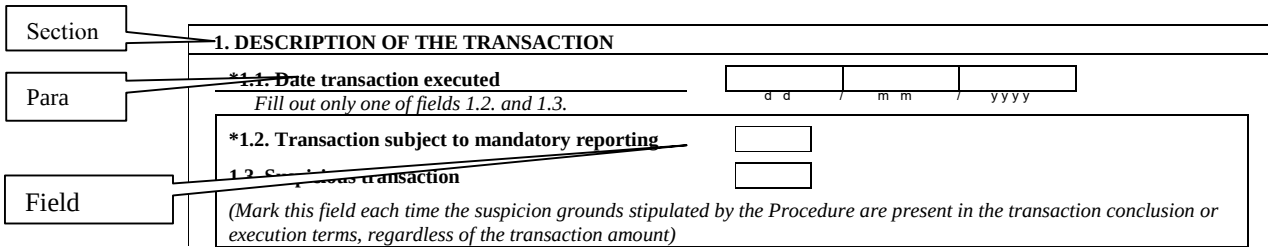
To Appendix 1: "Form for Provision of Information on Transactions Subject to Mandatory Reporting and Suspicious Transactions by Reporting Entities (Reporting Form 002)"

GUIDELINES FOR FILLING OUT AND PRESENTING REPORTING FORM 002 (HEREINAFTER, "GUIDELINES")

General Provisions
(On the procedure of filling out and presenting)

This Reporting Form should be filled out only after receiving a recording number from the Republic of Armenia Central Bank Financial Monitoring Center (hereinafter, "FMC") on the basis of the "Procedure of Provision of Information on Transactions Subject to Mandatory Reporting and Suspicious Transactions by Reporting Entities."

Reporting Form Structure and Concepts Used in these Guidelines:



Fill out this Reporting Form, if your organization is an entity that carries out insurance activities (hereinafter, "Reporting Entity").

Procedure of Filling out

1. Fill out this Reporting Form in the following two cases:

a) If the insured amount (in case if the insurance compensation is claimed abroad), the insurance premium, or the insurance compensation stipulated by the insurance transaction processed by you exceeds 20 million drams; or

b) If at least one of the suspicious transaction grounds and criteria defined by the Republic of Armenia Law on Combating the Legalization of Crime Proceeds and Terrorism Financing or by other legal acts is present in the execution or performance conditions of the insurance transaction, regardless of whether the transaction amount exceeds 20 million drams.

If the report is submitted on a suspicious transaction, then all the cells in the Reporting Form must be filled out. If the report is submitted on a transaction subject to mandatory reporting, then only the cells marked with an asterisk must be filled out. However, if it is impossible to fill out a cell due to the absence of data, then an asterisk is inserted in the cell content, and a relevant explanation provided in Section 5 of the Reporting Form.

2. This Reporting Form is not subject to regular submission. It is only submitted if there is (are) a transaction (transactions) of the type mentioned in paragraph 1 above.

3. This Reporting Form is filled out for either one transaction (operation) or two or more interrelated transactions (operations).

For interrelated transactions, one Reporting Form is filled out, in which the sum of all the transaction amounts will be specified as the transaction amount. The date of the transaction in relation to which the suspicion arose is mentioned as the transaction execution date.

Options for Filling out

4. Fill out this Reporting Form in Armenian, using language that is as simple, concise, comprehensible, and unambiguous as possible.

5. Fill out this Reporting Form in any of the following two forms:

a) On paper: the paper version of the Reporting Form can be obtained:

1. By contacting the FMC; or
2. By downloading from the website of the FMC (www.cba.am/fmc/index.htm).

Fill out the paper version of the Reporting Form using a pen.

If you need to make corrections in the substance, fill out a new Reporting Form.

If you need to make technical corrections, make them and place your signature next to such corrections.

Fill out the Reporting Form within the allocated space limits of the paper form. If you need to fill out new sections, use additional papers. On the additional papers, mark the section that is being filled out, sign the additional papers and attach them to the main Reporting Form. For example, if you have determined that the transaction has three beneficiaries, rather than one, then specify the number "3" in paragraph 3.1 of section 3 of the Reporting Form, then make two photocopies on a separate sheet of the segment that contains section 3, fill out the appropriate information, sign, and attach to the Reporting Form.

If the space limits for any paragraph of the Reporting Form are not sufficient, fill out the information using additional sheets of paper in the following way: on the left side of the paper, specify the paragraph to which the information applies, and continue the numbering of sheets from the last page of the Reporting Form. For example, specify on a separate sheet the grounds for deeming a transaction suspicious under paragraph 1.3.1, then number the sheet, specify "1.3.1" on the top left corner of the sheet, sign it, and attach to the Reporting Form.

b) Electronically: the electronic version of the Reporting Form can be obtained:

1. By contacting the FMC; or
2. By downloading from the website of the FMC (www.cba.am/fmc/index.htm).

Fill out the electronic version of the Reporting Form by activating the windows containing the table and filling out the data.

Depending on what fields you have filled out, only the windows in which the tables are complementary (not mutually exclusive) will be activated.

The windows containing the tables expand depending on the volume of the material filled out therein.

If the same section (for example, section 3) needs to be filled out twice or more times, specify the number of copies in the appropriate cell in section 3 (for example, for section 3, you need to check paragraph 3.1), and the automated software will activate an appropriate number of sections (after the automated software is installed).

6. The deadlines for submitting the Reporting Form are specified in Appendix 3 to this Decision.

7. The modes of submission of a Reporting Form are specified in Appendix 2 to this Decision.

Special Provisions

"New report" or "Supplementary report." Before filling out any report, it is necessary to specify whether it is a new report or a supplement to a report submitted earlier.

If it is necessary to provide additional or amended information on a report submitted earlier, then the "Supplementary report" circle needs to be ticked. When this is done in the electronic form, the "number of supplemented report" and the "sequence number of the supplementary report version" fields pop up, accordingly. The name of the electronic file of the Report that is being supplemented by the "supplementary report" must be filled out in the "number of supplemented report" field. In the "sequence number of the supplementary report version" field, it is necessary to fill out (using numbers) the number of the "supplementary report" in the sequence of submitted "supplementary reports."

The "supplementary report" needs to contain all the information provided in the past, including the amendment made.

The file carrying the last sequence number in the "sequence number of the supplementary report version" field of the files with the same name will be considered the latest version of the report on a transaction.

The following information will be considered supplementary:

a. Information that is inaccessible or cannot be obtained at the time of filling out the main report, i.e. when a report about an executed transaction needs to be submitted to the FMC during the established deadline, but inquiries have been made with the customer, correspondent or other organizations in order to collect the information needed to fill out the required fields;

b. Information that is submitted in response to the FMC's request: if there are no appropriate fields for the requested information, the information is filled out in section 4 of the Reporting Form;

c. Information that is related to a concluded transaction that still has not been executed: in this case, the "Unexecuted or unfinished transaction" field should be marked, and the reason for interrupting the transaction (for example, unilateral termination of the contract by the customer) should be mentioned in section 4 of the Reporting Form; and

d. Information that includes other information considered important by the Reporting Entity: the need to provide such information arises, because the Reporting Entity has received new information that must be submitted to the FMC, and such information is not included in the required fields.

(1.1) "Date transaction executed": specify the day, month, and year (in numbers) of the transaction (operation) subject to informing; if it has not been executed yet, specify the date on which its execution was requested. In section 4 of the Reporting Form, fill out the current stage of execution of the transaction.

In case of several interrelated transactions, specify the date of executing the last transaction or the date of the transaction that caused suspicion. Explain your choice in section 4 of the Reporting Form.

(1.2) "Transaction subject to mandatory reporting": fill out this paragraph in all the cases in which the insurance premium or compensation under the insurance transaction exceeds 20 million drams (if the transaction is not suspicious); or, if the insured sum exceeds 20 million drams, and the insurance premium or compensation under the respective transaction are contemplated outside the Republic of Armenia.

If you have marked paragraph 1.2, do not mark paragraph 1.3.

If you have marked this paragraph, then all the paragraphs, starting from 1.4, should be filled out for a transaction subject to mandatory reporting.

If you present the transaction report as both a transaction subject to mandatory reporting and a suspicious transaction, then this paragraph should not be filled out; instead, you should fill out paragraph 1.3 and continue filling out the Reporting Form as a form for a suspicious transaction.

(1.3) "Suspicious transaction": mark this paragraph each time when at least one of the suspicion grounds and criteria is present in the transaction execution or performance conditions.

Mark 1.3.1 also in cases when the insurance transaction contains evidence of both a transaction subject to mandatory reporting and a suspicious transaction.

If you have marked paragraph 1.3.4, specify the suspicion grounds and criteria in paragraph 1.3.1, as well as elaborate your opinion about the suspicion.

If you have suspended or terminated a transaction, then mark the appropriate cell, after which specify the suspension or termination date and duration in paragraph 1.3.4.

Mark paragraph 1.3.5 if, for whatever reason, the transaction was not executed or was discontinued. If the transaction was not executed, then fill out in the Reporting Form the information that became known during the period from the moment of proposing to conclude the transaction till the moment the customer refused the intent to execute it. In section 4 of the Reporting Form, specify the reasons for non-execution, which are known to you.

(1.4) "Interrelated transactions": mark this paragraph, if there are more than one interrelated insurance transactions.

If this paragraph has been marked, do not mark paragraph 1.5.

The following are interrelated transactions (operations):

a. Insurance transactions carried out during one month by one entity or by entities that are interrelated in terms of the Republic of Armenia Law on Insurance (for instance, if the same insured person or insured spouses have insured their automobiles and apartment against force majeure during any given 20-day period);

b. Insurance transactions related with the same insured object or the same insured risks or requirements (for instance, if the same insured person has obtained separate insurance policies for his automobile against accidents and possible theft); and

c. It is clear from the terms of transactions that the same transaction is executed through several separate transactions in order to avoid the identification or reporting requirement.

In case of marking the field on interrelated transactions, treat the transactions as one transaction, and fill out the information in paragraphs 1.6.1 to 1.9.6 as the total sums of such transactions.

Number of interrelated transactions and how they are interrelated. In this paragraph, specify the number of interrelated insurance transactions and, in your words, describe how they are interrelated (for instance, state "two insurance policies for the same property (automobile) of one (and the same) insured person against different types of harm (accident and theft)" in the appropriate line).

(1.5) Mark paragraph 1.5, if there is one insurance transaction.

(1.6) "Type of insurance": in the appropriate cells of this paragraph, specify the type of insurance (life or other (property, indemnity, non-life, personal insurance, or reinsurance) to which the insurance transaction pertains. In the line below paragraphs 1.6.1 and 1.6.2, specify the sub-type of life or other insurance, or reinsurance, to which the transaction pertains. (For instance, in case of life insurance, it can be "whole life insurance" or "pension insurance"; in case of other insurance, it can be "third party liability insurance.")

(1.7) "Insured period": in this paragraph, fill out the duration of the primary insurance policy (in numbers).

(1.8.1) "Insured sum": in this paragraph, specify the insured sum under the insurance policy in Armenian drams at the settlement exchange rate of the Central Bank of the Republic of Armenia. In case of interrelated transactions, the sum (in numbers) of the insured sums is filled out in this paragraph.

(1.8.2) "Insurance premium": in this paragraph, specify the insurance premium under the insurance policy in Armenian drams at the settlement exchange rate of the Central Bank of the Republic of Armenia. In case of interrelated transactions, the sum (in numbers) of the insurance premiums is filled out in this paragraph.

(1.8.3) "Insurance compensation": in this paragraph, specify the insurance compensation paid in case of insured events under the insurance policy in Armenian drams at the settlement exchange rate of the Central Bank of the Republic of Armenia. In case of interrelated transactions, the sum (in numbers) of the insurance compensations is filled out in this paragraph.

(1.9) "Information about reinsurers and reinsurance, in case of reinsurance for the insurance transaction": fill out this paragraph, if the insurer liability risk under the insurance policy has been reinsured with a reinsurer.

Paragraphs 1.9.1 to 1.9.6 are not filled out in case of reinsurers filling out this Reporting Form (unless the reinsurer itself reinsures its liability risk with another reinsurer).

In case of more than one reinsurance policy, fill out this paragraph more than once.

If the same risk is reinsured with several reinsurers, only the insurer provides complete information on the transaction, while each reinsurer provides information only about its portion of the reinsurance.

(1.9.1-1.9.3): fill out information about the reinsurer (reinsurers) in these paragraphs.

(1.9.4) "Reinsured sum": in this paragraph, specify the reinsured sum or the total of reinsured sums under the reinsurance policy (policies) in Armenian drams at the settlement exchange rate of the Central Bank of the Republic of Armenia (in numbers), as well as the currency.

(1.9.5) "Reinsurance premium": in this paragraph, specify the reinsurance premium or the total of reinsurance premiums under the reinsurance policy (policies), as well as the currency.

(1.9.6) "Reinsurance compensation": in this paragraph, specify the reinsurance compensation amount (in both numbers and letters) paid in case of an insured event.

(2) Information about the customer (insured entity). In this section, provide information presented on the basis of the customer (insured entity) identification. In case of reinsurance transactions, the information about the insurance company is filled out as information about the customer (insured entity), and the information about the insured entity is filled out as information about the beneficiary.

In paragraph 2.1, specify the number of insured entities.

If the insured entity is a legal entity or sole entrepreneur, fill out the sub-paragraphs under paragraph 2.1.1.

If there are two or more insured entities that are legal entities or sole entrepreneurs, fill out their number in paragraph 2.1.

If the insured entity is a natural person, fill out the sub-paragraphs under paragraph 2.1.2.

If there are two or more insured entities that are natural persons, fill out their number in paragraph 2.1.

The information about the insured entity is also filled out in case an insurance broker is acting on behalf of the insured entity.

In paragraph 2.1.1.4.1, the bank account number of the customer (insured entity) is filled out. if there are two or more bank account numbers in the insurance transaction, then number them and provide details in section 4 of the Reporting Form.

Fill out paragraphs 2.1.2.8.1, 2.3.4.1, 3.2.4.1, and 3.3.8.1 in a similar fashion.

Paragraph 2.2 is filled out, if the insured entity is also a beneficiary.

Fill out this paragraph in all cases when the insured entity is possibly also a beneficiary. If this is done, do not fill out the section about the beneficiary.

(2.3) "Information about the insurance broker that carries out the transaction on behalf of the insured entity": in this paragraph, provide information about the insurance broker (if any) acting at the instruction and on behalf of the insured entity.

In case of two or more insured entities and/or two or more insurance brokers, specify in section 4 which insurance broker acts on behalf of which insured entity.

(3) "Entity to whose benefit the transaction is conducted (beneficiary)": in this paragraph, provide information about the entity (entities) to whose benefit the insured entity conducts the insurance transaction, i.e. the entity that has a real economic interest in the transaction.

In paragraph 3.1, specify the number of beneficiaries.

In case of two or more beneficiaries, fill out this section twice or more times.

(3.4) "Amount due to the beneficiary": in this paragraph, specify the amount that the insured entity plans to pay to the beneficiary (beneficiaries). If the entity is the beneficiary, then fill out paragraph 2.2.

(4) "Other transaction-related information that you deem important": in this paragraph, fill out information that you consider important in relation to the transaction. For any information that you fill out, specify the Reporting Form section or paragraph to which it pertains.

(5) "Officer information": in this paragraph, provide information about the officer responsible in the Reporting Entity for combating money laundering and terrorism financing. This officer needs to sign and seal the filled-out Reporting Form (paper version).

(5.3) "Date form filled out": in this paragraph, specify the day, month, and year (in numbers) of filling out this Reporting Form.

(5.4) "FMC recording number of Reporting Entity": in this paragraph, specify the recording number (in numbers) issued to your insurance company by the Financial Monitoring Center.

Republic of Armenia Central Bank
Financial Monitoring Center
6 V. Sargsyan, 375010
Tel. 545088
E-mail: info_fiu@cba.am

Appendix 2

Approved under
Decision 56-N of the
Republic of Armenia
Central Bank Board
Dated February 20, 2007

PROCEDURE OF INFORMATION PROVISION ON TRANSACTIONS SUBJECT TO MANDATORY REPORTING AND SUSPICIOUS TRANSACTIONS BY REPORTING ENTITIES

The purpose of this Procedure is the establishment and implementation of a general system for recording the entities submitting reports in respect of combating the legalization of crime proceeds and terrorism financing (hereinafter: "recording"), and of a uniform, centralized procedure for provision of information on transactions subject to mandatory reporting and suspicious transactions (Reporting Form 002).

1. Recording of Reporting Entities in the Financial Monitoring Center of the Central Bank (hereinafter, "the Financial Monitoring Center")

1.1. Recording is performed by means of registering Reporting Entities in the Financial Monitoring Center.
The recording of Reporting Entities is carried out in the following stages:
a) Submission of applications by the Reporting Entities; and
b) Recording of Reporting Entities.

2. Submission of Applications by Reporting Entities

2.1. For purposes of recording, Reporting Entities submit to the Financial Monitoring Center the application stipulated by the Annex to this Procedure in written form. The application is signed by the head of the Reporting Entity and endorsed with the Reporting Entity's seal.

The application for recording needs to contain:

a) The full name of the Reporting Entity;
b) The type of activities of the Reporting Entity;
c) The location of the Reporting Entity and of its business;
d) The taxpayer identification number and state registration number of the Reporting Entity;
e) The license number of the Reporting Entity;
f) The contact details of the internal audit unit head or officer (name, surname, patronymic, position, e-mail address, telephone, and signature); and
g) The date (day, month, and year) of filling out the application for recording.

3. Recording of Reporting Entities in the Financial Monitoring Center

3.1. After filling out and submitting to the Financial Monitoring Center the application stipulated by this Procedure, a recording number is issued to the Reporting Entity.

The Reporting Entity's recording number is entered into the unified database of the Financial Monitoring Center.

3.2. Reporting Entities, which are not connected to the CBANet inter-bank corporate network and, nevertheless, would submit the reports electronically, also receive an identification key for registration in the Central Bank's CBANet server, which enables sending electronic reports to the Financial Monitoring Center from a computer installed in the territory of the Central Bank.

3.3. Reporting Entities, which would submit their reports through the Internet, receive identification information produced at the time of registration on the Internet server located in the Central Bank, which need to be entered into the system in order to identify the Reporting Entity.

3.4. If a Reporting Entity is connected with the CBANet computer corporate network, it can use the network to send and receive the application for recording, the Reporting Entity's recording number, and electronic Reporting Forms.

4. Provision of Information on Transactions Subject to Mandatory Reporting and Suspicious Transactions

4.1. Information is submitted to the Financial Monitoring Center in paper and/or electronic form. At that, a Reporting Form is submitted to the Financial Monitoring Center in any of the following modes:

a) By physical submission: in this case, the paper and electronic versions (on a medium) of the Reporting Form are submitted to the Financial Monitoring Center through the Documentation Unit of the Central Bank. A report is deemed to have been submitted when the Documentation Unit of the Central Bank or the computer placed in the territory of the Central bank generate a receipt;

b) In case of being connected with the CBANet network, by means of submission through this network. Meanwhile, Reporting Entities that are not connected with the CBANet network may submit the Reporting Forms electronically through the CBANet network terminal placed at the entrance of the Central Bank;

c) Through the Internet (e-mail): in this case, the electronic version of a Reporting Form is sent to the e-mail address of the Financial Monitoring Center and is deemed to have been submitted when a reply from the same e-mail address is received;

d) By fax: in this case, the paper version of the Reporting Form is sent to the fax number of the Financial Monitoring Center and is deemed to have been submitted when the fax transmission confirmation is generated; or

e) By mail: in this case, the paper and electronic versions (on a medium) of the Reporting Form are sent to the mailing address of the Financial Monitoring Center and are deemed to have been submitted upon their presentation to an office of ArmPost unit and the provision by the latter of a receipt.

4.2. In all cases, with the exception of sub-paragraphs (a) and (b) of paragraph 4.1, the paper versions of the reports (either filled out manually, or filled out electronically and printed out) are delivered to the Central Bank by mail or in person before the end of the current month.

Annex

To Appendix 2, the Procedure of Provision of Information on Transactions Subject to Mandatory Reporting and Suspicious Transactions by Reporting Entities

Your recording number in the FMC

For the attention of: Mr. _____
Head of the Financial Monitoring Center of the
Central Bank of the Republic of Armenia

I hereby request that you provide a recording number to _____
(full name of the Reporting Entity)

Information about the Reporting Entity:
Type of activities _____
Location _____
Location of business _____
Taxpayer identification number _____
State registration number _____
License number _____

Contact details of officer/-s
1. _____
Name, surname, patronymic, position, e-mail address (Internet and CBANet), telephone, signature
2. _____
Name, surname, patronymic, position, e-mail address (Internet and CBANet), telephone, signature
3. _____
Name, surname, patronymic, position, e-mail address (Internet and CBANet), telephone, signature
4. _____
Name, surname, patronymic, position, e-mail address (Internet and CBANet), telephone, signature

Head of the Executive Body of the Reporting Entity _____
signature

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City of Yerevan

Appendix 3

Approved under
Decision 56-N of the
Republic of Armenia
Central Bank Board
Dated February 20, 2007

DEADLINES FOR PROVISION OF INFORMATION ON TRANSACTIONS SUBJECT TO MANDATORY REPORTING AND SUSPICIOUS TRANSACTIONS BY REPORTING ENTITIES

The purpose of this Appendix is to define uniform deadlines for provision of information on transactions subject to mandatory reporting and suspicious transactions (Reporting Form 002), as established by the Board of the Central Bank of the Republic of Armenia.

1. Deadlines for Provision of Information on Transactions Subject to Mandatory Reporting and Suspicious Transactions

1.1. Provision of information on transactions subject to mandatory reporting and suspicious transactions is not a periodic activity. Information on transactions subject to mandatory reporting and suspicious transactions is provided in the presence of suspicious transaction grounds and criteria, and/or the minimum amounts subject to mandatory reporting, as stipulated by Law and the legal acts of the Authorized Body.

1.2. If the suspicious transaction grounds and criteria are discovered in a transaction (operation), a suspicious transaction report is submitted to the Financial Monitoring Center by the Reporting Entity within the same working day or, if it is impossible, before noon of the next working day.

The impossibility to submit the report mentioned in the paragraph above may be due to:

a) The end of the working (operational) day;

b) Insurmountable problems of software, hardware, or communication; or

c) Disputable cases (cases subject to discussion), etc.

1.3. A report on a transaction (operation) subject to mandatory reporting is submitted to the Financial Monitoring Center by the Reporting Entity within three working days of concluding the transaction.

1.4. The Financial Monitoring Center accepts reports signed only by the person whose information has been submitted to the Central Bank in advance in accordance with the procedure stipulated by this Decision.