

**ANNUAL FIC RETURN: NPO SECTOR**

**FOR THE PERIOD JANUARY 2024 - DECEMBER 2024**

**To be completed and returned to the FIC on or before**

**31 January 2025**



**NAME OF NPO: …………………………………………………………………….**

**IS YOUR NPO REGISTERED WITH THE FIC? YES / NO**

**INFORMATION TO BE PROVIDED HEREIN IS FOR THE PERIOD:**

**JANUARY – DECEMBER 2024**

This return should be submitted to the FIC by all NPOs involved in religious / faith based and charitable activities. Such should help the FIC with oversight activities such as:

* 1. activities with high risk jurisdictions;
	2. funds received from anonymous donors;
	3. reasonable assurance that donors and beneficiaries of NPOs are subjected to the necessary due diligence; and
	4. reasonable assurance that members of the board of the donor and director or shareholder of the donor are subjected to the necessary due diligence.

**PART A: KNOW YOUR DONORS (KYD)**

Add more rows, spaces or pages if such is needed to avail all information in the tables below.

* + 1. **RECORD OF ASSETS/FUNDS** **RECEIVED FROM FOREIGN DONORS:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of such country** | **Name of Foreign Donor (Sender)** | **NPOs Relationship with Foreign Donor** | **Amount received (NAD)** **/ Description of benefit/asset received** | **Reason for receiving such amount** |
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* 1. **Unknown Foreign Donors:** If foreign donor for a certain amount is unknown, please indicate ‘unknown’ in the second column and explain how the NPO satisfied itself that receiving funds/services/assets etc from an unknown foreign donor (ies) did not expose it to financial crimes, in particular terrorism financing:

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

* 1. **Due Diligence Around Directing Officials:** Confirmation that such foreign donor’s shareholder(s), members of the board of the donor(s) and director(s) or person(s) managing the donor(s) were subjected to the necessary due diligence as per the FIA and Guidance Note 13 of 2023 by your NPO. The NPO thus confirms that there were no indications that the said persons/donors pose a risk of financial crimes and in particular terrorism financing at the time of transacting and at anytime thereafter.

If such assurances as per (1.2) above were not gained, please explain why:

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

Signature of Chairperson: ……………………………………………

Date: ………………………………………

* + 1. **RECORD OF FUNDS** **RECEIVED FROM LOCAL DONORS:**

Add more rows, spaces or pages if such is needed to avail all information in the tables below.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Local Donor (Sender)** | **NPO’s Relationship with Local Donor** | **Amount received (NAD) / Description of benefit/asset received** | **Reason for receiving such amount** |
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* 1. **Unknown Local Donors:** If local donor for a certain amount is unknown, please indicate ‘unknown’ in the second column and explain how the NPO satisfied itself that receiving funds/services/assets etc from an unknown donor(s) did not expose it to financial crimes, in particular terrorism financing:

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* 1. **Due Diligence of Directing Officials:** Confirmation that such local donor’s shareholder(s), members of the board and director(s) as well as person(s) managing the donor(s) were subjected to the necessary due diligence as per the FIA and Guidance Note 13 of 2023 by your NPO. The NPO thus confirms that there were no indications that the said persons/donors pose a risk of financial crimes and in particular terrorism financing.

If such assurances (as per 2.2) were not gained, please explain why:

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Signature of Chairperson: ……………………………………………

Date: ………………………………………

**PART B: KNOW YOUR BENEFICIARIES (KYB)**

Add more rows, spaces or pages if such is needed to avail all information in the tables below.

* + 1. **RECORD OF ASSETS, FUNDS, BENEFITS** **SEND OR REMITTED TO FOREIGN BENEFICIARIES:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of such country** | **Name of Foreign beneficiary** | **NPOs Relationship with Foreign beneficiary** | **Amount send (NAD)** **/ Description of benefit/asset received** | **Reason for sending such amount** |
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* 1. **Unknown Foreign Beneficiary:** If foreign beneficiary for a certain amount is unknown, please indicate ‘unknown’ in the second column and explain below how the NPO satisfied itself that availing funds/services/assets etc to an unknown foreign beneficiary(ies) did not expose the local NPO to financial crimes, in particular terrorism financing:

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* 1. **Due Diligence on Directing Officials:** Confirmation that such foreign beneficiary (ies)’s shareholder(s), members of the board and director(s) as well as person(s) managing the beneficiary(ies) were subjected to the necessary due diligence as per the FIA and Guidance Note 13 of 2023 by your NPO. The NPO thus confirms that there were no indications that the said persons/beneficiaries pose a risk of financial crimes and in particular terrorism financing at the time of transacting and at anytime thereafter.

If such assurance (in 3.2) was not gained, please explain why:

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Signature of Chairperson: ……………………………………………

Date: ………………………………………

* + 1. **RECORD OF ASSETS, FUNDS, BENEFITS** **SEND OR REMITTED TO LOCAL BENEFICIARIES:**

Add more rows, spaces or pages if such is needed to avail all information in the tables below.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Local beneficiary** | **NPOs Relationship with Local****beneficiary** | **Amount send (NAD)** **/ Description of benefit/asset received** | **Reason for sending such amount** |
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* 1. **Unknown Local Beneficiary:** If local beneficiary for a certain amount is unknown, please indicate ‘unknown’ in the second column and explain below how the NPO satisfied itself that availing funds/services/assets etc to an unknown local beneficiary(ies) did not expose the local NPO to financial crimes, in particular terrorism financing:

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* 1. **Due Diligence on Directing Officials:** Confirmation that such local beneficiary(ies)’s shareholder(s), members of the board and director(s) as well as person(s) managing the beneficiary(ies) were subjected to the necessary due diligence as per the FIA and Guidance Note 13 of 2023 by your NPO. The NPO thus confirms that there were no indications that the said persons/beneficiaries pose a risk of financial crimes and in particular terrorism financing at the time of transacting and at anytime thereafter.

If such assurance (in 4.2) was not gained, please explain why:

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Signature of Chairperson: ……………………………………………

Date: ………………………………………

**PART C: KNOW YOUR MEMBERS AND EMPLOYEES (KYME)**

***Fit and Proper*** *in summary means: the person does not have integrity concerns which would compromise the effective risk management systems and integrity of the NPO. The following are considerations which help determine whether a person is fit and proper:*

* 1. *has not been prohibited to be a director of a company in terms of any law or by an order of a court;*
	2. *has not been removed from an office of trust on the grounds of misconduct involving dishonesty; and*
	3. *has not been convicted in Namibia or elsewhere of theft, fraud, forgery or perjury under any law. Care needs to be taken when a person is undergoing hearings or is subject in a material in court but same has not yet been decided. For example, moving such persons out of critical operations to less critical areas can be considered.*

*Apart from straightforward measurements such as criminal convictions or being found guilty in disciplinary hearings, other examples of what could impair integrity must be considered to the extent that they may impair the effectiveness of risk management of the NPO, with such staff or director’s involvement.*

* + 1. **CONFIRMATION OF CURRENT BOARD MEMBERS**

List the names of the board members or governing body:

|  |  |  |
| --- | --- | --- |
| **Name and Surname** | **Identification number** | **Nationality** |
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| **Confirmation by NPO Chairperson: To the best of my knowledge:** | **Yes/No** | **If they are all NOT fit & proper, explain why.** |
| 1. I hereby confirm that all board members, members of the oversight or management committee remain fit & proper.
 |  |  |
| 1. I hereby confirm that all employees in the employment of the NPO (including those who have joined in the reporting period) are fit and proper.
 |  |  |
| 1. I hereby confirm that there are no indications that employees, members of the board or oversight and management committees were/are involved in or associated with terrorism activities, extremist ideologies or radicalization etc.

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| --- | --- |
| **Confirmation by NPO the Board Chairperson** | **Are there controls/mechanisms to give you such assurance as chairperson?****(Yes/No)** |
| 1. I do hereby confirm that all information as shared with the FIC upon NPO’s registration has not changed.
 |  |
| 1. I hereby confirm that the NPO has only used formal banking services for all its transfers, payment and remittances. There has been no use of informal transfers or remittance services. (e.g underground banking systems, remittances through bureaus, nor cash smuggling/couriers into and out of the country) which may expose the NPO to TF abuse.
 |  |

**PART D: CONFIRMATION OF FINANCIAL SERVICES (CFS)**

The information sought herein, as per the FIA, is needed for supervisory purposes only.

* 1. **Confirm banking details**

Add more rows, spaces or pages if such is needed to avail all information in the tables below.

|  |  |  |
| --- | --- | --- |
| **With which bank does the NPO hold banking accounts?** | **Please provide the respective bank account numbers** | **Names of Persons Authorised to effect transactions on such account (Signatories)** |
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* 1. **Using other financial services**

Add more rows, spaces or pages if such is needed to avail all information in the tables below.

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| --- | --- | --- | --- |
| **With which other financial investments, or products does the NPO have in place?** **Please list them.****Can be unit trusts, shares, bonds, insurance products etc.** | **With which financial institution is such held?** | **Please provide the respective account or investment numbers** | **Names of Persons Authorised to effect transactions on such account (Signatories)** |
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**PART E: CONFIRMATION OF ASSETS & LIABILITIES (CAL)**

Add more rows, spaces or pages if such is needed to avail all information in the tables below.

1. **This section aims to confirm the assets of the NPO:**

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| --- | --- | --- |
| **List all Assets of the NPO**  | **Indicate Account Numbers, Investment Reference No, Erf Number for land/buildings** | **How were they financed? (Mortgages/Donations etc)** |
| Cash balance in banks: NAD ….. |  |  |
| Value of Investments: NAD … |  |  |
| Value of Land and Buildings:NAD …. |  |  |

1. **This section aims to confirm the liabilities of the NPO:**

|  |  |  |
| --- | --- | --- |
| **List all Liabilities of the NPO**  | **Amount due (NAD)** | **How does the NPO pay for these? (Mortgage/Donations etc)** |
| Overdraft with banks: |  |  |
| Long term loans with banks or other institutions: |  |  |
| Bonds or Mortgages with Financial Institutions / Banks |  |  |

Full Name of NPO Manager / Head of Administration: ………………………………………………..

Signature: …………………… Date: ……………………...

Full Names of Board Chairperson, if not board, Chair of Similar Oversight Committee:

…………………………………………………………..

Signature: ………………………... Date: ……………………...

**FIC CONTACT DETAILS**

All correspondence and enquiries must be directed to:

The Director, Financial Intelligence Centre

P.O. Box 2882

No. 71 Robert Mugabe Avenue, Windhoek

**Please return completed documents to:**

**register@fic.na**