



Request for deferred AMLA-audit in 200_

Member	_____	Inactive member	YES	<input type="checkbox"/>
	_____		NO	<input type="checkbox"/>

Type of activity:

Number of clients in preceding year

Number of new clients in preceding year

Geographical provenance of clients and of beneficial owners:

Amount of assets under management

approx.

Number of transactions

approx.

Transaction volume

approx.

Date of last AMLA-inspection

effected by

Place _____ Date _____ Signature _____