

Certification of Adoption of Compliance Program

I, (_____) on behalf of (_____)
certify that this entity has adopted an anti-money laundering compliance program, which includes the anti-money laundering policies and procedures contained in the INGENICARD Compliance Manual. Furthermore, this entity will comply with all of the reporting and recordkeeping requirements imposed by the Bank Secrecy Act, the USA PATRIOT Act and any other applicable anti-money laundering laws or regulations.

Date: _____

Name: _____

Signature: _____

Title: _____

Company: _____

Designation of Anti-Money Laundering Compliance Officer

(_____) is hereby designated as the Anti-Money Laundering Compliance Officer for (_____). The Compliance Officer, as well as senior management, is responsible for ensuring the ongoing compliance of this entity with all state and federal anti-money laundering laws, and for ensuring that all employees are trained on anti-money laundering requirements before conducting any Money Services Business (MSB) activity.

Date: _____

Name: _____

Signature: _____

Title: _____

Company: _____

Acknowledgment of Employee Training

I have read the materials in this Manual and have been trained and understand the Anti-Money Laundering Compliance Program requirements. In addition, prior to conducting any Money Services Business (MSB) transactions for this entity, I have been instructed on the Bank Secrecy Act reporting and recordkeeping requirements, including the reporting of suspicious activity on the SAR form. As part of my training, I have participated in the viewing of the FinCEN educational video entitled, "Recognizing and Reporting Suspicious Activity Relating to Financial Crimes". The FinCEN educational video covered: how to identify suspicious activity and structured transactions; SARs, CTRs, Monetary Logs, recordkeeping and reporting requirements; verifying customer identification and familiarity with anti-money laundering forms.

Employee's Name: _____

Employee's Signature: _____

Date: _____