

Response to Independent Evaluation

SAMPLE

[insert full entity name]

ACN / ABN: [insert]

RESPONSE TO ADVERSE FINDINGS IN INDEPENDENT EVALUATION			
Name of Person Conducting Independent Evaluation		<i>[Insert name of individual and/or entity]</i>	
Date of Independent Evaluation Report		<i>[Insert date of report]</i>	
Date Independent Evaluation Report Provided to Governing Body		<i>[Insert date]</i>	
Persons Responsible for Responding the Independent Evaluation Report		<i>[Insert name]</i>	
ADVERSE FINDINGS	NOTES	PERSON RESPONSIBLE	TIMEFRAME FOR COMPLETION
Business Risk Assessment:	<i>[Include commentary on:]</i> <ul style="list-style-type: none"> the specific elements of the Business Risk Assessment which are affected by the adverse findings how <i>[insert defined company name]</i> will review and update the Business Risk Assessment and/or AML/CTF Policies and/or checklists which sections of the AML/CTF Policies 	<i>[Include name]</i>	<i>[Include timeframe]</i>