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QUESTIONNAIRE FOR AML PROGRAMS (Please Print Clearly)

Business Name: _____

Business Address: Street: _____ P.O. Box _____

City: _____ State: _____ Zip Code: _____

Mailing Address:(If different) Street _____ P.O. Box _____

City: _____ State: _____ Zip Code: _____

Owner's Name: _____ Title: _____

Bus. Phone: _____ Cell Phone: _____ e-mail: _____

Compliance Officer: _____ Title: _____

Bus. Phone: _____ Cell Phone: _____ e-mail: _____

Risk Assessment and Customer Data:

Number of Offices or Branches: _____ Number of Employees: _____

Products Purchased _____

or Redeemed: _____

Products Sold _____

or Offered: _____

Do you offer or sell your product internationally? Yes _____ No _____

Do you redeem or purchase your product from international

sources? Yes _____ No _____

Note: If you are a coin/bullion dealer, please specify if you are a member of ICTA and the approximate date you joined.

** Most AML Plans cost between \$900 and \$1,300 and are approximately 25 pages of information including the required sections for compliance with the AML Regulations.