Form 1		
AML Compliance officer Details		
Purpose and Objective This form contains the details of the compliance officer and chan The insurers need to submit this form one time or as and when ir	es of AML /CFT Policy case there are any changes in the principal compliance officer details or in case of any the AML/CFT policy changes	
Filters and Parameters		
Date	dd/mm/yyyy Format	
Name of Insurer		
Name of principle compliance officer Contact Details		
Date of appointment of principle compliance officer	D D - M M - Y Y Y Y	
Details of the changes taking place (if any) for the complian	ce officer:	
Last date when AML/CFT Policy was reviewed	D D - M M - Y Y Y Y	
Details of the changes in the AML/CFT Policies (If Any):		
	Date	

