

CHECKLIST

for checking implementation of the Law on Central Register of Beneficial Owners ("Official Gazette RS", no. 41/18, 91/19, 105/21 u 17/23) by
organisers of special games of chance in casinos

Date: _____					
I GENERAL DATA ABOUT THE ENTITY					
1	Name of the obliged entity:				
2	Address, email address and phone number:				
3	Company registration number:				
4	TIN:				
5	Representative / responsible person				
6	Address of registered offices				
7	Total number of entity's employees				

Question:	Degree of risk:	Assessed degree of risk:	Score:	Response of the subject entity:	Notes of the inspector
1	Has there been a change in the ownership structure, members of governing bodies, or other changes that may affect the assessment of the conditions for acquiring the status of the beneficial owner after the registration of data on the beneficial owner in the Central Register of Beneficial Owners?	<input type="checkbox"/> YES <input type="checkbox"/> NO			
2	If there were changes, have they been registered within the time frame provided by the law (15 days)?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Risk level 0 (no risk, score 0) - Changes have been registered within the time frame provided by the law Risk level 1 (score 40) - Changes have not been recorded within the time frame provided by the law		
3	Have accurate data referred to in Article 5, paragraph 2 of the Law on the Central Register of Beneficial Owners been registered?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Risk level 0 (no risk, score 0) - accurate data has been registered Risk level 1 (score 30) - registered data is not accurate		
4	Does the obliged entity retain appropriate, accurate and current data and documents based on which beneficial owner has been registered in the Central Register of Beneficial Owners?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Risk level 0 (no risk, score 0) - documentation is retained Risk level 1 (score 30) - documentation has not been retained		

Degree of risk	Insignificant	Low	Medium	High	Critical
Total score	0-14	15-29	30-39	40-49	50-100

Inspectors:	Person attending the inspection:
_____	_____
_____	_____
_____	_____
