

# AML QUESTIONNAIRE



<b>Section I – General Information</b>			
<b>Name of Credit Institution</b>			
<b>Legal Form<sup>1</sup></b>			
<b>Principal Place Of Business</b>			
<b>Date Established</b>			
<b>Country of Registration</b>		Country of your registration and registration number (if applicable)	
<b>Listed on</b>		Please state the exchanges where you are listed (the major exchange is sufficient) and include your listed exchanges and symbols	
<b>Section II – Ownership &amp; Management Information</b> (only for use when subject bank is not a public traded entity)			
In the space provided below please list the Ownership [Govt/Public/Private] and the Percentage of Holding <sup>2</sup>			
Name	Ownership interest (percentage)	Nature of ownership (direct/ indirect)	
If any of the foregoing owners is a legal entity, please list the names of the shareholders of the legal entity <sup>3</sup> , and their ownership interest in the legal entity.  (Attach additional sheets if necessary).			
Entity	Shareholders	Ownership interest (percentage)	Nature of ownership (direct/ indirect)
Please attach the list of authorised signatories of your bank			
<b>Section III – Anti Money Laundering (AML) Controls</b>			
Is your good institution supervised by a national authority? Yes No <input type="checkbox"/> <input type="checkbox"/>		Please state the supervisory authority & date/status of Banking Authorisation:	
Is the supervision carried out with special regard to the prevention of money laundering and combating terrorist financing?			Yes No <input type="checkbox"/> <input type="checkbox"/>
Are there any specific laws or regulations on Money Laundering prevention in your country? Kindly provide a list			Yes No <input type="checkbox"/> <input type="checkbox"/>
Is money laundering considered as a crime in your legislation?			Yes No <input type="checkbox"/> <input type="checkbox"/>
Is terrorist financing considered as a crime in your legislation?			Yes No <input type="checkbox"/> <input type="checkbox"/>

<sup>1</sup> Please specify the type of entity, for example: a partnership or a company (public or private, etc.)

<sup>2</sup> For purposes of this question, an “owner” is any person or legal entity that, directly or indirectly, owns, controls or has voting power of 25% or more of any class of securities of your bank – please check cross references

<sup>3</sup> If the second tier shareholders are also Legal Entities, the third tier shareholders’ Names, Ownership and Nature of Ownership Interests shall also be listed. This exercise continues through the required number of iterations until the true beneficial owners are identified.

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Does your country's regulatory body require all credit institutions to have anti-money laundering and know your customer procedures?	Yes No <input type="checkbox"/> <input type="checkbox"/>
Do your regulations/directives require the recognition of the true identity of customers and the origin of their funds?	Yes No <input type="checkbox"/> <input type="checkbox"/>
If so, is your Institution in compliance with AML and KYC rules?	Yes No <input type="checkbox"/> <input type="checkbox"/>
Do you comply with the recommendations of the FATF or the European Union or with equal standards? Please specify.	Yes No <input type="checkbox"/> <input type="checkbox"/>
Do you have written anti-money laundering procedures and policies which include at least:	Yes No <input type="checkbox"/> <input type="checkbox"/>
• the identification of the true identity, source of funds, economic activities and the nature of anticipated transactional activities of all customers prior to establishing a business relationship?	Yes No <input type="checkbox"/> <input type="checkbox"/>
• the verification of beneficial owners of funds?	Yes No <input type="checkbox"/> <input type="checkbox"/>
• the appointment of a compliance officer / Money Laundering Reporting Officer and if yes, please provide us with the following contact details:  a) Compliance Officer / MLRO name b) Designation c) Full Address d) E-mail address e) Phone / Fax No f) Swift code	Yes No <input type="checkbox"/> <input type="checkbox"/>
• staff training in terms of AML, which is carried out on a regular basis?	Yes No <input type="checkbox"/> <input type="checkbox"/>
• an employee training program to educate employees in the ways of preventing money laundering transactions and to assist them in identifying suspicious transactions, which is carried out on a regular basis?	Yes No <input type="checkbox"/> <input type="checkbox"/>
If your answer to the previous question is 'No', do you plan to develop written policies?	Yes No <input type="checkbox"/> <input type="checkbox"/>
Does the AML compliance programme require the approval of your institution's Board or senior committee thereof?	Yes No <input type="checkbox"/> <input type="checkbox"/>
Is your customer identification program designed to obtain and verify information regarding your customers' true identity, source of funds, economic activities and the nature of anticipated transactional activities?	Yes No <input type="checkbox"/> <input type="checkbox"/>
Is your customer identification program designed on a risk approach requiring enhanced due diligence on the appropriate risk level for countries/territories or special customer groups?	Yes No <input type="checkbox"/> <input type="checkbox"/>
Do you have account opening procedures (customer acceptance policy) in place?	Yes No <input type="checkbox"/> <input type="checkbox"/>
In addition to inspections by the government supervisors/regulators, do you have an internal audit function or another independent third party such as an External Auditor, that assesses AML policies and practices on a regular basis.  Please specify the name of the External Auditor if such a measure is in place	Yes No <input type="checkbox"/> <input type="checkbox"/>
Is your monitoring program designed to facilitate the identification of suspicious transactional activities?	Yes No <input type="checkbox"/> <input type="checkbox"/>

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	<input type="checkbox"/>	<input type="checkbox"/>
Does your institution maintain records on customer identification, account files and correspondence for a specific period of time and cooperate with local authorities so as to permit investigation of suspicious activities as well as provide, if necessary, evidence for prosecution of criminal behavior?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you implemented a process aimed at assessing your compliance with international anti-money laundering and anti-terrorist financing policies, regulations, legislation and/or sanction lists issued by relevant international or regional organisations? Please specify.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are your policies and directives applicable for all branches and subsidiaries, both in the home country and in locations outside the home country, at least as a minimum standard?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does your institution have policies covering relationships with politically exposed persons consistent with industry best practices?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has a USA Patriot Act Certification (as well for Correspondent Banks) been provided by your good institution?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you provide any banking services to “shell” banks?	Yes <sup>4</sup> <input type="checkbox"/>	No <input type="checkbox"/>
Has your Institution ever had any regulatory or criminal enforcement actions resulting from violations of anti money laundering laws or regulations	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Please state the issuing date and the internet source if available:

A shell bank is generally defined as an entity that does not maintain a physical presence.

The undersigned, based on his/her best knowledge and belief, certifies the above referenced questions were answered considering the existing internal controls of the subject financial institutions, and further present an accurate representation of the existing state of the institution’s anti-money laundering and anti-terrorist financing internal controls and financial services activities.

COMPLETED BY:		Officer responsible for account/relationship:	Secondary contact:
POSITION:		Telephone number:	Telephone number:
DATE:		Fax number:	Fax number:
Website / Swift Address:		E-mail address:	E-mail address:

\_\_\_\_\_  
Signature

<sup>4</sup> If yes, please provide details