

AML/CFT Questionnaire for Bank & Financial Institutions

The following questions are completed by of the Anti-Money Laundering & Combating the Financing of Terrorism (AML/CFT) Policies & Procedures.

SEC	CTION 1: BRIEF I	NFORM	IATION							
Name of Institution										
Country of Incorporation										
Cer	tificate of Incorpor	ation No).				Issue	ed Date:	/	/
Lice	nse No.						Issue	ed Date:	/	/
Nar	ne of the Superviso	ory Auth	ority							
Nar	ne of AML Supervi	sory								
Reg	istered Address									
Tele	phone No.									
Wel	osite									
Exte	ernal Auditor									
Prin	cipal Business Acti	vity								
SEC	CTION 2: OWNER	RSHIP S	TRUCTURE							
 If "Yes", please provide the name of stock exchange: If "No", please provide the list of beneficial owners below: Entity Shareholder Please indicate "NIL" if there is no entity shareholder 										
	Entity Name	%	Country of	Registered	Nationality				Registered	
		Shares	Incorporation	Number			mpany	Name	•	Address
							Yes □ No Yes □ No			
							Yes □ No			
	L Individual Shareh	older					.65 = .16			
	Full Name	% Shares	Date of Birth	Nationality	Identification Number	on	Expiry	xpiry Date Residential Address		
			1	•	-				ı	



2.	2. Please provide name of all current Board of Director members in your institution:							
	Full Name	Position	Nationality	Date of Birth	Identification Number	Expiry Date	Residentia	l Address
3.	Please provide n	ame of all s	l enior mana	gements in	your institution	: :		
	Full Name	Position	Nationality	Date of Birth	Identification Number	Expiry Date	Residential	l Address
CE	CTION 2. I AVAG	AND DEC	LII ATTON	C				
4.	CTION 3: LAWS Does your count				nancial Action	Task Force (F	ΔTF)?	☐ Yes ☐ No
••	Please list down	•						
5.	Is your institution subject to review by regulator? When was the last review?					□ Yes □ No		
	Please specify th	e date/mon	th/year:			••••		
6.	-	our institution been warned, reprimanded, or publically considered in respect of ar		espect of any	□ Yes □ No			
	breaches of AML		J					
7	If "Yes", what were the circumstance?					☐ Yes ☐ No		
	CTION 4: GENE						ouritry.	
	Is your AML/CFT						ne institution's	□ Yes □ No
	Board or a Senio	r Committee	e?	J	·			
	If "Yes", please p	rovide/share	e us with a	copy of the	policies/procec	lures/guidelir	ies.	
9.	Has the institution	on develope	ed written p	policies docu	ımenting the p	rocesses that	they have in	□ Yes □ No
	place to prevent,							
10.	In addition to ins		•	•	_			☐ Yes ☐ No
	have an internal audit function or other independent third party that assesses AML policies							
11	and practices on a regular basis? 1. Does the institution have policies covering relationships with Politically Exposed Persons					□ Vec □ No		
11.	(PEP's), their fam	•		•	onsnips with P	описану ехр	useu reisuils	162 □ 100
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Page **2** of **5**



12.	Do	es your AML KYC/CDD policies and procedures allow:				
	a.	Opening or maintaining anonymous accounts?				
	b.	Shell Bank/Company?				
	(Sh	hell Bank/Company is defined as a bank incorporated in a jurisdiction in which it has no physical				
	pre	sence and which is unaffiliated with a regulated financial group.)				
13.	Are	the institution's AML policies and practices being applied to all branches and subsidiaries	□ Yes	□ No		
	of t	the institution both in the home country and in locations outside of that jurisdiction?				
14.	Do	Does your institution have a designated officer that is responsible for coordinating and				
	ove	erseeing the AML/CFT/Sanctions framework?				
	>	Kindly provide the following information:				
		Name:				
		Position:				
		Mailing address:				
		Telephone Number:				
	>	How many full time employees are in the institution in charge of AML/CFT & Sanction in				
		Compliance Department?				
SE	CTI	ON 5: RISK ASSESSMENT				
15.	Do	es the institution have a risk-based assessment of its customer base and their transactions?	□ Yes	□ No		
16.	Do	es the institution determine the appropriate level of enhanced due diligence necessary for	□ Yes	□ No		
	tho	se categories of customers and transactions that the institution has reason to believe pose				
	a h	eightened risk of illicit activities at or through the institution?				
17.	Do	es your institution assess the level of AML/CFT risks on new products and services?	□ Yes	□ No		
	If "	"Yes", what are the tools used to mitigate the risks identified?				
SE	CTI	ON 6: KNOW YOUR CUSTOMER/DUE DILIGENCE/ AND ENHANCE DUE DILIGEN	CE			
18.	Do	es your AML KYC/CDD policies and procedures require to:				
	a.	Verify the identity of customer in accordance with local law and/or regulations?	☐ Yes	□ No		
	b.		☐ Yes			
		customers?				
	C.	Obtain information on the purpose and intended nature of the business relationship/	☐ Yes	□ No		
		transaction?				
	d.	Conduct on-going due diligence to ensure the provided information is updated and	☐ Yes	□ No		
		relevant?				
	e.	Monitor customers' activities to detect suspicious transactions?	☐ Yes	□ No		
	f.	Conduct enhanced due diligence for high-risk customers such as PEPs, unregulated	□ Yes			
1	-	a see a grant and a see	⊔ 1es			
		industries, etc.?				
	a.	industries, etc.? Keep all the records relevant to customers' identification and transactions?	□ Vac	□ No		
	g.	industries, etc.? Keep all the records relevant to customers' identification and transactions? If "Yes", for how long are those records kept?	□ Yes	□ No		

Page 3 of 5



20.	. Does your institution rely on third parties to perform the customer due diligence?							
If "Yes", under which circumstance?								
SECTION 7: REPORTABLE TRANSACTIONS, SYSTEM MONITORING AND SANCTION S								
21.	1. Does the institution have monitoring program or system for unusual and potentially suspicious activity transaction? If "Yes", how does it work?							
	☐ Manually ☐ Automatically ☐ Others							
	Please provide name of transaction monitoring system:							
22.	2. Where cash transaction reporting is mandatory, does the institution have procedures to identify transactions structured to avoid such obligations?							
23.	Does the institution have AML/CFT Screening system in placed?	□ Yes □	No					
	If "No", please kindly explain how you screen the customer's name against sanction list:							
	☐ In house ☐ Outsource Supplier							
	Name of system: Name of vendor:							
	Name of system:							
24.	Does your bank/institution screen customer names and payment details?	□ Yes □	No					
	If "Yes", please indicate which lists are used:							
	☐ United Nations Security Council (UNSC)							
	□ Office of Foreign Assets Control – OFAC (US)							
	☐ Financial Action Task Force (FATF)							
	□ Others (Please specify):							
	Please provide the name of sanction screening system:							
25.	Does your institution allow fund transfers to/from countries sanctioned by UNSC or OFAC?	□ Yes □	No					
	If "Yes", how do you ensure compliance with such sanctions?							
SE	CTION 8: TRAINING							
26.	Does the institution provide AML training to relevant employees that includes; Identification and reporting of transactions that must be reported to government authorities?	□ Yes □	l No					
	If "Yes",							
	> How frequency of training per year?							
	> How is training conducted?							
27.	Does the institution assess the staff's knowledge on the training conducted?	□ Yes □	No					
28.	Does the institution retain records of its training sessions including attendance records and	□ Yes □	No					
	relevant training materials used?							
29.	Does the institution communicate new AML related laws or changes to existing AML related policies or practices to relevant employees?	□ Yes □	l No					
30.	Does the institution's AML/CFT policy protect employees, if they, in good faith, report a suspicious transaction?	□ Yes □	l No					

Page **4** of **5**



SECTION 9: FATCA COMPLIANCE					
31. As per Foreign Account Tax Compliance Act (FATCA) are you foreign financial institution (FF)? ☐ Yes ☐ No					
If "Yes", please provide Global Intermediary Identification Number (GIIN):					
GIIN:					
SECTION 10: TO BE FILLED BY COMPLIANCE OFFICER					
Disclaimer.					
I, the undersigned, confirm that the information provided in this questionnaire is current and accurate. I also					
confirm that I am duly authorized to complete and sign this questionnaire on behalf of our institution.					
Signature and Company's Stamp:					
Name and Title:					
Date:					
Additional comment (if any):					