



**KNOW YOUR CUSTOMER, ANTI-MONEY LAUNDERING AND ANTI-TERRORISM FINANCING
QUESTIONNAIRE**

Name of the Institution:			
Registered office:			
Legal form:			
SWIFT address / Website:			
Phone / E-mail:			
Type and number of licence:			
Date of issuance and validity of licence:			
Name and address of the issuer of the licence:			
Shareholding structure:			
Board of Directors:			
Executive Board:			
Do you have any Politically Exposed Persons in the Management:			
Does your Institution maintain a physical presence in the licensing country?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Is your Institution an agency, branch or subsidiary of a bank with a physical presence?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
If your answer is Yes, please answer the following questions:			
• Name of affiliate / parent company:			
• Is affiliate / parent company publicly traded? If yes, list exchanges and symbols:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
• Indicate affiliation:	agency <input type="checkbox"/>	branch <input type="checkbox"/>	subsidiary <input type="checkbox"/>
• Licensing country of affiliate:			
Is your Institution a publicly traded entity?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
If your answer is Yes, please state the exchanges and symbols:			



Officer Responsible for Account / Relationship: Telephone No: E-mail address:	
Secondary Contact: Telephone No: E-mail address:	

1.	Does the AML, CFT and KYC compliance program require approval of yours institution's Board or a senior committee thereof?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
2.	Does your Institution have a legal and regulatory compliance program that includes a designated officer that is responsible for coordinating and overseeing the AML framework? If the answer is Yes, kindly provide her/his contact details.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
3.	Has your Institution designed an Anti-Money Laundering Officer responsible for coordinating, monitoring and reporting? If the answer is Yes, kindly provide her/his contact details.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
4.	Has your Institution established audit and compliance function to test the adequacy of know your customer and anti-money laundering procedures and policy?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
5.	Does your Institution have a written policy and procedures for prevention and detection of money laundering including "Know your Customer"?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
6.	Does your Institution's written policies and procedures establish customer identification program in order to identify the true identity of customer and beneficial owner of the funds?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
7.	Has your Institution developed written policies documenting the processes that they have in place to prevent, detect and report suspicious transactions?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
8.	Does your Institution operates as a shell bank?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
9.	Does your Institution have a policy prohibiting accounts/relationships with shell banks? <i>(A shell bank is defined as a bank incorporated in a jurisdiction in which it has no physical presence and which is unaffiliated with a regulated financial group.)</i>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
10.	Does your Institution have policies to reasonably ensure that they will not conduct transactions with or on behalf of shell banks through any of its accounts or products?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
11.	Does your Institution have policies covering relationships with Politically Exposed Persons (PEP's), their family and close associates?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
12.	Does your Institution offer accounts or services to anonymous customers?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
13.	Does your Institution provide payable through accounts? If the answer is Yes, please comment.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
14.	Does your Institution have record retention procedures that comply with applicable law? If Yes, how long are the records kept?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
15.	Does your Institution require that its AML and KYC policies and practices being applied to all branches and subsidiaries of your Institution both in the home country and in locations outside of that jurisdiction?	YES <input type="checkbox"/>	NO <input type="checkbox"/>



16.	Is your Institution subject to laws designed to combat money laundering and financing of the terrorism within your home country and all countries where you maintain branches?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
17.	Has your Institution had any regulatory or criminal enforcement actions resulting from violations of AML and KYC laws or regulations in the last five years? If the answer is Yes, please comment.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
18.	Does your Institution have a risk-based assessment of its customer base and their transactions?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
19.	Does your Institution determine the appropriate level of enhanced due diligence necessary for those categories of customers and transactions that your Institution has reason to believe pose a heightened risk of illicit activities at or through the Institution?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
20.	Has your Institution implemented processes for the identification of those customers on whose behalf it maintains or operates accounts or conducts transactions?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
21.	Does your Institution have a requirement to collect information regarding its customers' business activities?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
22.	Does your Institution have a process to review and, where appropriate, update customer information relating to high risk client information?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
23.	Does your Institution have procedures to establish a record for each new customer noting their respective identification documents and "Know Your Customer" information?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
24.	Does your Institution take to understand the normal and expected transactions of its customers based on its risk assessment of its customers?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
25.	Does your Institution have policies or practices for the identification and reporting of transactions that are required to be reported to the authorities?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
26.	Does your Institution have procedures to identify transactions structured to avoid large cash reporting requirements?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
27.	Does your Institution screen customers and transactions against lists of persons, entities or countries issued by government / competent authorities?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
28.	Has your Institution established a system to screen each customer (both new and existing) and transactions against lists of persons, entities or countries (terrorist), whose names are included in the following lists: <input type="checkbox"/> OFAC LIST <input type="checkbox"/> EUROPEAN UNION OFFICIAL LIST <input type="checkbox"/> UN LIST <input type="checkbox"/> OTHER (please specify name and nature of list):	YES <input type="checkbox"/>	NO <input type="checkbox"/>
29.	Does your Institution have policies to reasonably ensure that it only operates with correspondent banks that possess licenses to operate in their countries of origin?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
30.	Does your Institution have a monitoring program for unusual and potentially suspicious activity that covers funds transfers and monetary instruments such as travelers checks, money orders, etc?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
31.	Does your Institution provide AML training to relevant employees that includes: <ul style="list-style-type: none">▪ Identification and reporting of transactions that must be reported to government authorities;▪ Examples of different forms of money laundering involving the Institution's products and services;▪ Internal policies to prevent money laundering.	YES <input type="checkbox"/> YES <input type="checkbox"/> YES <input type="checkbox"/>	NO <input type="checkbox"/> NO <input type="checkbox"/> NO <input type="checkbox"/>



32.	Does your Institution retain records of its training sessions including attendance records and relevant training materials used?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
33.	Does your Institution communicate new AML related laws or changes to existing AML related policies or practices to relevant employees?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
34.	Does your Institution employ third parties to carry out some of the functions of the Institution?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
35.	If the answer to question 34 is Yes, does your Institution provide AML training to relevant third parties that includes: <ul style="list-style-type: none">▪ Identification and reporting of transactions that must be reported to government authorities;▪ Examples of different forms of money laundering involving the FI's products and services;▪ Internal policies to prevent money laundering.	YES <input type="checkbox"/> YES <input type="checkbox"/> YES <input type="checkbox"/>	NO <input type="checkbox"/> NO <input type="checkbox"/> NO <input type="checkbox"/>

Signature:		
Completed by:		
Title:		
Telephone No and E-mail address:		
Date:		
Name of the Institution:		
Address of Institution:		