

**ANTI-MONEY LAUNDERING (AML) and ANTI-TERRORIST FINANCING QUESTIONNAIRE**

<b>PART I. DOMICILE AND ORGANIZATION</b>			
1. Legal Name of Institution			
2. Corporate Legal Form			
3. Principal Place of Business (Address)			
4. SWIFT Address			
5. Web Address			
6. Name and Country of your local licensing authority and regulator			
7. Registration Number			
8. Regulatory Authority responsible for anti-money laundering and supervision of Institution. If none, name of industry supervisor and/or industry code of practice			
9. Name of external auditors			
10. Does your Institution maintain a physical presence in the licensing country? <input type="checkbox"/> YES <input type="checkbox"/> NO			
11. Is your institution an agency, branch subsidiary of a bank with a physical presence?	YES <input type="checkbox"/>	Name of affiliate/parent company:	
		Is affiliate/parent company publicly traded? YES <input type="checkbox"/> NO <input type="checkbox"/>	
	NO <input type="checkbox"/>	If yes, list exchanges and symbols:	
		Indicate affiliation: agency <input type="checkbox"/> branch <input type="checkbox"/> subsidiary <input type="checkbox"/>	
		Licensing country of affiliate:	
12. Is your institution a publicly traded entity?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, please list the exchanges & symbols:	
13. Are there any Politically Exposed Persons among your Institution's ownership structure and executive management? YES <input type="checkbox"/> NO <input type="checkbox"/>			
<b>Authorized Officer/s Responsible for Account/Relationship</b>			
Primary Contact		Secondary Contact	
Telephone/s		Telephone/s	
Fax		Fax	
E-mail		E-mail	

Scope of Business Activities		
14. Please list the principal countries in which your institution maintains branches, agencies and subsidiaries. Additionally, please indicate the type of operation and the number of offices or locations. (Please attach additional pages if necessary.)		
Country	Type (Branch, Agency, Subsidiary, etc.)	Number of Offices/Branches
15. Total Number of Employees Officers _____ Rank and File _____ Contractual _____ Others (specify) _____		
16. Please list the principal areas of business in which your institution participates in terms of contribution to revenue.		
Principal areas of business activity (Commercial, Private, Corporate, Wholesale, Insurance, etc.)	Approximate percent of revenue	

PART II. ANTI-MONEY LAUNDERING AND ANTI-TERRORIST FINANCING CONTROLS		
	Yes	No
1. Does your Institution offer correspondent services to shell banks?	[ ]	[ ]
2. Has your Institution implemented an anti-money laundering (AML), combating the financing of terrorism (CFT) and “know your customer” (KYC) program that is designed to ensure compliance with applicable AML, CFT, and KYC financing laws and regulations?	[ ]	[ ]
If the answer to the preceding question was “Yes”, please answer the following questions:		
3. Does your Institution employ a KYC program that is designed to obtain and verify information regarding your customer’s true identity, source of wealth, economic activity, and the nature of anticipated transactional activity? If applicable, please describe your Institution’s procedures for reviewing and updating customer information. (Please attach additional sheets if necessary).	[ ]	[ ]
4. Does your Institution ensure that its credit/financial institution customers have an adequate AML, CFT, and KYC policies and procedures?	[ ]	[ ]
5. Does your Institution’s customer identification program require that enhanced due diligence be conducted regarding certain customers that may present a heightened level of money laundering and terrorist financing risk to your institution, such as international private banking and corresponding banking customers from high risk money laundering and terrorist financing jurisdictions (such as non-FATF based customers, Politically Exposed Persons)?	[ ]	[ ]
6. Does your Institution provide AML, CFT, and KYC training on a periodic basis to those employees who work directly with your customers and those employees who work in other areas that may be exposed to money laundering and terrorist threats? If applicable, please describe your Institution’s AML, CFT, and KYC training program. (Please attach additional sheets if necessary).	[ ]	[ ]

7. Has your Institution employed a monitoring system of customer account activity/transactions designed to facilitate the identifications of suspicious transactions? If applicable, please provide an overview of your Institution's procedures for monitoring customer account activity/transactions. (Please attach additional sheets if necessary).	[ ]	[ ]
8. Has your Institution implemented an independent and periodic internal and external audit review of your institution's compliance with internal AML, CFT, and KYC policies and procedures and relevant laws and regulations?	[ ]	[ ]
9. Is your Institution's AML, CFT, and KYC program applicable to all the agencies, branches, and subsidiaries of your financial group on a global basis? (This certification of adherence applies to all the agencies, branches, and subsidiaries as listed in Scope of Business # 12)	[ ]	[ ]
10. Has there been any negative articles or information in the press about your Institution, its officers, directors, employees, owners, or customers that would reflect on the bank's reputation for legal compliance or ethical business practices?	[ ]	[ ]

### PART III. OWNERSHIP AND MANAGEMENT INFORMATION

Please list the names of the owners of your institution and their ownership interest. (For purposes of this questionnaire, an "owner" is any person or juridical entity that, directly or indirectly, owns, controls or has voting power of twenty percent (20%) or more of any class of securities of your institution.)

Name of Owner	Ownership Interest (%)	Nature of Ownership (Direct/Indirect)

If any of the foregoing owners is a juridical entity, please list the names of the shareholders of the legal entity, and their ownership interest in the legal entity. (Please attach additional sheets if necessary).

If the second tier shareholders are also juridical entities, the third tier shareholder's names, ownership interests, and nature of ownership shall also be listed. Note: If any legal entity is publicly held, please indicate only that it is publicly held and the exchange on which shares are traded.

Name of Entity	Shareholders	Ownership Interest (%)	Nature of Ownership (Direct/Indirect)

Please list the names of the principal officers and directors of your bank, their respective positions, and the number of years they have been employed by the bank. (Please use additional sheet, if needed)

Name	Position	Years of Service/Date Hired

**CERTIFICATION**

(Questionnaire completed by a duly authorized officer of the financial institution)

The undersigned based on his/her best knowledge and belief, certifies that the aforementioned questions were answered considering the existing internal controls of the subject financial institution, and further presents an accurate representation of the existing state of the institution’s AML, CFT, and KYC internal controls and financial service activities.

Signature	
Completed by:	
Position:	
Date:	
Contact No.:	
Office Address:	
E-mail Address:	