

KNOW YOUR CUSTOMER / ANTI MONEY LAUNDERING QUESTIONNAIRE

Regis	stered Name:	Date:
Regis	stered Office Address:	
	T	
<u>a)</u>	Mailing Address (if different from registered address)	
b)	Web address	
c)	Registration / License Number (Please provide copy of license)	
d)	Certificate of Incorporation	
u	(Please provide copy)	
e)	Certificate of commencement of business	
-,	(where applicable)	
f)	Certificate of Registration	
-	(Please provide copy)	
g)	Memorandum & Articles of Association	
	(Please provide copy)	
<u>h)</u>	Number of Branches (Local/Foreign)	
i)	Main business activities (for e.g. Retail banking,	
	Corporate banking ,Trade finance etc)	
j)	Name of External Auditors	
k) l)	Name of the Home Country Regulator Name of Members of the Board of Directors	_
	Latest Annual Financial Statements	
m)	Latest Affinal Financial Statements	
n)	Tax Identification Number (TIN)	
0)	FATCA Status	
	Global Intermediary identification number (GIIN)	
1. <u>GEN</u>	NERAL INFORMATION:	
a)	Does your institution have a "Physical Presence"?	
	 Is your institution an affiliate of depository institutions, 	
	union, or a foreign bank that maintain a physical presence	
	place where it employs one or more persons on a full time b	asis &
	maintains operating records related to it business activities?	
2. <u>MAI</u>	NAGEMENT/OWNERSHIP STRUCTURE:	
a)	Are your institutions' shares publicly held or privately owned?	
b)	Is it traded on any Stock Exchange? If so, which one?	
c)	Full details of any natural or legal persons, partnership or	trust
	holding 25% or more of the voting rights.	
d)	List names, position and phone numbers of senior and management.	l key
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3. <u>ANT</u>	MONEY LAUNDERING LEGISLATION, POLICIES & PROCEDUR	ES:
a)	Is money laundering / the terrorism financing considered in	vour
u,	country as crime?	your
	Country as crime.	
b)	Does your country's regulatory body require all financial instit	utions
,	to have anti money laundering (AML) & Know Your Customer	
	procedures?	<u> </u>
c)	Is your institution subject to such laws / regulations?	



KYC / AML QUESTIONNAIRE



d)	Does your institution comply with FATF recommendations, EU 3 rd Money Directives and Wolfsberg AML Principles?	
e)	Has your institution established a conformity program that contains AML/CTF/KYC policies and procedures, according to internal & international laws, rules and standards?	
f)	In case your institution does not have such regulations, are they planned to be introduced? Please indicate the estimated date of its implementation.	
g)	Has your institution developed an Internal Audit function in order to test the system for prevention of money laundering and terrorism financing?	
h)	Are the AML/CTF/KYC policies and procedures applicable to your home entities also applied to your foreign branches?	
i)	Is implementation of AML/CTF/KYC policies and procedures monitored on a permanent basis?	
j)	Do your policies prohibit dealings with Shell Banks?	
k)	Do you screen accounts and outward payments against the Consolidated List of Terrorists maintained by the United Nations?	

4. TRANSACTION MONITORING:

a)	Does your institution have a policy protecting employee who report suspicious transaction?	
b)	Does the FI have a monitoring program for unusual and potentially suspicious activity that covers funds transfers and monetary instruments such as travelers checks, money orders, etc?	
c)	Does your institution uses some IT software for filtering, Profiling and Transaction Monitoring. If yes what is the name of solution.	
e)	Does the FI have procedures to identify transactions structured to avoid large cash reporting requirements?	
f)	Please describe customer risk ratings. (Classifying customers into various risk categories, for e.g. high medium, low)	

5. AML TRAINING:

a)	Does the FI provide AML Training to relevant employees that include	
	identification and reporting of transactions that must be reported to	
	Government Authorities?	
b)	Does the FI communicate new policies or practices to the relevant	
	employees?	

6. AML/KYC POLICIES & PROCEDURES

a)	Does your AML/CTF/KYC policies and procedures require:	
	 Recognizing the true identity of customers and checking their 	
	legitimacy before transacting any business with them?	
	• Monitoring client activity to detect suspicious activity and due diligence?	
	 Reporting suspicious activities and transactions to the appropriate AML/CTF/KYC authorities? 	
	 Keeping all the records related to customer identification and their transactions? For how long? 	
	* (Pls. provide us a copy of AML/CTF/KYC policy and procedures)	
b)	Has your institution been subject to any investigation, indictment,	
	conviction or civil enforcement action related to money laundering	
	and terrorism financing in the past five years. If yes, give details.	
e)	Does your institution provide services to offshore Banks, Internet	
	Banks type institutions or banks located in high-risk area, as per	
	FATF recommendations?	



NIB Bank

KYC / AML QUESTIONNAIRE



f)	Does your institution have monitoring programs for identifying the	
	transactions related to persons/entities suspected of terrorism,	
	comprised in official lists of appropriate authorities?	
g)	Does your bank allow direct use of the correspondent account by	
	third parties? If the answer is yes then please attach the identity of	
	any third party that will use the correspondence banking services	
	(i.e. in case of payable through account).	

7. RELATIONSHIP WITH OTHER BANKS:

a)	What AML due diligence do you undertake on these potential and existing Financial Institutions relationships?	
b)	How do you ensure that AML information is kept up-to-date?	

8. CONTACT DETAILS:

(Please provide details & title regarding who completed this questionnaire)

a) b)	Has your institution appointed a Compliance Officer for AML/CTF/KYC If so, please give the name and title of Compliance Officer in your	
	institution, his/her email, address, Phone number, Fax number for future references	
c)	Authorized Signature*	
	Name	
	Title / Designation	
	Phone	
	Fax	
	Email	

^{*} This certification should be signed by a representative of an independent control function (such as Legal, Compliance or Audit) within your institution.

Abbreviations used in this questionnaire:

AML: Anti-Money Laundering KYC: Know Your Customer

CTF: Combating Terrorist Financing **FATF:** Financial Action Task Force.

