

ANTI-MONEY LAUNDERING & KNOW YOUR CUSTOMER QUESTIONNAIRE

Name of Institution: _____

Address: _____

- 1 Which regulatory authority or authorities supervises/supervise your Financial Institution?
- 2 Has your country of registration established legislation preventing money laundering and terrorist financing? Yes No
- 3 Does your bank fulfill business activity in compliance with your local national AML and counter terrorism financing legislation? Yes No
- 4 Has your regulatory body/bodies issued detailed instructions/rules to which you are subject to Financial Institutions under their supervision regarding steps to be taken to prevent participation in Money Laundering or Terrorism financing? Yes No
- 5 Has your institution developed written policies documenting the processes that they have in place to prevent, detect and report suspicious transactions that has been approved by senior management? Yes No
- 6 Does your Bank review the established AML policy and procedures if necessary? Yes No
- 7 Does your institution have a legal and regulatory compliance program that includes a designated Compliance officer that is responsible for coordinating and overseeing the AML program on a day-to-day basis, which has been approved by senior management of your institution? Yes No
- 8 Does your Bank have a screening process to search client database against government/international bodies published lists of prohibited parties? Yes No
- If yes, please provide the sources.
- 9 Has your institution implemented systems for the identification of its customers, including customer information in the case of recorded transactions, account opening, etc. (for example; name, nationality, street address, telephone number, occupation, age/ date of birth, number and type of valid official identification, as well as the name of the country/state that issued it)? Yes No
- 10 Has your Bank established an obligatory procedure which contains creation of record for each Client with notification of the relevant identification documents and Know Your Customer data collected for account opening? Yes No
- 11 Does your Bank allow direct using of correspondent account by third parties to perform the payments on their own behalf? Yes No
- 12 Does your Bank have the established method of reporting suspicious activities and/or transactions to the relevant authorities? Yes No
- 13 Does your institution have appropriate record retention procedures pursuant to the applicable law? Yes No
- 14 Does your institution have a risk focused assessment of its customer base and transactions of its customers? Yes No
- 15 Does the your institution have training programs in place for AML and KYC? Yes No
- 16 Does your institution have a policy prohibiting accounts/relationships with shell banks? Yes No

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|----|--|-----|----|
| 17 | Does your Bank provide financial services to “off-shore” Corporates? | Yes | No |
| 18 | Has your Bank been prosecuted for failure to comply with anti-money laundering legislation for the last 5 years? | Yes | No |

Date _____ **Date** _____

Name _____ **Name** _____

Title _____ **Title** _____

Signature _____ **Signature** _____

Questionnaire for correspondent banks (In addition to AML questionnaire)

General Information

- 1 Full legal name
- 2 Legal form
- 3 Business address
- 4 Registration number
- 5 Date and Place of Registration
- 6 Agency of Registration
- 7 Type of license and Agency of issue
- 8 License number
- 9 Date of license issue
- 10 Bank identification code
- 11 Tax registration number
- 12 List of correspondent banks
- 13 Authorized capital
- 14 Credit rating
- 15 External auditor
- 16 History, reputation, principal areas of business activity

Contact Information

- 17 Post address
- 18 Telephone, Fax
- 19 E-mail
- 20 S.W.I.F.T. address
- 21 Web-site
- 22 Telex

Information on organizational structure

- 23 List of shareholdings or beneficial ownership in excess of 10%
- 24 The Principal Officers and Directors of the Bank
- 25 Number of staff
- 26 Number branches, agencies, subsidiaries

Date _____ **Date** _____

Name _____ **Name** _____

Title _____ **Title** _____

Signature _____ **Signature** _____