

Anti- Money Laundering (AML)/ Counter Terrorist- Financing (CFT)
Customer Due Diligence (CDD) Questionnaire

Please provide answers on the questions below concerning your institution, current practices related to AML and sanctions identification, transaction monitoring and reporting of suspicious transactions. Please note that the questionnaire must be completed and signed by an authorized individual (e.g. compliance or institution representative).

Institution's Identification

1	Name of the financial institution			
2	Company Registration/ Business license no.		Years of operation	
3	Registered address			
4	Type of entity	<input type="checkbox"/> Financial Institution <input type="checkbox"/> Currency Exchange/ Dealer <input type="checkbox"/> Counter-party <input type="checkbox"/> Intermediary <input type="checkbox"/> Professional [<i>Please indicate profession</i>]: <input type="checkbox"/> Others:		
5	Is your entity (or parent company) a publicly traded institution? If yes, please provide the ff. information: Exchange (full name): Listed Company name: Stock Symbol:			
6	Country (countries) of operation			
7	No. of branches (local and foreign)			
8	Website		Telephone no.	
9	Name of Designated Compliance Officer		Email	
	Title		Telephone No.	

10	Main Business Activities	<input type="checkbox"/> Deposit Taking <input type="checkbox"/> Lending <input type="checkbox"/> Payment and collection services <input type="checkbox"/> Issuing and administering means of payment <input type="checkbox"/> Securities Dealing <input type="checkbox"/> Futures and Options Trading <input type="checkbox"/> Foreign Currency Dealing <input type="checkbox"/> Funds Management <input type="checkbox"/> Safe deposit services	<input type="checkbox"/> Services in precious metals <input type="checkbox"/> Trust services <input type="checkbox"/> Investment banking services <input type="checkbox"/> Derivatives dealing and similar instruments <input type="checkbox"/> Leasing <input type="checkbox"/> Trade Finance <input type="checkbox"/> Bulk Cash <input type="checkbox"/> Prepaid Cards (ATM Card) <input type="checkbox"/> Remote Deposit Capture <input type="checkbox"/> Others [Please specify]:
11	Purpose/ nature of maintaining correspondent banking with BIC Bank		
12	Source/s of fund		

A. Institution's Owners *[Please use a separate sheet if necessary]*

B.1 Individuals holding 10% or more share of the institution

Salutation (Mr./ Ms.)	First Name	Last Name	% Ownership	Location/ Address

B.2 Entities holding 10% or more share of the institution

Name	% Ownership	Entity Type	Location/ Address

B.2 Ultimate Beneficial Owners of entities holding 10% or more share of the entities under B.2

Salutation (Mr./ Ms.)	First Name	Last Name	% Ownership	Location/ Address

Are there any politically exposed persons (PEPs) among shareholders or ultimate beneficial owners (UBO) of your institution? If yes, please indicate name/s and government position/s:

B. Supervisory Board and Key Executives *[Please use a separate sheet if necessary]*

C.1 Supervisory Board of Directors

Position	First Name	Last Name	Nationality	Location/ Address	Years of Work Experience

For the purposes of this form, the following definitions are given:

- a) Politically- exposed- persons (PEPs) are government officials given prominent positions to the level of director general and above who may have influence in decision-making on the movement and utilization of government funds.
- b) Ultimate beneficial owners (UBO) are natural person(s) who ultimately benefits from a business operation, activity or transaction including those persons who owns directly or indirectly at least 10% of a legal entity. This information is not required for institutions listed on the stock exchange, 100% government-owned, or non-profit.

C.2 Senior Management & Key Executives

Position	First Name	Last Name	Nationality	Location/ Address	Years of Work Experience

C.3 AML and Compliance Officers

First Name	Last Name	Nationality	Location/ Address	Years of Work Experience	Telephone no. & Email

Are there any politically exposed persons (PEPs) among the key executives of your institution? If yes, please indicate name/s and government position/s:

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D. Local Law/ Regulation and Supervision

11	Is your country a member of the FATF or its associated members (e.g. APG, CFATF, MONEYVAL, EAG, etc.)? If yes, please indicate which body:	<input type="checkbox"/> Yes <input type="checkbox"/> No
12	Has your country been evaluated by FATF or its associated members (e.g. APG, CFATF, MONEYVAL, EAG, etc.)? If yes, when:	<input type="checkbox"/> Yes <input type="checkbox"/> No
13	Name of your Regulatory Authority/ Central Bank:..... Name of your Financial Intelligence Unit (FIU):	
14	Does your country of registration have established laws designed to combat money laundering and terrorist financing? If yes, please indicate law:	<input type="checkbox"/> Yes <input type="checkbox"/> No
15	Does your FIU/ Regulatory Authority undertake regular visits to assess your AML and CFT policies and procedures? If yes, a) How often are the monitoring visits performed? b) When was the last visit:	<input type="checkbox"/> Yes <input type="checkbox"/> No

E. Anti- Money Laundering/ Counter- Terrorism Financing Program

Policies and Procedures		
16	Does your institution have written policies and procedures approved by your board of directors or board of management, designed to prevent money laundering/ terrorist financing? [If yes, please provide as an attachment]	<input type="checkbox"/> Yes <input type="checkbox"/> No
17	Are your institution's AML/CFT policies and procedures according to local laws, rules, and standards and benchmarked against international standards?	<input type="checkbox"/> Yes <input type="checkbox"/> No
18	Are your institution's AML/CFT policies and procedures applicable to all branches and service units?	<input type="checkbox"/> Yes <input type="checkbox"/> No
19	Do your institution's AML/ CFT written policies and procedures address the following areas	Yes/ No
a	Customer identification, Due diligence, Enhanced due diligence	<input type="checkbox"/> Yes <input type="checkbox"/> No

b	Dealings with PEPs	<input type="checkbox"/> Yes <input type="checkbox"/> No
c	Dealings with non-face-to-face business (internet banking, mobile banking, etc.) relationships and the use of intermediaries and other third party sources of business?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d	Prohibition of accounts/ relationships with shell banks	<input type="checkbox"/> Yes <input type="checkbox"/> No
e	Prohibition of nested/ downstream correspondent banking	<input type="checkbox"/> Yes <input type="checkbox"/> No
f	Prohibition of payable- through- accounts	<input type="checkbox"/> Yes <input type="checkbox"/> No
g	Prohibition of anonymous accounts	<input type="checkbox"/> Yes <input type="checkbox"/> No
h	Prohibition of direct or indirect relationships/ transactions with individuals or entities from Iran, North Korea, Cuba, Syria (irrespective of their location)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
i	Customer identification and transaction documents retention	<input type="checkbox"/> Yes <input type="checkbox"/> No
j	Suspicious transactions prevention, detection and reporting	<input type="checkbox"/> Yes <input type="checkbox"/> No
k	Cash transactions monitoring and reporting	<input type="checkbox"/> Yes <input type="checkbox"/> No
l	Sanctions screening and reporting	<input type="checkbox"/> Yes <input type="checkbox"/> No
m	Periodic internal audit review	<input type="checkbox"/> Yes <input type="checkbox"/> No
n	AML training	<input type="checkbox"/> Yes <input type="checkbox"/> No
20	When was the last update of your AML/ CFT policies and procedures?	
Know your customer, Due diligence, Enhanced due diligence		
21	Please list the documents your institution requires for customer identification and verification processes for customer onboarding as well as transactions.	

For the purposes of this form, the following definitions are given:

- a) Anonymous account means a deposit account in which its data differs or cannot verify the account owner's details such as name, surname, date of birth, address, age and occupation.
- b) Downstream (or nested) correspondent banking refers to the use of a bank's correspondent relationship by a number of underlying banks or financial institutions through their relationships with the correspondent bank's direct customer. The underlying respondent banks or financial institutions conduct transactions and obtain access to other financial services without being direct customers of the correspondent bank.
- c) Intermediaries and other third party sources of business mean lawyers, trustee sand other legal representatives of the customer given authority to do business on their behalf.
- d) Payable-through-accounts (pass-by accounts) are correspondent accounts that are used directly by third parties to transact business on their own behalf. They are used by foreign financial institutions to give their customers access to the domestic banking system. This enables the foreign bank's customers to write checks and make deposits at a bank in the jurisdiction like any other accountholder (in effect, giving customers of respondent banks access to more services).
- e) Shell bank is a bank that does not have tangible address in the country where they are authorised to operate or are not lawful companies in the financial institution group.

22	Does your institution require obtaining information from customer regarding its business activities	<input type="checkbox"/> Yes <input type="checkbox"/> No
23	Does your institution identify the beneficial owner of customer and verify his/ her identity(ies)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

24	Does your institution require obtaining information on the purpose or intended nature of relationship/ transaction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
25	Does your institution risk rate your customers and transactions? If yes, kindly give brief description of the procedures:	<input type="checkbox"/> Yes <input type="checkbox"/> No
26	Does your institution conduct enhanced due diligence (EDD) for high- risk customers? If yes, kindly give brief description of the procedures	<input type="checkbox"/> Yes <input type="checkbox"/> No
27	How does your institution treat PEPs?	
28	Does your institution review and update customer information? If yes, how often?	<input type="checkbox"/> Yes <input type="checkbox"/> No
29	How long does your institution keep customer identification account files? How long does your institution keep customer transaction documents?	
30	When was the last update of your AML/ CFT policies and procedures?	
31	Has your institution ever been subjected to any investigation or been subjected to civil or criminal enforcement action for violation of laws related to Money Laundering and Terrorist Financing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Transaction Monitoring and Reporting		
32	Does your institution screen customer transactions to detect irregular, high value transactions and suspicious transactions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
33	If the answer above is 'yes, is the screening manual or automated? If automated, kindly indicate service provider of the system. If manual, kindly briefly describe the process:	
34	Does your institution have procedures to identify transactions structured to avoid large cash transactions reporting?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What is the threshold of large cash transactions		
35	Does your institution screen customer and transactions against any economic sanctions program? If yes, kindly indicate sanctions program (e.g. UN, OFAC, EU, OSFI, RBI, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
36	If the answer above is 'yes, is the screening manual or automated? If automated, kindly indicate service provider of the system. If manual, kindly briefly describe the process:	

AML/ CFT Training		
37	Does your institution provide training to relevant employees regarding AML and CFT? If yes, how often are the trainings conducted?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
38	Does your institution retain records including attendance and training materials of its training sessions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
39	Does your institution communicate new AML related laws or changes to existing AML related policies or practices to relevant employees?	<input type="checkbox"/> Yes <input type="checkbox"/> No
40	Does your institution employ third parties to carry out some of its functions? If yes, kindly provide the name of the third party and their function/s:	<input type="checkbox"/> Yes <input type="checkbox"/> No
41	If the answer above is 'yes', does your institution provide AML training to relevant third parties including identification and reporting of relevant transactions to regulatory authorities, different forms of money laundering involving the FI's products and services and internal policies to prevent money laundering?	<input type="checkbox"/> Yes <input type="checkbox"/> No

F. Others

42	Has your Regulator initiated measures/ developments to be in compliance with Foreign Account Tax Compliance Act (FATCA), as per US- IRS requirement? If yes, kindly indicate the signed Model Agreement:	<input type="checkbox"/> Yes <input type="checkbox"/> No
43	Has your institution initiated measures/ developments to be in compliance with Foreign Account Tax Compliance Act (FATCA), as per US- IRS requirement? If yes, kindly provide Global Intermediary Identification Number (GIIN):	<input type="checkbox"/> Yes <input type="checkbox"/> No
44	Please indicate where you have clients who are:	Yes/ No
a	High net worth individuals (exceeding USD 10 Million) served by a dedicated private banking unit or similar function	<input type="checkbox"/> Yes <input type="checkbox"/> No
b	Politically exposed persons (PEPs)	<input type="checkbox"/> Yes <input type="checkbox"/> No
c	Money Service Bureaus which are licensed or authorized by a regulatory or governmental body	<input type="checkbox"/> Yes <input type="checkbox"/> No
d	Money Service Bureaus which are NOT licensed or authorized by a regulatory or governmental body	<input type="checkbox"/> Yes <input type="checkbox"/> No
e	Gaming/ Casino/ Internet Gambling	<input type="checkbox"/> Yes <input type="checkbox"/> No
f	Non-profit organizations	<input type="checkbox"/> Yes <input type="checkbox"/> No
g	Offshore banks	<input type="checkbox"/> Yes <input type="checkbox"/> No
h	Virtual Currency Exchanges	<input type="checkbox"/> Yes <input type="checkbox"/> No
i	Companies who issue bearer shares	<input type="checkbox"/> Yes <input type="checkbox"/> No

DECLARATION: I, the undersigned hereby certify that all the information in this questionnaire is accurate.

Representative's signature:	
Representative's name:	
Designation:	
Telephone no.:	
Email address:	
Date:	