

## PREVENTION OF MONEY LAUNDERING AND COUNTER-FINANCING TERRORISM QUESTIONNAIRE

*Questionnaire for overseas banking correspondents*

Name of Institution:

Address of Institution's Head Office:

Legal Form:

Trade Registration Number:

Website:

Email Address:

Swift Code:

Telephone Number:

Fax Number:

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### 1) INFORMATION ABOUT THE INSTITUTION

a. What is your type of establishment?

- Public
- Private

b. Is your institution registered with a regulatory authority?

- Yes
- No

**If yes:**

Name of the Supervisory Authority:

Date of Registration:

Registration Reference:

Approval Type:

**c. Please state the type of banking or financial services you undertake.**

- Deposit Taking
- Current Account and Third Party Payments
- Securities Dealing
- Futures and Options Trading
- Foreign Currency Dealing
- Fund Management
- Custody
- Derivatives and Similar Instruments
- Lending
- Leasing
- Trade Finance; Letters of Credit
- Others\_\_\_\_\_

**d. Directors Identification**

Does your institution have any Politically Exposed Persons (PEPs) in the Top Management or on the Board of Directors?

- Yes
- No

If yes, please provide us with the following information on the PEPs:

Name:

Position:

i. Executive Board Members List:

Name	Position

ii. List of Executives:

Name	Position

iii. Share Capital (or capital endowment in the case of a branch):

- Subscribed Capital  
Amount:
- Subscribed Capital  
Amount:

Business name and interbank code	% of Capital	% of Voting Rights	Home State
<i>Name and forename for natural persons</i>	<i>Shareholders % of capital ownership</i>		<i>or Nationality</i>

iv. Additional Information:

## 2) INFORMATION ABOUT LAWS, RULES AND PROCEDURES

a) Has your country put in place legislation to prevent against money laundering and the financing of terrorism in accordance with international standards, primarily with the FATF recommendations? (If yes, please attach a copy)

- Yes
- No

b) Is money laundering and terrorist financing considered in your country as offenses punishable under the criminal laws in force?

- Yes
- No

c) Did your institution establish a written policy to fight against money laundering and the financing of terrorism, in accordance with the laws of your country and the FATF recommendations?

- Yes
- No

d) Does your institution establish a training program for its staff and employees in charge of combating money laundering and terrorism financing?

- Yes
- No

*If yes, please indicate the type and frequency of your training program*

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e) Does your institution have a formal procedure to audit and assess AML programs and practices on a regular basis to ensure compliance with the local legislation?

- Yes
- No

*If yes, please indicate the nature and frequency of these audits*

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f) Are your procedures in combating money laundering and terrorism financing applicable to your branches and subsidiaries, both locally and abroad?

- Yes
- No

g) Does your institution have a risk based assessment of its customer base and on the customer's activity?

- Yes
- No

h) Does your policy concerning fighting against money laundering and terrorism financing provide procedures for identifying and verifying the source of funds for electronic international transfers?

- Yes
- No

i) Does your institution have in place a system for detecting the accounts and funds of persons and entities sanctioned and/or considered terrorist by any competent authorities (OFAC lists, European Union lists) and the United Nations?

- Yes
- No

j) Does the AML Policies and Procedures prohibit you from:

- Opening or maintaining anonymous or numbered accounts?
  - Yes
  - No
- Having business relationships with banks that have no physical presence in any country “shell-bank”?
  - Yes
  - No

k) Does your institution keep records on customers' identification?

- Yes
- No

*If yes, please indicate for what period .....years.*

l) Does your institution have in place a system to monitor accounts and transaction in order to detect suspicious operations and activities?

- Yes
- No

*If yes, please provide the following information:*

Name:

Position:

E-mail Address:

Phone Number:

m) Does your Institution belong to a Group which defined AML Group Policies and Procedures applicable to all its branches and subsidiaries, both at home and abroad?

- Yes
- No

n) Has your institution been involved in any regulatory or criminal enforcement actions resulting from violation of laws or regulations against money laundering and terrorism financing in the past 5 years?

- Yes
- No

*If yes, please explain in what way:*

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*We, the undersigned, confirm that the information provided in this questionnaire is up to date and accurately reflects our institution's AML policies.*

*(To be signed by the First Executive Manager)*

*Name:*

*Title:*

*Date:*

*Authorized Signature:*