



**DUE DILIGENCE/ANTI-MONEY LAUNDERING QUESTIONNAIRE
FINANCIAL INSTITUTIONS**

1. Name of Financial Institution/Entity:

2. City/Country:

3. Contact Name, Telephone Number, Email Address

4. Full Address of Registered Office:

5. Is your institution (or parent company) a publicly traded institution? Yes [] No []

5a) If 'yes' on what stock exchange(s) is your institution listed? Please include full listed name and stock symbol.

5b) Please provide details of ownership (10% or more of shareholding). Kindly list owners' names, dates of birth where applicable, and percentage owned.

6. Information on Affiliates and Subsidiaries (Name, Type of Business, % Owned where applicable)

7. Information on Board of Directors (Name, Position, Date of Birth, Domicile):

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| 8. Information on CEO (Name and Date of Birth): |
| 9. Information on CFO (Name and Date of Birth): |

| REGULATORY ENVIRONMENT | | |
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| 10. Who is your supervisory authority, and if different, the regulatory body responsible for Anti-Money Laundering in your jurisdiction? | | |
| 11. Is your institution fully compliant with money laundering and terrorist financing laws in your country? | Yes [] | No [] |
| 12. Is your institution operating as an offshore banking entity? | Yes [] | No [] |
| 13. Has your institution within the past 7 years been the subject of any regulatory action or money laundering/terrorist financing prosecutions? If 'yes' provide an explanation. | Yes [] | No [] |
| ANTI MONEY LAUNDERING POLICIES AND PRACTICES | | |
| 14. Does your institution have in place written policies, controls and procedures for the prevention, detection and reporting of money laundering and terrorist financing activities? | Yes [] | No [] |
| 15. Are these policies, controls and procedures applicable in all branches and subsidiaries whether in your home jurisdiction or in locations outside of that jurisdiction? | Yes [] | No [] |
| 16. Do these policies, controls and procedures include the following: | | |
| 16a) A requirement for periodic review and approval of the said policies etc. by the institution's Board? | Yes [] | No [] |
| 16b) Customer identification and verification requirements at the inception of the customer relationship? | Yes [] | No [] |
| 16c) Periodic Training for employees of the institution? Please provide details | Yes [] | No [] |

| | | |
|---|---------|--------|
| 16d) Monitoring program for unusual and suspicious activities? Please provide details. | Yes [] | No [] |
| 16e) Relationships with Politically Exposed Persons (PEP) consistent with regulations existing in your country? | Yes [] | No [] |
| 16f) Record retention requirements for customer identification information? How long are records retained? | Yes [] | No [] |
| 16g) Relationships with Correspondent Banks? | Yes [] | No [] |
| 16h) Risk rating of customers and products/services? | Yes [] | No [] |
| 16i) Completion of a risk based assessment to understand the normal and expected transactions of customers? | Yes [] | No [] |
| 17. Does your institution provide services to the following: | | |
| 17a) Shell Banks? | Yes [] | No [] |
| 17b) Internet Banks? | Yes [] | No [] |
| 17c) Money Service Businesses? | Yes [] | No [] |
| 17d) Internet Gambling companies? | Yes [] | No [] |
| 17e) Anonymous or numbered accounts/customers? | Yes [] | No [] |
| 18.If you answered 'yes' to any of the questions in part 17, do your institution's policies etc., and monitoring program specifically consider how to deal with the potential risks of these higher risk accounts? | Yes [] | No [] |
| 19.Does your institution conduct any banking transactions with non-established customers or walk-ins? If 'yes' how does your institution mitigate the risk associated with such transactions? | Yes [] | No [] |

| AUDIT AND INDEPENDENT TESTING | |
|--|-----------------------|
| 20. Does your institution have a requirement for independent external and internal testing of its AML policies etc? | Yes [] No [] |
| <p>20a) How frequently are these tests conducted?</p> <p>Please provide date of last audit in each case.</p> <p>Internal –</p> <p>External –</p> | |
| 20b) Name of External Auditors: | |
| <p>20c) Does your regulator conduct reviews or testing of your AML policies etc? Yes [] No []</p> <p>Please provide date of last audit.</p> | |

| CHIEF COMPLIANCE OFFICER |
|---|
| <p>Please provide the name and contact information of your Chief Compliance Officer or an Officer who holds a similar position in your institution, who has the responsibility of administering the Anti Money Laundering program:</p> <p>Name:</p> <p>Title:</p> <p>Mailing Address:</p> <p>Telephone Number:</p> <p>Email Address</p> |

| CERTIFICATION |
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| <p>I hereby confirm that to the best of my knowledge, the information herein is accurate and reflective of my Institution's Anti-Money Laundering Program.</p> <p>Print Name:</p> <p>Title:</p> <p>Signature:</p> <p>Date:</p> |