

# ANTI - MONEY LAUNDERING & TERRORIST FINANCING QUESTIONNAIRE

## A BASIC INFORMATION

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- 1 Name of the Institution :
- 2 Registered Address :
- 3 Website Address :
- 4 Principal Business Activities :
- 5 Regulatory Authority :
- 6 Operational Status :

• Does your Bank maintain a physical presence in the licensing country? Yes No

## B OWNERSHIP / MANAGEMENT

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- 1 Is your institution listed in any stock exchange? Yes No  
If yes, which stock exchange?
- 2 If "No" to Q1, please provide a list of the major shareholders holding more than 10% shares in your institution.

## C ANTI-MONEY LAUNDERING AND TERRORIST FINANCING CONTROLS

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Additional information to be incorporated at the end of the questionnaire if your answer is "no" to any of the following questions.

### I. General AML&CFT Policies, Practices and Procedures:

- 1 Does your institution have policies and procedures approved by your institution's board or senior management to prevent money laundering and combating terrorist financing? Yes No
- 2 Does your institution have a legal and regulatory compliance program that includes a designated officer that is responsible for coordinating and overseeing the AML/CFT framework? Yes No
- 3 Has your institution developed written policies documenting the processes to prevent, detect and report suspicious transactions? Yes No

- 4 Does your institution have a policy prohibiting accounts/relationships with shell banks? (A shell bank is defined as a bank incorporated in a jurisdiction in which it has no physical presence and which is unaffiliated with a regulated financial group.) Yes No
- 5 Does your institution permit the opening of anonymous or numbered accounts by customers? Yes No
- 6 Does your institution have policies to reasonably ensure that they will not conduct transactions with or on behalf of shell banks through any of its accounts or products? Yes No
- 7 Does your institution have policies covering relationships with Politically Exposed Persons (PEP's), their family and close associates? Yes No
- 8 Does your institution have policies and procedures that require keeping all the records related to customer identification and their transactions?  
If "Yes", for how long? Yes No

## II. Risk Assessment

- 1 Does your institution have a risk-based assessment of its customer base and their transactions? Yes No
- 2 Does your institution determine the appropriate level of enhanced due diligence necessary for those categories of customers and transactions for those that have reason(s) to pose a heightened risk of illicit activities at or through the FI? Yes No

## III. Know Your Customer, Due Diligence and Enhanced Due Diligence

- 1 Has your institution implemented processes for the identification of Beneficial Ownership (those customers on whose behalf it maintains or operates accounts or conducts transactions)? Yes No
- 2 Does your institution have a requirement to collect information regarding its customers' business activities? Yes No
- 3 Does your institution have a process to review and, where appropriate, update customer information relating to high risk client information? Yes No
- 4 Does your institution have procedures to establish a record for each new customer noting their respective identification documents and 'Know Your Customer' information? Yes No
- 5 Does your institution complete a risk-based assessment to understand the normal and expected transactions of its customers? Yes No

**IV. Reportable Transactions for Prevention and Detection of ML/TF**

- 1 Does your institution have policies or practices for the identification and reporting of transactions that are required to be reported to the authorities? Yes No
- 2 Where cash transaction reporting is mandatory, does your institution have procedures to identify transactions structured to avoid such obligations? Yes No
- 3 Does your institution screen customers and transactions against lists of persons, entities or countries issued by government/competent authorities? Yes No
- 4 Does your institution have policies to reasonably ensure that it only operates with correspondent banks that possess licenses to operate in their countries of origin? Yes No

**IV. Transaction Monitoring**

Does your institution have a monitoring program for unusual and potentially suspicious activity that covers funds transfers and monetary instruments such as travelers checks, money orders, etc? Yes No

**V. AML Training**

- 1 Does your institution provide AML& CFT training to relevant employees of your organisation? Yes No
- 2 Does your institution communicate new AML related laws or changes to existing AML related policies or practices to relevant employees? Yes No
- 3 Does your institution provide AML training to relevant third parties if they are employed to carry out some of the functions of your organisation? Yes No

**Space for additional information:**

*(Please indicate which question the information is referring to.)*

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**D GENERAL**

Does the responses provided in this Declaration applies to the following entities:

- Head Office and all domestic branches Yes No
- Overseas branches Yes No
- Domestic subsidiaries Yes No
- Overseas subsidiaries Yes No

If the response to any of the above is “No”, please provide a list of the branches and /or subsidiaries that are excluded, including the name of the institution, location and contact details.

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I, the undersigned, confirm to the best of my knowledge that the information provided in this questionnaire is current, accurate and representative of the anti-money laundering and anti-terrorist financing policies and procedures that are established in my institution.

I also confirm that I am authorized to complete this questionnaire on behalf of my institution.

Signature :

Name :

Designation :

Date :

Contact No :

Email :

