

This questionnaire should be completed by the Nominated Officer or Senior Executive with responsibility for the Financial Institution’s Anti-Money Laundering (AML) Counter AML/Counter Financing of Terrorism (CFT) Programme.

The following documents are required to be submitted along with the completed questionnaire:

- Certified copy of Taxpayer Compliance Certificate (TCC);
- Certificate of Good Standing from the regulator or any other Regulatory Status Report(on compliance with statutory & any operational obligations) or the equivalent in other jurisdictions;
- Certified copies of any AML/CFT policy;
- Independent AML assessment of AML Policies & procedures from auditor/firm;
- Copy of last Audited Financial Statements
- Certified copies of Valid Identifications for members of the Board and Senior Management.

SECTION 1 –FI’s DETAILS

1.1 Contact Details	
Full legal name:	
Trading name(s) used (if different to above):	
Country of incorporation and/or location:	
Date of incorporation/establishment:	
Does your Financial Institution maintain a physical presence where it operates:	a) A fixed address in the jurisdiction in which it is authorized to operate? <input type="checkbox"/> Yes <input type="checkbox"/> No b) And is subject to inspection by the body that authorized the company to operate in that place? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, does your financial institution or affiliate operate as a shell company? <input type="checkbox"/> Yes <input type="checkbox"/> No
Number of employees:	
Number of branches/sub branches:	
Address (Main):	

Phone (Main):	
Phone (Alternative):	
Fax:	
Email:	
Website:	

1.2. Legal Form, Regulatory status and Other Details	
What is the legal form of your Financial Institution (FI)?	
<input type="checkbox"/> Public company	<input type="checkbox"/> Private company
<input type="checkbox"/> State Owned Company	<input type="checkbox"/> Other (please provide full details below)
Is your FI regulated by a financial services regulator?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name the Regulator (if any):	
Financial Institution's (tax) identification number:	
Membership/Clientele% (universal, retail, corporate):	
Is your institution publicly listed?	<input type="checkbox"/> Yes – Please state below: a) Name of stock exchange (s): b) Full name of company's securities: c) Stock exchange listing code: <input type="checkbox"/> No

SECTION 2 – OWNERSHIP & MANAGEMENT INFORMATION

2.1. Please provide full name, ownership interest and nature of ownership of any ultimate beneficial owners who maintain more than a 25% share, or who control a 25% or more share, of your institution (For purposes of this question, an “owner” is any person or legal entity that, directly or indirectly, owns, controls or has voting power of 25% or more of share or any class of securities of your institution).

Name	Ownership interest (percentage)	Nature of ownership (direct / Indirect)

If any of the owners is a legal entity, please, list the names of the shareholders of the legal entity, and their ownership interest in the legal entity.¹ (Please attach additional sheets if necessary).

¹ If the second tier shareholders also are legal entities, the third tier shareholders' names, ownership and nature of ownership interests also shall be listed. This exercise continues through the required number of iterations until the true beneficial owners are identified.

2. (a) Is your FI a member of a Group of companies?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(b) If “yes”, does the Ultimate Parent entity require that all members of its Group apply common internal standards of AML controls?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

3.2 Anti -Money Laundering Compliance Program		
1. Does your institution have an AML Compliance Program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Does your institution have a legal and regulatory compliance program that includes a designated officer/Nominated Officer that is responsible for coordinating and overseeing the AML framework?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please provide the name and contact information of an officer		
Name:		
Title:		
Branch/Location:		
Phone/Fax:		
Email address:		

3.3 Polices and procedures		
1. Does your AML Compliance Program require the approval of your board or board sub-committee?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Does your AML program and written policies and procedures comply with current AML legislations, regulations and guidelines issued by the regulatory bodies in the jurisdiction in which you operate?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Does your institution have written policies that have been approved by your board or board sub-committee documenting the processes that have been put in place to prevent, detect and report suspicious transactions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. In addition to inspections by the regulator(s):	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Does your institution have an internal audit function or other independent third party that assesses aml policies and practices on a regular basis?		
(b) If yes, how frequently are these audits/tests conducted(i.e. quarterly, annually)?		
5. Does your institution have policies covering relationships with politically exposed persons consistent with best practices?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Does your institution's AML policies and practices apply to all your branches and subsidiaries both in your home country and in locations outside of your home country?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.4 Risk Assessment		
1. Does your institution have a risk focused assessment of your customer base and their transactions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Does your institution determine the appropriate level of enhanced and ongoing due diligence necessary for those categories of customers and transactions that you have reason to believe pose a heightened risk of money laundering and terrorist financing activities at or through your institution?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Does your institution take steps to understand the normal and expected transactions of your customers based on your risk assessment of your customers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.5 Know Your Customer		
1. Has your institution implemented systems for the identification of all	<input type="checkbox"/> Yes	<input type="checkbox"/> No

your customers at account opening, including verification of customer information from independent and reliable sources (e.g. name, street address, date of birth, number and type of valid official identification)?	
2. Does your institution have procedures to establish a record for each customer noting their respective identification documents and know your customer information collected at account opening?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Does your institution accept wire transfers or any other means of funds transfer on behalf of non-customers without obtaining proof of identification?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Does your institution have a requirement to collect information regarding your customer's business activities/source of funds?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.6 Reportable transactions and prevention and detection of Transactions with illegally obtained funds	
1. Does your institution have policies or practices for the identification and reporting of transactions that are required to be reported to the authorities?	<input type="checkbox"/> yes <input type="checkbox"/> no
2. Does your institution have procedures to identify transactions structured to avoid large cash reporting requirements?	<input type="checkbox"/> yes <input type="checkbox"/> no
3. Does your institution screen transactions for customers or transactions you deem to be of significantly heightened risk (which may include persons, entities or countries that are contained on lists issued by government/international bodies) that special attention to such customers or transactions is necessary prior to completing any such transactions?	<input type="checkbox"/> yes <input type="checkbox"/> no
3.7 Transaction Monitoring	
1. Does your institution have a monitoring program for suspicious or unusual activity that covers funds transfers and monetary instruments (such as travelers checks, money orders, etc)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.8 AML Training	
1. Does your institution have an ongoing AML training program for employees on money laundering & Terrorist financing including the identification and reporting of suspicious transactions, involving your products and services, and of internal policies to prevent Money Laundering & Terrorist Financing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Does your institution retain records of its training sessions including attendance records and relevant training materials used?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Does your institution have policies to 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
4. Does your institution employ third parties to carry out some of the functions of your institution?	<input type="checkbox"/> Yes <input type="checkbox"/> No
if yes, does your institution provide aml training to relevant third parties that includes:	
• identification and reporting of transactions that must be reported to government authorities	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Examples of different forms of money laundering involving the fi's products and services.	<input type="checkbox"/> Yes <input type="checkbox"/> No
• internal policies to prevent money laundering	<input type="checkbox"/> Yes <input type="checkbox"/> No

3.9 Regulatory Act on	
1. Has your institution or parent been the subject of any money laundering or terrorist financing-related proceedings, investigations, sanctions, punitive actions indictment, had fines, conviction or civil enforcement Acton imposed on your institution or parent by a regulator or law enforcement body during the last five years?	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Has your institution, to your knowledge, been the subject to any investigation, indictment, penalty, fine, conviction or civil enforcement action related to terrorism financing in the past five years?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<p>If the answer to any of the questions from 3.10 are yes, please provide short description:</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>	

SECTION 4 – AML/CTF CERTIFICATION

I, **(NAME AND SURNAME)**, certify that I have read and understood this Questionnaire, that the statements made herein are complete and correct, and that I am authorized to execute this Questionnaire on behalf of **(NAME OF YOUR INSTITUTION)**

SECTION 5 – THIS FORM WAS COMPLETED BY:

Name:	
Position: Address: Telephone:	
E-mail: Signature Date:	
Please affix Corporate Seal or Stamp	
Cumax INTERNAL USE ONLY	
Date Received:	Reviewed by:

Comments	Signature:.....
	Date of Signature:.....