

AML / KYC Questionnaire

I. General information about the Ins	titutio	n			
Full Legal Institution Name					
Trading name(s) used (if different from the al	bove):				
Full address of the registered office					
Website address:					
Total number of domestic branches and subsidiaries					
Total number of international branches and subsidiaries	d				
Total number of employees					
What is the name of FI External auditors					
What is the frequency of this audit					
			Market Location	% of ov	erall business
List the top 3 countries/jurisdictions your institution operates in and the percentage	of	1			
business in each location	01	2			
		3			
Do the responses provided in this statemer	nt apply	y to the fol	lowing entities:		
Parent Yes No N/			N/A		
Head Office & domestic branches	Yes No			N/A	
Domestic subsidiaries		Yes No			N/A
Foreign branches			Yes	No	N/A
Foreign subsidiaries			Yes	No N/A	
What is the intended purpose of establishir	ng/ mai	ntaining a	Relationship with Bank AlJazir	ra?	
II. Customer base					
Do you have customers who operate in the following industries: If yes, Specify entity specific enhanced due diligences measures and process to moderate implemented risk					
Customers	Yes	No	Enhanced Due Dilig	gences Measures a	nd Process
1. Retail customers	Yes	No			
2. Corporate customers	Yes	No			
3. Governments/Supranational	Yes	No			

4. Non-Banks Financial Institutions	Yes	No	
5. Private Banking	Yes	No	
6. Correspondent Banks	Yes	No	
7. Money service business (e.g. Currency Exchange Houses, Money Remitters)	Yes	No	
8. Gaming, casinos or gambling	Yes	No	
9. Arms and ammunitions	Yes	No	
10. Atomic power	Yes	No	
11. Adult Entertainment Industry	Yes	No	
12. Jewelry / Precious Metal Sales	Yes	No	
13. Charitable Foundations and Non-Governmental Organizations	Yes	No	

III. Type of Products and Services Offered

Please indicate the primary business activities of the institution. (If information is available on your website please provide the link)

Banking services	Mobile banking				
banking services	Online banking				
Banking products	Loans				
	Credit cards				
	Bonds				
	Money markets				
	Syndicated loans				
	Bulk cash activities				
Cash services	Cash management services, including deposit account	ts			
	Cash letters/cheque clearings				
	International funds transfers				
	Foreign currency dealing				
	Investment advisers/investment banking				
Market products	Overnight investment accounts (sweep accounts)				
	International funds transfers				
	Islamic banking Insurance				
	Derivatives and similar instruments				
	Derivatives and similar instruments Documentary collection				
	Letters of credit				
Trade Finance	Guarantees				
	Standby L/C				
Other					
IV. Regulatory					
1. Is your institution licensed	1	Yes	No		
2. Name of Regulatory licensed					
3. Website of Regulatory					
4. License Number					
5. Issuing and Expiry Date					

6. Is your license subject to any type of restriction?		Yes	No
If Yes to above, please describe:		·	
7. Is your entity subject to supervision and control concerning the Anti-money laundering and counter-financing of terrorism		Yes	No
If Yes to above, please describe:			<u>. </u>
8. Has your institution the "USA Patriot Act Certifi		Yes	No
9. Has your institution or parent or firm belonging to the same group has been the subject, in the past two years, of regulatory enforcement for inadequate AML/CFT policies and procedures and/or breaches of AML/CFT obligations?		Yes	No
If Yes to above, please describe:			
V. Ownership and Control Structure/Ben	eficial Owners		
1. What is the legal form of you Institution?			
2. Is your institution a government-owned inst	titution	Yes	No
3. Is your institution publicly listed?		Yes	No
A. Name of stock exchange			
B. Country of stock exchange			
4. Parent Company:		Yes	No
A. Legal name:		. <u> </u>	
B. Registered Address/Country:			
C. Ownership interest (%):			
D. Is it publicly listed?		Yes	No
D1. Name of stock exchange (s):			
D2. Country of stock exchange			
D3. Stock Symbol			
5. Ownership Information-Shareholding:			
A. Confirm that no natural person controls or owns directly and/or indirectly 10% or more of shares or exercise control over the management of the entity.		Yes	No
B. Include list of natural person controls or owns directly and/or indirectly 10% or more of shares		Attached	N/A
VI. Institution Board and Executive Mana	agement Details		
A. State whether your institution has any Politically Exposed Persons (PEPs) within the bank's executive bodies		Yes	No
B. Include list of Board and Executive Management Details		Attached	N/A

VII. General AML Policies, Practices and Procedures		
A. General AML		
1. Is money laundering/terrorist financing considered a crime in your country?	Yes	No
2. Does your Institution have a compliance and regulatory program of Anti Money Laundering and Combat the Financing of Terrorism (AML/CFT/Sanctions & Embargoes), which requires the approval of the Board or Senior Committee?	Yes	No
3. Does your Institution developed written policies/procedures documenting the processes that they have in place to prevent, detect and report suspicious transactions? If Yes, Please provide us with a dated copy of your latest AML Policy that was approved by Board or Senior Committee?	Yes	No
4. How frequently does your institution review or update AML policies and procedures?		
5. 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
6. Does your Institution policies covering relationships with "Politically Exposed Persons "(PEP's), their family and close associates and apply Enhanced Due Diligence to those customers?	Yes	No
7. Does your institution maintain accounts for politically exposed persons (PEPs)? If Yes, kindly provide the percentage to the total number of your account holders? percentage	Yes	No
8. Does your Institution have record retention procedures that comply with applicable law? If Yes, which is the period of conservation?	Yes	No
10. Please provide information of your Institution Chief Compliance Officer. * Name : * Title :		
11. Does your Institution have a designated officer that is responsible for coordinating and overseeing the AML/CFT/Sanctions & Embargoes framework? Kindly provide the following information:		
* Name: * Position Title:	Ň	N
* Mailing address:	Yes	No
* Telephone number:		
* Fax :		
* Email:		
 Kindly list information of Divisions responsible for AML/CFT in your organization. * Division : 		
* Location :		
* Number of Staff :		
* Average of Experience:		
B. Correspondent Banking Relationship		
13. 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
C. Risk Assessment		
14. Does your Institution have a risk-based assessment of its customer base and their transactions?	Yes	No
15. Does your Institution adhere to the Wolfsberg Transparency Process and the appropriate use of the SWIFT MT202/202COV and MT205/205COV message formats?	Yes	No

Yes	No
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Yes	No
ds	
Yes	No
Yes	No
Yes	No
Yes	No
Yes	No
Yes	No
Yes	No
Yes	No
Yes	No
	Yes

 34. Do you provide AML/TF/Sanctions & Embargoes training to relevant third parties that includes: Notification and reporting of transactions that must be reported to government authorities. Examples of different forms of money laundering involving the Fl's products and services. Internal policies to prevent money laundering. 			No	
IX. SANCTIONS Program				
35. Does your institution provide banking se as non- cooperative, by FATF, for money l	rvices to financial institutions or jurisdictions designated aundering concerns	Yes	No	
36. Does your institution screen customers a issued by government/competent authoritiUnited NationsYesEuropean UnionYesOFACYesOtherName of the sanction screening system.	and transactions against below sanctions lists of persons, er es? No No No	ntities and/or	countries	
37. What is the frequency of clients undergoing economic sanctions screenin Real-time Daily / Nightly Other	38. Do all international transfers g? undergo economic sanctions screening? Real-time Daily / Nightly Other			
Space for additional information: (Please ind	icate which question the information is referring to.)			
Name :	Signature:			
Designation :				
Date :				
E-mail :	Stamp:			
Fax :				
Telephone : Address :				
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