



AML/CFT Questionnaire for Bank & Financial Institutions

The following questions are completed by of the Anti-Money Laundering & Combating the Financing of Terrorism (AML/CFT) Policies & Procedures.

SECTION 1: BRIEF INFORMATION		
Name of Institution		
Country of Incorporation		
Certificate of Incorporation No.		Issued Date: / /
License No.		Issued Date: / /
Registered Address		
Telephone No.		
Website		
External Auditor		
Principal Business Activity		
SECTION 2: AML POLICY/PROCEDURE/PRACTICE		
1	Does the FI have a legal and regulatory compliance program that includes a designated officer that is responsible for coordinating and overseeing the AML framework?	Yes <input type="checkbox"/> No <input type="checkbox"/>
2	Has the FI developed written policies documenting the processes that they have in place to prevent, detect and report suspicious transactions?	Yes <input type="checkbox"/> No <input type="checkbox"/>
3	Is your AML/CFT Policy approved by the FI's Board or a Senior Committee?	Yes <input type="checkbox"/> No <input type="checkbox"/>



4	In addition to inspections by the government supervisors/regulators, does the FI client have an internal audit function or other independent third party that assesses AML policies and practices on a regular basis?	Yes <input type="checkbox"/> No <input type="checkbox"/>
5	Does the FI 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 <input type="checkbox"/> No <input type="checkbox"/>
6	Does the FI 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 <input type="checkbox"/> No <input type="checkbox"/>
7	Does the FI have policies covering relationships with Politically Exposed Persons (PEP's), their family and close associates?	Yes <input type="checkbox"/> No <input type="checkbox"/>
8	Does the FI have record retention procedures that comply with applicable law?	Yes <input type="checkbox"/> No <input type="checkbox"/>
9	Are the FI's AML policies and practices being applied to all branches and subsidiaries of the FI both in the home country and in locations outside of that jurisdiction?	Yes <input type="checkbox"/> No <input type="checkbox"/>
10	Does the FI follow recommendations from Financial Action Task Force (FATF)	Yes <input type="checkbox"/> No <input type="checkbox"/>
11	Has your institution been warned, reprimanded, or publically considered in respect of any breaches of AML/CFT law?	Yes <input type="checkbox"/> No <input type="checkbox"/>
SECTION 3: RISK ASSESSMENT		
12	Does the FI have a risk-based assessment of its customer base and their transactions?	Yes <input type="checkbox"/> No <input type="checkbox"/>



13	Does the FI determine the appropriate level of enhanced due diligence necessary for those categories of customers and transactions that the FI has reason to believe pose a heightened risk of illicit activities at or through the FI?	Yes <input type="checkbox"/> No <input type="checkbox"/>
SECTION 4: KNOW YOUR CUSTOMER/DUE DILIGENCE/AND ENHANCE DUE DILIGENCE		
14	Has the FI implemented processes for the identification of those customers on whose behalf it maintains or operates accounts or conducts transactions?	Yes <input type="checkbox"/> No <input type="checkbox"/>
15	Does the FI have a requirement to collect information regarding its customers' business activities?	Yes <input type="checkbox"/> No <input type="checkbox"/>
16	Does the FI assess its FI customers' AML policies or practices?	Yes <input type="checkbox"/> No <input type="checkbox"/>
17	Does the FI have a process to review and, where appropriate, update customer information relating to high risk client information?	Yes <input type="checkbox"/> No <input type="checkbox"/>
18	Does the FI have procedures to establish a record for each new customer noting their respective identification documents and 'Know Your Customer' information?	Yes <input type="checkbox"/> No <input type="checkbox"/>
19	Does the FI complete a risk-based assessment to understand the normal and expected transactions of its customers	Yes <input type="checkbox"/> No <input type="checkbox"/>
SECTION 5: REPORTABLE TRANSACTIONS/PREVENTION/DETECTION OF TRANSACTION WITH ILLEGALLY OBTAINED FUNDS		
20	Does the FI have policies or practices for the identification and reporting of transactions that are required to be reported to the authorities?	Yes <input type="checkbox"/> No <input type="checkbox"/>



21	Does the FI screen customers and transactions against list of persons, entities, countries, products or industries issued by government/competent authorities?	Yes <input type="checkbox"/> No <input type="checkbox"/>
22	Does the FI have policies to reasonably ensure that it only operates with correspondent banks that possess licenses to operate in their countries of origin?	Yes <input type="checkbox"/> No <input type="checkbox"/>
SECTION 6: TRANSACTION/SYSTEM MONITORING		
23	Does the FI have monitoring program or system for unusual and potentially suspicious activity transaction? If yes, How does it work? <input type="checkbox"/> Manually <input type="checkbox"/> Automatically <input type="checkbox"/> Other.....	Yes <input type="checkbox"/> No <input type="checkbox"/>
24	Does the FI have AML/CFT Screening system, Outsource Supplier, in placed? If no, please kindly explain how you screen the client against sanction list: 	Yes <input type="checkbox"/> No <input type="checkbox"/>
SECTION 7: TRAINING		
25	Does the FI provide AML training to relevant employees that includes: Identification and reporting of transactions that must be reported to government authorities. Examples of different forms of money laundering involving the FI's products and services.	Yes <input type="checkbox"/> No <input type="checkbox"/>



	Internal policies to prevent money laundering. If yes, How frequent.....	
26	Does the FI assess the staff's knowledge on the training conducted?	Yes <input type="checkbox"/> No <input type="checkbox"/>
27	Does the FI retain records of its training sessions including attendance records and relevant training materials used?	Yes <input type="checkbox"/> No <input type="checkbox"/>
28	Does the FI communicate new AML related laws or changes to existing AML related policies or practices to relevant employees?	Yes <input type="checkbox"/> No <input type="checkbox"/>
29	Does the FI's AML/CFT policy protect employees, if they, in good faith, report a suspicious transaction?	Yes <input type="checkbox"/> No <input type="checkbox"/>
30	Does the FI comply with FATCA Reporting? If Yes, Please provide us with the status and GIIN Number 	Yes <input type="checkbox"/> No <input type="checkbox"/>

SECTION 8: TO BE FILLED BY COMPLIANCE OFFICER

Disclaimer. I, the undersigned, confirm that the information provided in this questionnaire is current and accurate. I also confirm that I am duly authorized to complete and sign this questionnaire on behalf of our institution.



Name
Title
Email
Phone No.
Address
Date

Sign & Stamp

Additional Comments