



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: / /					
Name of the Supervisory Authority							
Name of AML Supervisory							
Registered Address							
Telephone No.							
Website							
External Auditor							
Principal Business Activity							
SECTION 2: OWNERSHIP STRUCTURE							
1. Does your institution listed on any stock exchange?							<input type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none"> ▪ If "Yes", please provide the name of stock exchange: ▪ If "No", please provide the list of beneficial owners below: 							
Entity Shareholder							
Please indicate "NIL" if there is no entity shareholder							
Entity Name	% Shares	Country of Incorporation	Registered Number	Nationality	Listed Company	Stock Exchange Name	Registered Address
					<input type="checkbox"/> Yes <input type="checkbox"/> No		
					<input type="checkbox"/> Yes <input type="checkbox"/> No		
					<input type="checkbox"/> Yes <input type="checkbox"/> No		
Individual Shareholder							
Full Name	% Shares	Date of Birth	Nationality	Identification Number	Expiry Date	Residential Address	



2. Please provide name of all current Board of Director members in your institution:

Full Name	Position	Nationality	Date of Birth	Identification Number	Expiry Date	Residential Address

3. Please provide name of all senior managements in your institution:

Full Name	Position	Nationality	Date of Birth	Identification Number	Expiry Date	Residential Address

SECTION 3: LAWS AND REGULATIONS

- 4. Does your country follow recommendations from Financial Action Task Force (FATF)?
Please list down recommendations, which are not implemented, if any.
..... Yes No
- 5. Is your institution subject to review by regulator? When was the last review?
Please specify the date/month/year: Yes No
- 6. Has your institution been warned, reprimanded, or publically considered in respect of any breaches of AML/CFT laws and regulations?
If "Yes", what were the circumstance? Yes No
- 7. Does your institution fully comply with AML/CFT laws and regulations in your country? Yes No

SECTION 4: GENERAL AML POLICIES/ PROCEDURES/ PRACTICES

- 8. Is your AML/CFT policies, procedure and guideline in place, and approved by the institution's Board or a Senior Committee?
If "Yes", please provide/share us with a copy of the policies/procedures/guidelines. Yes No
- 9. Has the institution developed written policies documenting the processes that they have in place to prevent, detect and report suspicious transactions? Yes No
- 10. In addition to inspections by the government supervisors/regulators, does the institution client have an internal audit function or other independent third party that assesses AML policies and practices on a regular basis? Yes No
- 11. Does the institution have policies covering relationships with Politically Exposed Persons (PEP's), their family and close associates? Yes No



<p>12. Does your AML KYC/CDD policies and procedures allow:</p> <p>a. Opening or maintaining anonymous accounts? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>b. Shell Bank/Company? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(Shell Bank/Company 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.)</p>	
<p>13. Are the institution's AML policies and practices being applied to all branches and subsidiaries of the institution both in the home country and in locations outside of that jurisdiction?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>14. Does your institution have a designated officer that is responsible for coordinating and overseeing the AML/CFT/Sanctions framework?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>➤ Kindly provide the following information:</p> <p>Name:</p> <p>Position:</p> <p>Mailing address:</p> <p>Telephone Number:</p> <p>➤ How many full time employees are in the institution in charge of AML/CFT & Sanction in Compliance Department?</p> <p>.....</p>	

SECTION 5: RISK ASSESSMENT

<p>15. Does the institution have a risk-based assessment of its customer base and their transactions?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>16. Does the institution determine the appropriate level of enhanced due diligence necessary for those categories of customers and transactions that the institution has reason to believe pose a heightened risk of illicit activities at or through the institution?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>17. Does your institution assess the level of AML/CFT risks on new products and services? If "Yes", what are the tools used to mitigate the risks identified?</p> <p>.....</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 6: KNOW YOUR CUSTOMER/DUE DILIGENCE/ AND ENHANCE DUE DILIGENCE

<p>18. Does your AML KYC/CDD policies and procedures require to:</p> <p>a. Verify the identity of customer in accordance with local law and/or regulations? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>b. Identify the beneficial owner and understand the ownership structure of corporate customers? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>c. Obtain information on the purpose and intended nature of the business relationship/ transaction? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>d. Conduct on-going due diligence to ensure the provided information is updated and relevant? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>e. Monitor customers' activities to detect suspicious transactions? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>f. Conduct enhanced due diligence for high-risk customers such as PEPs, unregulated industries, etc.? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>g. Keep all the records relevant to customers' identification and transactions? If "Yes", for how long are those records kept?</p>	
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<p>19. Does your institution perform due diligence on your correspondent banking relationship?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
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SECTION 9: FATCA COMPLIANCE

31. As per Foreign Account Tax Compliance Act (FATCA) are you foreign financial institution (FF)? If "Yes", please provide Global Intermediary Identification Number (GIIN): GIIN:	<input type="checkbox"/> Yes <input type="checkbox"/> No
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SECTION 10: 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.

Signature and Company's Stamp:

 Name and Title:

Date:

Additional comment (if any):