

SECTION I – GENERAL INFORMATION		
1	FULL NAME OF THE INSTITUTION	
2	LEGAL FORM	
3	REGISTERED ADDRESS	
4	PRIMARY BUSINESS ADDRESS (IF DIFFERENT FROM ABOVE)	
5	DATE OF INCORPORATION / EST.	
6	NUMBER OF EMPLOYEES	
7	NUMBER OF BRANCHES	DOMESTIC: _____ FOREIGN: _____
8	NAME OF LICENSING & SUPERVISORY AUTHORITY	
9	TYPE AND DATE OF LICENSE	
10	DOES YOUR INSTITUTION MAINTAIN A PHYSICAL PRESENCE <sup>1</sup> IN THE LICENSING COUNTRY?	Yes <input type="checkbox"/> No <input type="checkbox"/>
11	SWIFT CODE	
12	FATCA STATUS GIIN	
13	MAIN BUSINESS ACTIVITIES	<input type="checkbox"/> RETAIL BANKING <input type="checkbox"/> CORPORATE BANKING <input type="checkbox"/> PRIVATE BANKING <input type="checkbox"/> TRADE FINANCE <input type="checkbox"/> WEALTH MANAGEMENT <input type="checkbox"/> INVESTMENTS <input type="checkbox"/> CORRESPONDENT BANKING <input type="checkbox"/> OTHER (SPECIFY): _____
14	OFFICIAL WEBSITE	
PLEASE ATTACH FOLLOWING DOCUMENTS: 1) CERTIFICATE OF INCORPORATION 2) EVIDENCE OF ANY NAME CHANGES FOR YOUR INSTITUTION (IF APPLICABLE) COVERING THE PREVIOUS 10 YEARS 3) ARTICLES OF ASSOCIATION 4) OPERATING LICENSE		
IS YOUR INSTITUTION A PUBLICLY TRADED ENTITY?		Yes <input type="checkbox"/> No <input type="checkbox"/> If YES, LIST EXCHANGES & SYMBOLS: _____
OFFICER RESPONSIBLE FOR ACCOUNT / RELATIONSHIP		
NAME:		
POSITION:		
TELEPHONE NUMBER:		
E-MAIL ADDRESS:		

<sup>1</sup> Physical Presence means your Institution maintains a physical place of business, other than an electronic address, in a country where it is authorized to conduct banking activities, at which it employs at least one employee on a full-time basis and maintains records of its banking activities, and is subject to supervision by the regulators of the country authorizing the banking license.

**SECTION II – OWNERSHIP & MANAGEMENT INFORMATION**

PLEASE PROVIDE INFORMATION ABOUT YOUR INSTITUTION'S SHAREHOLDERS, OR ATTACH A SEPARATE DOCUMENT WITH THE REQUIRED INFORMATION:

COMPANY NAME	ADDRESS	OWNERSHIP INTEREST (PERCENTAGE)	NATURE OF OWNERSHIP (DIRECT / INDIRECT)

PLEASE PROVIDE INFORMATION ABOUT YOUR INSTITUTION'S ULTIMATE BENEFICIAL OWNER(S):

NAME	NATIONALITY	OWNERSHIP INTEREST (PERCENTAGE)	PEP STATUS	
			YES <input type="checkbox"/>	NO <input type="checkbox"/>
			YES <input type="checkbox"/>	NO <input type="checkbox"/>
			YES <input type="checkbox"/>	NO <input type="checkbox"/>
			YES <input type="checkbox"/>	NO <input type="checkbox"/>
			YES <input type="checkbox"/>	NO <input type="checkbox"/>

I/WE HEREBY CONFIRM THAT NO INDIVIDUAL SHAREHOLDER/ULTIMATE BENEFICIAL OWNER HOLDS/CONTROLS ≥10% OF OUR INSTITUTION'S SHARES.

PLEASE PROVIDE INFORMATION ABOUT YOUR BOARD OF DIRECTORS AND ABOUT YOUR SENIOR MANAGEMENT, OR ATTACH A SEPARATE DOCUMENT:

NAME	POSITION

I/WE HEREBY CONFIRM THAT NONE OF INDIVIDUALS LISTED ABOVE IS A POLITICALLY EXPOSED PERSON (PEP).

SECTION III – ANTI-MONEY LAUNDERING CONTROLS	
HAS YOUR COUNTRY ESTABLISHED LAWS/REGULATIONS CONCERNING AML/CFT?	YES <input type="checkbox"/> NO <input type="checkbox"/>
IS YOUR INSTITUTION SUBJECT TO LOCAL AML/CFT LAWS AND REGULATIONS?	YES <input type="checkbox"/> NO <input type="checkbox"/>
DOES YOUR INSTITUTION HAVE AN AML/CFT COMPLIANCE PROGRAM THAT IS DESIGNED TO ENSURE COMPLIANCE WITH APPLICABLE AML/CFT LAWS AND REGULATIONS? If YES, PLEASE PROVIDE A COPY OF YOUR AML POLICY.	YES <input type="checkbox"/> NO <input type="checkbox"/>
DOES YOUR INSTITUTION HAVE A DESIGNATED ANTI-MONEY LAUNDERING COMPLIANCE OFFICER? If YES, PLEASE PROVIDE DETAILS BELOW:	YES <input type="checkbox"/> NO <input type="checkbox"/>
NAME:	
POSITION:	
TELEPHONE NUMBER:	
E-MAIL ADDRESS:	
DOES YOUR INSTITUTION HAVE WRITTEN POLICIES DOCUMENTING PROCESSES THAT YOU HAVE IN PLACE TO PREVENT, DETECT AND REPORT SUSPICIOUS TRANSACTIONS?	YES <input type="checkbox"/> NO <input type="checkbox"/>
DOES YOUR AML/CFT POLICY AND PROCEDURES REQUIRE IDENTIFICATION OF ALL CUSTOMERS AND VERIFICATION OF THEIR IDENTITY USING RELIABLE DOCUMENTS?	YES <input type="checkbox"/> NO <input type="checkbox"/>
DOES YOUR AML/CFT POLICY AND PROCEDURES ENSURE THAT DOCUMENTS, DATA OR INFORMATION COLLECTED UNDER THE CDD PROCESS IS KEPT UP-TO-DATE AND RELEVANT BY UNDERTAKING REVIEWS OF EXISTING RECORDS, PARTICULARLY FOR HIGHER-RISK CUSTOMERS?	YES <input type="checkbox"/> NO <input type="checkbox"/>
DOES YOUR AML/CFT POLICY AND PROCEDURES REQUIRE KEEPING ALL THE RECORDS RELATED TO CUSTOMER IDENTIFICATION AND THEIR TRANSACTIONS?	YES <input type="checkbox"/> NO <input type="checkbox"/>
WHERE THRESHOLD BASED CASH TRANSACTION REPORTING IS MANDATORY, DOES YOUR INSTITUTION HAS PROCEDURES TO IDENTIFY TRANSACTIONS STRUCTURED TO AVOID SUCH THRESHOLDS?	YES <input type="checkbox"/> NO <input type="checkbox"/>
DOES YOUR INSTITUTION HAS POLICIES COVERING RELATIONSHIPS WITH POLITICALLY EXPOSED PERSONS (PEPs), THEIR CLOSE FAMILY MEMBERS AND ASSOCIATES?	YES <input type="checkbox"/> NO <input type="checkbox"/>
DOES YOUR INSTITUTION HAVE A POLICY PROHIBITING RELATIONSHIPS WITH SHELL BANKS?	YES <input type="checkbox"/> NO <input type="checkbox"/>
HAS YOUR INSTITUTION ESTABLISHED KYC AND AML/CFT EMPLOYEE-TRAINING PROGRAM?	YES <input type="checkbox"/> NO <input type="checkbox"/>
HAS YOUR INSTITUTION ESTABLISHED AN INTERNAL AUDIT FUNCTION IN ORDER TO TEST THE SYSTEM FOR PREVENTION OF MONEY LAUNDERING AND TERRORISM FINANCING?	YES <input type="checkbox"/> NO <input type="checkbox"/>
DOES YOUR INSTITUTION HAVE MONITORING PROGRAMS TO IDENTIFY TRANSACTIONS RELATED TO SANCTIONED PERSONS / ENTITIES?	YES <input type="checkbox"/> NO <input type="checkbox"/>
HAS YOUR INSTITUTION BEEN SUBJECT OF ANY INVESTIGATION, INDICTMENT, CONVICTION OR CIVIL ENFORCEMENT ACTION RELATED TO MONEY LAUNDERING AND TERRORISM FINANCING IN THE PAST FIVE YEARS?	YES <input type="checkbox"/> NO <input type="checkbox"/>

I CERTIFY THAT I AM AUTHORIZED TO COMPLETE THIS QUESTIONNAIRE AND THAT TO THE BEST OF MY KNOWLEDGE THE INFORMATION GIVEN IS COMPLETE AND CORRECT.

NAME	
POSITION	
DATE	
SIGNATURE	