

**Anti-Money laundering/ Combating the Financing of Terrorism/ Countering Proliferation Financing Questionnaire form.**

BASIC INFORMATION			
1	Full name of the Bank/Exchange Company/Others:		
2	Registered address:		
3	Entity valid web address:		
4	Country of incorporation:		
5	Legal Form:	(i) Private	(ii) Govt. owned
6	Registration/License No:		
7	Principal place of business:		
8	Elaborate the Principal activities along with geographical presence		
9	Is your Institution listed on any stock exchange? If not listed, indicate the names of shareholders who, directly or indirectly, own, control or have voting rights power exceeding 10%:		
10	Are you subject to external audit activities? If yes, please provide the name of your external auditors.	Yes	No

OWNERSHIP, MANAGEMENT AND REGULATORY INFORMATION			
	Question	Yes	No
11	Please indicate the Beneficial Owner(s) of your Institution, if any, including personal data (i.e. place and date of birth, domicile).		
12	Are there Politically Exposed Persons (PEPs) that are Shareholders/members of your board of directors or senior managers of your Institution? If yes please indicate names, place and date of birth.		

POLICIES AND PROCEDURES			
	Question	Yes	No
13	Has your country of registration established laws designed to combat money laundering and terrorist financing?  If yes, please list the name of your country's relevant laws:		
14	Has your Institution established internal written policies and procedures to ensure compliance with the obligations under the existing national legislation on prevention of money laundering and counter terrorist financing? Kindly also describe policy approval level of your Entity.		
15	Does your Institution review those policies and procedures when necessary?		
16	Does your institution have a legal and regulatory compliance program approved by the Competent Authority or senior management?		
17	Does your Institution comply with Financial Action Task Force (FATF) recommendations?		
18	Does your Institution have "offshore-corporate" as clients?		
19	Does your institution have a policy prohibiting accounts/relationships/Financial services with Shell banks?		
20	Does your Institution allow direct use of correspondent account by third parties (payable through accounts) to transact business on their own behalf? If yes kindly response to below question?		

21	Kindly provide the detailed procedures being used for that third parties also provide the name along with identity documents of said party.		
22	Please confirm what CDD/EDD measures being used for those third parties being used for correspondent services.		
23	Is your Institution subject to supervision and examination by the regulatory and/or Authorities that granted you operational license? If YES, please provide the following information: Name of the regulator Date of the most recent review		
24	Does your regulatory Supervisory authority undertake monitoring visits on a regular basis, to assess your money laundering and terrorist financing policies and procedures?		
25	Has your Institution been the subject of any investigation, indictment, conviction or penalty action by the regulator related to money laundering or financing terrorism in the preceding five (5) years period? If "Yes" please provide details and remedial measures adopted.		
26	Does your Institution employ third parties to perform some of the functions on behalf of your entity? If yes, does the Entity provide AML and counter terrorist financing training to relevant agents that includes identification and reporting of transactions.		
27	Does your institution's AML Policies include Identification and reporting of the suspicious transactions to the concerned authorities?		
28	Are you FATCA Compliant? If yes please provide the GIIN Number.		
29	Does your institution communicate new changes related to AML policies to the relevant staff?		
30	Does your institution provide AML training to the relevant staff on regular basis?		
31	Does your institution have established CFT/ CPF controls and procedures, for prevention and detection of TF/ PF measures.		
32	Does your institution clearly understand and document the respective AML/ CFT/ CPF responsibilities ?		
33	Does your institution have policy for sharing of customer information to third party or to External Source if required?		

<b>Customer Due Diligence</b>			
	<b>Question</b>	<b>Yes</b>	<b>No</b>
34	Do you conduct the following at time of establishing new relationship a) Identifying the customer and verifying the customer's identity on the basis of documents, data or information obtained from a reliable and independent source? b) Identifying the beneficial owner and verifying his identity? c) Obtaining information on the purpose and intended nature of the business relationship? d) Conducting ongoing monitoring of the business relationship?		
35	Does your Institution prohibit opening of anonymous accounts?		
36	Does your Institution has policies covering relationships with Politically Exposed persons, their families and close associates?		
37	Does your Institution have a risk focus assessment of your customer base and transactions?		
38	Does your Institution screen customers and transactions through the		

	negative/sanctions list? Please provide the name of list duly maintained for Screening of Customer.		
39	Is name screening a real time process or day end process?		
40	Is Screening process automated/ or manual also provide detail of screening solutions.		
41	What is the frequency of lists updation duly used for Screening Purpose?		
42	Does your Institution monitor customer transactions and identify and detect suspicious transactions?		
43	Please describe the process of reporting of STR & CTR of your entity.		
44	Does your institution have an internal audit or any other independent third party that assess AML policies and practices on a regular basis? If yes, please provide details:		
45	Does your institution have record retention policies and procedures that comply with the applicable law? What is the retention period?		
46	Does the Entity operates/ has branches/ affiliates/ agents in high risk jurisdictions as identified by FATF?		
47	If yes, share the enhanced due diligence measures adopted by the Entity to mitigate the risk of ML/ TF/ PF?		
48	Is transaction Monitoring process automated or manual also provide detail of Transaction Monitoring Solutions solutions.		
49	Please provide employees due diligence procedure of your entity.		
50	Is there any adverse media in purview of money laundering or financing of terrorism investigation/regulatory action/sacntion/embargoes found agianst your entity. If Yes brief the case it and mention enhance due diligence conducted.		

Please also provide following documents along with duly signed AML/CFT Questionnaire Form:

1. Copy of Your Institution's License.
2. Certificate of incorporation and commencement of business.
3. Memorandum and Articles of association.
4. Brief profile of Directors & Senior Management with their CNIC/Passport # on Entity letter head.
5. Valid & attested CNIC /Passport Copies of all Directors.
6. Complete Shareholding Pattern along with ownership structure of the entity on letter head.
7. USA Patriot Certification.
8. Latest AML-CFT/CPF Policy & Manual duly approved by Board of directors.
9. Certified and latest Audited Financial Statements.
10. Compliance Policy Statement / Note.
11. FATCA form and W-Series form (Form W-8BEN E/W9 Etc.)
12. Credit Ratings.
13. Latest Wolfsberg Group due diligence Questionnaire form.

## Certification

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Questionnaire completed by (duly authorized officer of institution)

**I, the undersigned, certify that I have read and understood this questionnaire and the replies and statements made are correct and complete and to the best of my knowledge, there are no material omissions. I am authorized to reply to this AML/CFT questionnaire on behalf of –(Name of your institution)**

<b>Compliance Officer Details</b>	
Name	
Designation	
Email ID	
Office Contact Number	
Address	
Date	
Signature & Company Stamp	