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**Anti-Money Laundering and Terrorist Financing Questionnaire**

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| **BASIC INFORMATION** | | | | | | | | |
| 1 | Full name of the Bank: | | | | | | | |
| 2 | Registered address: | | | | | | | |
| 3 | Telephone and web address: | | | | | | | |
| 4 | Country of incorporation: | | | | | | | |
| 5 | Legal Form: (i) Private |  | (ii) Govt. owned | |  |  | | |
| 6 | Registration/License No: | | | | | | | |
| 7 | Principal place of business: | | | | | | | |
| 8 | Principal banking activities: | | | | | | | |
| 9 | Is your bank 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** |

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

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|  | **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 bank 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? |  |  |
| 15 | Does your bank 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 bank comply with Financial Action Task Force (FATF) recommendations? |  |  |
| 18 | Does your bank have “*offshore-corporate*” as clients? |  |  |
| 19 | Does your institution have a policy prohibiting accounts/relationships with Shell banks? |  |  |
| 20 | Does your bank allow direct use of correspondent account by third parties (payable through accounts) to transact business on their own behalf? |  |  |
| 21 | Does your regulatory Supervisory authority undertake monitoring visits on a regular basis, to assess your money laundering and terrorist financing policies and procedures? |  |  |
| 22 | Does your F.I employ third parties to perform some functions of the F.Is?  If yes, does the Bank provide AML and counter terrorist financing training to relevant agents that includes identification and reporting of transactions. |  |  |
| 23 | Does your institution’s AML Policies include Identification and reporting of the suspicious transactions to the concerned authorities? |  |  |
| 24 | Are you FATCA Compliance? If yes please provide the GIIN Number. |  |  |
| 25 | Does your institution communicate new changes related to AML policies to the relevant staff. |  |  |
| 26 | Does your institution provide AML training to the relevant staff on regular basis? |  |  |

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| **Customer Due Diligence** | | | |
|  | **Question** | **Yes** | **No** |
| 27 | Do you conduct the following at time of establishing new relationship   1. Identifying the customer and verifying the customer's identity on the basis of documents, data or information obtained from a reliable and independent source? 2. Identifying the beneficial owner and verifying his identity? 3. Obtaining information on the purpose and intended nature of the business relationship? 4. Conducting ongoing monitoring of the business relationship? |  |  |
| 28 | Does your FI prohibit opening of anonymous accounts? |  |  |
| 29 | Does your Institution have policies covering relationships with Politically Exposed persons, their families and close associates? |  |  |
| 30 | Does your bank have a risk focused assessment of your customer base and transactions? |  |  |
| 31 | Does your Institution screen customers and transactions through the negative/sanctions list? Please provide name. |  |  |
| 32 | Does your bank monitor customer transactions and identify and detect suspicious transactions? |  |  |
| 33 | 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: |  |  |
| 34 | Does your institution have record retention policies and procedures that comply with the applicable law? What is the retention period? |  |  |

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| **Compliance Officer Details** | |
| Name |  |
| Designation |  |
| Email ID |  |
| Office Contact Number |  |
| Address |  |
| Date |  |
| Signature & Company Stamp |  |

Please attach the following documents along with the duly signed questionnaire:

* 1. Copy of Your Institution’s Banking License
  2. List of Board of Directors & Senior Management along with complete profile.
  3. Shareholding Pattern
  4. USA Patriot Certification
  5. AML-CFT Policy & procedure