

Anti-Money Laundering Questionnaire For Regulated Financial Institutions Year 2017

| A Corporate Information | |
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| 1. | Legal name of the financial institution: |
| 2. | Legal address of the financial institution: |
| 3. | Legal form of the financial institution: |
| 4. | Date of establishment: |
| 5. | Does your company maintain physical presence at your legal address? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. | If the answer to question 5 is no: is your company a regulated affiliate of a financial institution with physical presence? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. | If the answer to question 6 is yes: please state name and address of the financial institution that you are affiliated to: |
| 8. | Corporate internet address: |
| B Licensing and Registration | |
| 9. | Registering authority: |
| 10. | Registration number (if applicable): |
| 11. | Issuing date of the banking license: |
| 12. | Number of banking license (if applicable): |
| 13. | Tax identification number (if applicable): |
| 14. | Is your company publicly traded? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 15. | If the answer to question 14 is yes: please list the exchanges where you are listed and the trading codes: |

| C Ownership and Management Information | |
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| 16. | Please provide a list of owners/shareholders who directly or indirectly own or control 20% or more of your company |
| 17. | Please provide a list of all members of the board of directors / main executives or state the source of information (e.g. internet address) |
| 18. | Does a Supervisory Board for your company exist? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 19. | If the answer to question 18 is yes: please provide a list of all members of the Supervisory Board |
| 20. | Please provide the latest financial statement or state the source of information (e.g. internet address) |
| 21. | Does your company have a governance codex or code of conduct? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 22. | If the answer to question 21 is yes: please provide a copy of the document or state the source of information (e.g. internet address) |
| D Anti-Money Laundering | |
| If you answer "no" to any question, additional information can be supplied at the end of the questionnaire. | |
| 23. | Is your company supervised by a national authority? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 24. | If the answer to question 23 is yes: please provide name and address of the supervising authority |
| 25. | Is your AML policy approved by the Management Board? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 26. | Do you have a designated officer that is responsible for AML activities? Name of responsible AML Officer: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 27. | Do you have documented processes to prevent, detect and report suspicious transactions? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 28. | Do you have an internal audit or independent third party that assesses AML policies and practices on a regular basis (in addition to inspections by supervisors/regulators)? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 29. | Do you 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)? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 30. | Do you have policies covering relationships with Politically Exposed Persons (PEP's)? <input type="checkbox"/> Yes <input type="checkbox"/> No |

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| 31. | Do you have record retention procedures that comply with applicable law? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 32. | Do you assess the risk of money laundering and terrorist financing of your customer based on their transaction and your products and services? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 33. | Do you have enhanced due diligence procedures for customers and transactions that you believe pose a high risk? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 34. | Do you require that all accounts bear the name of the owner? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 35. | Have you implemented processes for the identification of your customers? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 36. | Do you have a requirement to collect information regarding your customers' business activities? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 37. | Do you have procedures to establish a record for each new customer noting their identity and activities? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 38. | Do you complete a risk-based assessment to understand the normal and expected transactions of your customers? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 39. | Do you identify and report transactions that are required to be reported to the authorities? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 40. | Do you screen customers and transactions against lists of persons, entities or countries issued by government/competent authorities? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 41. | Do you have policies to reasonably ensure that you only operate with correspondent banks that possess licenses to operate in their countries of origin? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 42. | Do you have a monitoring program for unusual and potentially suspicious transactions? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 43. | Do you provide AML training to relevant employees? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 44. | Do you communicate new AML related laws or changes to existing AML related policies or practices to relevant employees? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 45. | Do you employ third parties to carry out some of the functions of your business? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 46. | If the answer to question 45 is yes: which functions of your Business is carried out by third parties? | |
| 47. | Has your institution ever been subject to a money laundering or terrorist financing investigation or regulatory action? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Space for additional information: *(Please indicate which question the information is referring to)*

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| Name: |
| Title: |
| E-mail address: |
| Signature: |
| Date: |