

MTN MOBILE FINANCIAL SERVICES



MTN ZAMBIA

Partner Due Diligence Questionnaire

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Board Members			
Name	Title	Country of Residence	Date of Birth

Senior Management Team			
Name	Title	Country of Residence	Date of Birth

3 Name of all Affiliates and Subsidiaries:	
Name	Country of Incorporation

2 Regulatory Framework

The name of the regulatory authority:

1	Is there a requirement to register or become licensed to operate in the country in which the partner operates?
	YES NO
	If so, please provide the registration / license obtained, the number, renewal date and additional terms.

Please describe the regulatory framework, including references to the applicable regulation (also if partner isn't required to register/become a license)

3 General Anti-Money Laundering (AML) Policies, Practices and Procedures

1 Does the partner have an AML policy approved by the Board or senior committee?

YES NO

Comment:

2 Does the policy cover:

'Know Your Customer requirements?

YES NO

Comment: [Click here to enter text.](#)

Screening against relevant sanction lists? If YES, please indicate which ones?

YES NO

OFAC UN EU Others

Comment:

Screening against relevant politically exposed persons (PEPs) their family and closed associates? If YES, please describe the procedure

YES NO

Comment:

Prevention, detection and reporting of suspicious activity/transactions?

YES NO

Comment:

AML training for staff?

YES NO

Comment:

Retention of AML related records pursuant to applicable law?

YES NO

Comment: [Click here to enter text.](#)

3	<p>Do you screen customer and /beneficiary's name against national and international sanctioned lists? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>Comment: Click here to enter text.</p> <p>What is the periodicity of your screening?</p> <ul style="list-style-type: none"> · Only during Customer registration: YES <input type="checkbox"/> NO <input type="checkbox"/> Comment: Click here to enter text. · During Customer registration and in real-time during each transaction: YES <input type="checkbox"/> NO <input type="checkbox"/> Comment: Click here to enter text. · Real-time only during each transaction: YES <input type="checkbox"/> NO <input type="checkbox"/> Comment: Click here to enter text. · Offline at regular intervals: YES <input type="checkbox"/> NO <input type="checkbox"/> Comment: Click here to enter text.
4	<p>Does the partner have a Money Laundering Reporting Officer (MLRO) or nominated officer that is responsible for coordinating and overseeing the AML program in market on a day-to-day basis?</p> <p>YES NO Name(s):</p>
5	<p>Does the partner have self-assessment procedures as part of its internal control environment to assure compliance with applicable laws and internal policies and procedures?</p> <p>YES NO</p> <p>Comment:</p>
6	<p>Does the partner have a policy prohibiting accounts/relationships with shell organizations?</p> <p>YES NO</p> <p>Comment: Click here to enter text.</p>
7	<p>Does the partner assure AML compliance of third parties it outsources part of its services to?</p> <p>YES NO</p> <p>Comment:</p>
8	<p>Has the partner been subject of any official governmental enforcement action or investigation either currently or in the past?</p> <p>YES NO</p> <p>Comment: .</p>

4 Agent Due Diligence

i	<p>Please describe your agency structure, including sub-agents down to agent outlets used for cash-handling:</p>	
	ii	<p>Provide list of agents for your business: name, location, type (cash-in, cash-out, registration, KYC) (If applicable)?</p>
		<p>Does the partner have a risk assessment process that considers? The ownership of agents and sub-agents, including screening against applicable government lists?</p> <p>YES NO Comment:</p>
		<p>Any information known or readily available to the Partner about the agent's anti-money laundering record, including information in the public domain?</p> <p>YES NO Comment:</p>
		<p>The nature of the agent's business and the extent to which its business presents an increased risk for money laundering or terrorist financing?</p> <p>YES NO Comment:</p>
iii	<p>The nature and duration of the partner's relationship with the agent?</p> <p>YES NO Comment:</p>	
	iv	<p>Does the partner have procedures that require that due diligence on each new agent be performed at the beginning of the relationship, proportionate to the risk posed by such entities?</p> <p>YES NO Comment:</p>

v	Do these procedures, as a minimum: Identify the owners of the agents and sub-agents?
	YES NO Comment:
	Screen the owners against lists of sanctioned individuals?
	YES NO Comment: Click here to enter text.
	Screen the owners against lists of politically exposed persons (PEPs)?
	YES NO Comment: Click here to enter text.
	Evaluate, on an ongoing basis, the operations of those agents and their implementation of the AML policies, procedures, and controls?
	YES NO Comment:
vi	What processes does the partner have in place to address issues if an agent poses an unacceptable level of risk for the partner's compliance with AML regulation?
vii	Do the contracts between the partner and agent grant full audit rights to the partner? Comment:
viii	Who is responsible for due diligence of agents and sub-agents?
	How is evidence of agent due diligence stored and is it accessible to the AML department?
	Describe the process for monitoring agent compliance with AML policies, procedures, and controls
	How many countries does your company operate in? Please list all countries

5 Know Your Customer (KYC)/Customer Due Diligence (CDD)

i	Describe the process for the identification of the customer/Beneficial Owner prior to an account being opened/transaction taking place?
ii	Does the partner collect KYC information? If YES, please list all type of information collected? Comment:
iii	Does the partner periodically update the KYC profiles of the customer/ Beneficial Owner? If YES, please indicate the periodicity Comment:
iv	Does the partner take steps to understand the normal and expected transactions of the customer /Beneficial Owner and obtain information in relation to the purpose and intended nature of the envisaged business relationship? Comment:
v	Is the identity of customers/Beneficial Owners required AND verified for all one off transactions? Comment:
vi	Describe the process for verifying identity documents and storing evidence of KYC both when customer is physical present or not
	Are all your customers correctly identified in compliance with AML/FT local law requirements?
	If NO, please provide with the % of non-compliance status
viii	Describe the process for performing screening of customers/ Beneficial Owners against lists of sanctioned individuals and politically exposed persons (including the lists against which customers are screened)

6 Suspicious Activity Reporting and Transaction Monitoring

i	Does the partner have an effective transaction monitoring program for both account holders and non-account holders for suspicious or unusual activities?
	YES NO
	Comment:
ii	Is a clear reporting line in place for staff and agents to report knowledge or suspicion of money laundering to the MLRO/nominated officer?
	Comment:
iii	Does the partner have procedures to ensure the legal obligation to report suspicions of money laundering to the authorities is met in a voluntary and timely manner?
	Comment:
iv	Are procedures in place to ensure any mandatory transaction reporting requirements in local legislation are adhered to?
	Comment:

7 AML Training and Awareness

i	Does the partner provide regular anti-money laundering awareness training to its employees and agents (down to individual stores) that includes identification requirements, examples of different forms of money laundering involving their product and/or services, internal policies and procedures to prevent money laundering as well as the process to report suspicious transactions?
	Comment:
ii	Does the partner retain records of its training sessions including the dates and content of the training, as well as the results of knowledge tests?
	Comment:
iii	Does the partner have procedures to communicate new or revised anti-money laundering laws, rules and regulations to the partner's employees and agents?
	Comment:
iv	Does the partner provide specially AML/ATF training to Compliance Department employees? If YES, please indicate how often that training is provided
	Comment:
v	Is your Compliance Officer required to maintain continuous compliance education and training? If YES, please indicate frequency of attendance to seminars and conferences, etc. and the name and date of the last conference/seminar/training attended
	Comment:

8 Record Retention

i	Does the partner have procedures in place to ensure records of all customer and agent (KYC information, ID records and transaction history) are retained for at least 10 years after the relationship has ended/transaction has taken place? Comment:
ii	Do transaction records enable the transaction to be reproduced by including the amount, name and address of originator, name of beneficiary, unique identifier and currency? Comment:
iii	Is the above information submitted with each transaction? Comment:
iv	Are the above records stored securely and readily available to the nominated AML officer? Comment:

9 Systems

i	Does the partner using any AML software? YES <input type="checkbox"/> NO <input type="checkbox"/> If Yes, please explain how it works:
ii	Is the partner's payment system PCI-DSS certified? YES NO If YES, could you provide us with the version of the certification? Comment:
iii	What is the scope of the certification? Comment:

10 Audit – AML review

i	Does your AML/ATF compliance program include specialized external and independent audits for reviewing your AML/ATF program? If YES, please indicate the name of the external auditor and the date of the last review. Comment:
ii	In addition to a specialized external audit, does the partner have an internal audit of AML/ATF program? If YES, please indicate the name of the internal auditor and the date of the last review. Comment:

iii	In respect to the audit performed on the AML Program, are there any outstanding significant audit issues from the previous audits that have not yet been resolved?

11 Contact Details Compliance Officer

I	Name:	
ii	Phone No.:	
iii	Email address:	
iv	Whom does the Compliance Officer report to in the Company?	
v	Is the Compliance Officer registered with a Regulator?	

12 Compliance Structure

Indicate the structure of the Compliance Department

i	Please indicate the number of employees in the Compliance Department
	Comment:
ii	How many are actively involved in the monitoring of activity?
iii	Do you have a Compliance Committee? If YES, How often do you meet?
	Comment:

13 Additional Comments

Any further information to be supplied to support the assessment of the partner's compliance with all legal & regulatory requirements

Chapter/ question	<p>None</p> <p>Click here to enter text.</p>
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14 Signature

The undersigning Party declare that the information given in the present Questionnaire is true, correct, and complete.

The undersigning Party will promptly inform MTN Zambia of any changes.

For:	
Name:	
Title:	
Date:	
Signature:	

15 Check list of the required documents

		Attached (Y/N)
1	Articles of incorporation with proof of representation powers	
	Comments:	
2	Ownership structure chart (include percentage)	
	Comments:	
3	AML policy and compliance charter documents	
	Comments:	
4	Most recent AML audit or internal review	
5	Audited financial statements from the last 3 years	
	Comments:	
6	Proof of the registration / license obtained, the number, renewal date and additional	
	Comments:	
	Proof of registration:	
	Proof of license obtained: operating license not yet obtained	
7	Copy, if applicable, of license, approval or consent to operate in relevant jurisdiction	
	Comments:	
8	Copy of National Identity Card, Passport, or any such proof of identity of the company's Director and compliance officer	
	Comments:	
9	Details of any material litigation against the company	
	Comments:	
10	Copy of the PCI-DSS certification	
	Comments:	
11	Copy of the Resume of the Compliance Officer	
	Comments:	
12	Copy of the powers of the signatory	
	Comments:	