



QUESTIONNAIRE ON ANTI- MONEY LAUNDERING (AML) & COMBATING THE FINANCING OF TERRORISM

I	GENERAL INFORMATION ABOUT THE INSTITUTION	
I	Full legal name of institution	
2	Registration/License No:	
3	Legal Address	
4	Principal banking activities	
5	Principal place of business	
6	Registered office	
7	Head office location	
8	Website	
9	BIC code	
IO	Name of the regulatory body	
II	Legal form	
I2	Name of external auditors	
I3	Do you have any subsidiaries?	YES <input type="checkbox"/> NO <input type="checkbox"/> If so, please give details (attach annexure, if required):
I4	If response to above question is yes, are they located in tax havens?	YES <input type="checkbox"/> NO <input type="checkbox"/>
I5	Has your institution the "USA Patriot Act Certificate"? (If yes, provide a copy of the certificate)	YES <input type="checkbox"/> NO <input type="checkbox"/>

II	MLRO (MONEY LAUNDERING REPORTING OFFICER) CONTACT DETAILS	
I6	Name	
I7	Title	
I8	Telephone/ facsimile numbers	I9 Fax :
20	Email Address	



III	OWNERSHIP STRUCTURE, LAWS & SUPERVISION	
21	Is your institution publicly owned?	YES <input type="checkbox"/> NO <input type="checkbox"/>
22	Is your institution listed on any stock exchange?	YES <input type="checkbox"/> NO <input type="checkbox"/>
23	If listed on the stock exchange, state which one:	
24	Has your country established laws to implement FATF standards and controls for Anti Money Laundering and Combat the Financing of Terrorism ?	YES <input type="checkbox"/> NO <input type="checkbox"/>
25	Is your institution regulated and supervised by a regulatory body?	YES <input type="checkbox"/> NO <input type="checkbox"/>
26	If Yes, Please Name the Supervisory / Regulatory body:	
27	State whether your institution has any Politically Exposed Persons (PEPs) within the bank's executive bodies.	YES <input type="checkbox"/> NO <input type="checkbox"/>
28	If response to above question is yes, please provide details below:	
	Name	Position

IV	GENERAL AML/CFT POLICIES, PRACTICES AND PROCEDURES	
30	Has your institution developed written policies that have been approved by senior management documenting the processes that they have in place to prevent, detect and report suspicious transactions?	YES <input type="checkbox"/> NO <input type="checkbox"/>
31	Does your institution have a legal and regulatory compliance program that includes a designated compliance officer who is responsible for coordinating and overseeing the AML/CFT program on a day to day basis, which has been approved by senior management?	YES <input type="checkbox"/> NO <input type="checkbox"/>
32	In addition to inspections by the government supervisors / regulators, does your institution have an internal audit function or other independent third party that assesses AML/CFT policies and practices on a regular basis?	YES <input type="checkbox"/> NO <input type="checkbox"/>
33	Does your institution have a policy prohibiting accounts / relationships with shell banks?	YES <input type="checkbox"/> NO <input type="checkbox"/>
34	Does your institution have policies consistent with industry best practices covering relationships with Politically Exposed Persons "(PEP'S)"?	YES <input type="checkbox"/> NO <input type="checkbox"/>
35	Does your institution have appropriate record retention procedures pursuant to applicable law?	YES <input type="checkbox"/> NO <input type="checkbox"/>



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36	Does your institution require that its AML/CFT policies and practices be applied to all branches and subsidiaries both in the home country and in locations outside of the home country?	YES <input type="checkbox"/> NO <input type="checkbox"/>
37	Does your institution require full information on the issue of transfers, including the name of the originator and beneficiary, their (?)your address and account numbers?	YES <input type="checkbox"/> NO <input type="checkbox"/>
38	Does your institution offer "Payable Through Account (Clear-Through)"? (These are accounts of the correspondent Bank that are used directly by third parties to conduct commercial operations or any other form of self-employed.)	YES <input type="checkbox"/> NO <input type="checkbox"/>

V	RISK ASSESSMENT	
39	Does the institution have a risk focused assessment of its customer base and transactions of it customers?	YES <input type="checkbox"/> NO <input type="checkbox"/>
40	Does your institution determine the appropriate level of enhanced due diligence necessary for those categories of customers and transactions that the institution has reason to believe pose a heightened risk of illicit activities at or through your institution?	YES <input type="checkbox"/> NO <input type="checkbox"/>
41	Can you confirm that your bank has not been prosecuted or fined for failure to comply with AML/CFT laws in the last 5 years?	YES <input type="checkbox"/> NO <input type="checkbox"/>

VI	KYC, DUE DILIGENCE AND ENHANCED DUE DILIGENCE	
42	Has your institution implemented systems for the identification of its customers, including customer information in the case of walk-in customers, recorded transactions, account opening etc.	YES <input type="checkbox"/> NO <input type="checkbox"/>
43	Does your institution have a requirement to collect information regarding its customers' business activities?	YES <input type="checkbox"/> NO <input type="checkbox"/>
44	Does your institution collect information and assess its customers' AML/CFT policies or practices?	YES <input type="checkbox"/> NO <input type="checkbox"/>
45	Does your institution have procedures to establish a record for each customer noting their respective identification documents and KYC information collected at account opening?	YES <input type="checkbox"/> NO <input type="checkbox"/>
46	Does your institution take steps to understand the normal and expected transactions of its customers based on its risk assessment?	YES <input type="checkbox"/> NO <input type="checkbox"/>

VII	REPORTABLE TRANSACTIONS/DETECTION OF TRANSACTIONS WITH ILLEGALLY OBTAINED FUNDS	
47	Does your institution have policies or practices for the identification and reporting of transactions that are required to be reported to the authorities?	YES <input type="checkbox"/> NO <input type="checkbox"/>



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48	Does your institution have procedures to identify transactions structured to avoid large cash reporting requirements?	YES <input type="checkbox"/> NO <input type="checkbox"/>
49	Does your institution screen transactions for customers or transactions the institution deems to be of significantly high risk that special attention to such customers or transactions is necessary prior to completing any such transactions?	YES <input type="checkbox"/> NO <input type="checkbox"/>
50	Does your institution have policies to reasonably ensure that it only operates with correspondent banks that possess licenses to operate in their countries of origin?	YES <input type="checkbox"/> NO <input type="checkbox"/>

VII	TRANSACTION MONITORING	
51	Does your institution have a monitoring program for suspicious or unusual activity that covers funds transfers and monetary instruments?	YES <input type="checkbox"/> NO <input type="checkbox"/>

IX	AML/CFT TRAINING	
52	Does your institution provide AML/CFT training to relevant employees that include identification and reporting of transactions that must be reported to government authorities, examples of different forms of money laundering involving the Financial Institution's products and services and internal policies to prevent money laundering?	YES <input type="checkbox"/> NO <input type="checkbox"/>
53	Does your institution retain records of its training sessions including attendance records and relevant training materials used?	YES <input type="checkbox"/> NO <input type="checkbox"/>
54	Does your institution have policies or practices to communicate new AML/CFT related laws or changes to existing AML/CFT related policies or practices to relevant employees?	YES <input type="checkbox"/> NO <input type="checkbox"/>
55	Does your institution employ agents to carry out some of its functions? If yes, does your institution provide AML/CFT training to relevant agents that include identification and reporting of transactions that must be reported to government authorities, examples of different forms of money laundering involving your institution's products and services and internal policies to prevent money laundering?	YES <input type="checkbox"/> NO <input type="checkbox"/>

I confirm that, to the best of my knowledge, the above information is current, accurate and reflective of my institution's anti-money laundering policies.	
Name	
Title	
Signature & Date	