**AFME Post Trade**

**Due Diligence Questionnaire**

**2021**

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Please find below instruction for completion:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Services Provided** | **Sections to Complete** | | | | | | |
| **1** | **2** | **3** | **4** | **5** | **6** | **7** |
| Custody services only, with no sub custodian | X | X | X | X | X |  |  |
| Custody services only, with a sub custodian | X | X | X | X | X | X |  |
| Client money services only | X |  | X | X |  |  | X |
| Custody and client money services with no sub custodian | X | X | X | X | X |  | X |
| Custody and client money services with a sub custodian | X | X | X | X | X | X | X |

Client money services definition:

You would be considered as providing a client money service if you are holding money on behalf of our underlying clients and have been advised:

* That you are required to keep that money separate from our own money;
* That the money is being held by us in our capacity as trustee under the laws applicable to us and this has been documented between us in a contractual arrangement such as an acknowledgement letter;
* That you do not have any recourse or right against the money in the account(s) in respect of any sum owed to you, or owed to any third party, on any other account; and
* That you are required to release on demand all money in the account(s) upon proper notice and instruction from us or a liquidator, receiver, administrator or trustee (or similar person) appointed for us in bankruptcy (or similar procedure) in any relevant jurisdiction.

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Questionnaire

# 1 Credentials

In scope services: custody services (with or without a sub-custodian) and, if applicable, client money services

## 1.1 Respondent information

|  |
| --- |
| 1.1.1 Respondent information |

|  |  |
| --- | --- |
| Name of entity responding |  |
| Market |  |
| Designated responding manager (name/title) |  |
| Contact details (email/phone) |  |
| Date submitted |  |
| Signature (if not responding via electronic platform) |  |

## 1.2 Your name

|  |
| --- |
| 1.2.1 Please advise the name of the legal entity (i.e. contracting party) providing custody and/or client money services in your jurisdiction and responding to this questionnaire. If applicable, please also advise the name of the local delegate if different from the contracting entity. |
| Comments |
|  |

|  |
| --- |
| 1.2.2 Please advise the full legal address and the country of incorporation of the legal entity (i.e. contracting party) providing custody and/or client money services in your jurisdiction and responding to this questionnaire. If applicable, please also provide this information for the local delegate if different from the contracting entity |

|  |  |
| --- | --- |
| Legal address |  |
| Country of incorporation |  |

|  |
| --- |
| 1.2.3 Please state the full legal addresses of your head office and the locations and full legal addresses of any departments that service us (e.g. processing hubs, including outsourced suppliers). |

|  |
| --- |
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| 1.2.4 Please provide an overview of your expertise in the market and how you differentiate yourselves from your competitors. |

|  |
| --- |
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| --- |
| **1.2.5** **In the last 12 months have there been any changes (e.g. merger, transfer, or novation, change of type of corporation) to the legal names or of the entities providing custody and/or client money services in your jurisdiction and responding to this questionnaire. If applicable, please also provide this information for the local delegate if different from the contracting entity. If yes, please supply a copy of notification.** |
| ( ) Yes  ( ) No |
| Comments |

## 1.3 Your regulatory environment

|  |
| --- |
| 1.3.1 Which official body regulates your business (including banking, securities services and client money)? If they license or provide a formal approval of your business, how frequently does this need to be renewed? Please provide a copy of the current licence or approval notification . |

|  |  |  |
| --- | --- | --- |
|  | Licensed/regulated by | Frequency |
| 1. Banking |  |  |
| 1. Securities services and custody |  |  |
| 1. Client money |  |  |
| Please attach file here | | |
| Comments | | |
|  | | |

|  |
| --- |
| 1.3.2 Has your regulator(s) raised any material issues in respect of your banking, securities services and client money activities within the last 12 months? |

|  |
| --- |
| ( ) Yes  ( ) No |
| If yes, please describe below |
|  |

|  |
| --- |
| 1.3.3 If you are a branch of an entity incorporated in another country, please explain the division of regulatory responsibility between your host and home state regulators or advise if not applicable. |

|  |
| --- |
|  |

|  |
| --- |
| 1.3.4 Please confirm that you comply with local regulatory requirements in relation to the provision of securities services or client money services in your jurisdiction. |

|  |
| --- |
| Securities services |
| ( ) Yes  ( ) No |
| Client Money |
| ( ) Yes  ( ) No |
| Comments |
|  |

|  |
| --- |
| 1.3.5 Have you been subject to any other regulatory or similar fines or actions/decisions by authorities against you during the last 12 months? If yes, please provide details. |

|  |
| --- |
| ( ) Yes  ( ) No |
| Comments |
|  |

|  |
| --- |
| 1.3.6 Please confirm which of the following criteria you meet in order to serve as an eligible custodian under Rule 17(f)5 of the US Investment Company Act 1940. Based on your selection below please provide documentation of your Rule 17(f)5 eligibility status. |

|  |  |
| --- | --- |
|  | |
| (a) A U.S. bank as specified in Section 17(f) or a member of a U.S. national securities exchange as specified in Section 17(f). | ( ) Yes  ( ) No |
| (b) Eligible Foreign Custodian - an entity incorporated or organised under the laws of a country, other than the US and that is a Qualified Foreign Bank or a majority owned direct or indirect subsidiary of a U.S. bank or bank holding company. | ( ) Yes  ( ) No |
| (c) A Qualified Foreign Bank - a banking institution or trust company, incorporated or organised under the laws of a country, other than the US, that is regulated by its national regulator. | ( ) Yes  ( ) No |
| Please attach file here | |
|  | |

|  |
| --- |
| 1.3.7 Please confirm which of the following criteria you meet to be an "approved bank" under the UK Financial Conduct Authority (FCA) guidelines: |

|  |  |
| --- | --- |
| a Central Bank of a member state of the OECD (including the Bank of England). | ( ) Yes  ( ) No |
| a bank which is supervised by the Bank of England, or a central bank or other banking regulator of a member state of the OECD. | ( ) Yes  ( ) No |
| a credit institution established in an EEA State other than the United Kingdom and duly authorised by the relevant Home State regulator, or a bank which is regulated in the Isle of Man or the Channel Islands. | ( ) Yes  ( ) No |
| supervised by the South African Reserve Bank. | ( ) Yes  ( ) No |
| regulated by a local banking regulator, required to provide audited accounts; have minimum net assets of £5 million (or equivalent) and have had a surplus revenue over expenditure for the last two financial years. | ( ) Yes  ( ) No |
|  |  |
| Comments | |
|  | |

|  |
| --- |
| 1.3.8 Please state your Financial Registration Number or Tax ID number. |
|  |

|  |
| --- |
| 1.3.9 Please confirm which of the following criteria you meet to comply with the current European Union (EU) directives and regulations applicable to Alternative Investment Fund (AIF) and Undertakings for Collective Investment in Transferable Securities (UCITS). |

|  |  |
| --- | --- |
| (a) A Central Bank of a member state of the EU | ( ) Yes  ( ) No |
| (b) A credit institution authorised in accordance with Directive 2013/36/EU on the access to the activity of credit institutions and the prudential supervision of credit institutions and investment firms | ( ) Yes  ( ) No |
| (c) A third country credit institution subject to prudential regulation and supervision which have the same effect as EU law and are effectively enforced and in accordance with the principles laid down in Article 16 of Directive 2006/73/EC | ( ) Yes  ( ) No |
| Note re (c) Such effective and prudential regulation and supervision would include aspects of the following (a) custody services being governed by law (b) your assets being clearly segregated from those of your clients (c) there being a deposit guarantee schemes in place for cash in the event of your failure (d) your regulator being a member of the International Organisation of Securities Commissions (IOSCO)? | |
| Comments | |
|  | |

|  |
| --- |
| 1.3.10 Please confirm that you are subject to effective prudential regulation, including minimum capital requirements? |

|  |
| --- |
| ( ) Yes  ( ) No |

|  |
| --- |
| 1.3.11 Have your regulators required your organisation to undertake any stress testing to ensure your risk management and capital planning decisions can sufficiently withstand adverse market events? If yes, please provide details. |

|  |
| --- |
| ( ) Yes  ( ) No |
| Comments |
|  |

|  |
| --- |
| 1.3.12 Please list the countries which your jurisdiction's financial regulator has a co-operation agreement with. |

|  |
| --- |
|  |

## 1.4 Your group

|  |
| --- |
| 1.4.1 Have there been any changes to your group's ownership structure in the last 12 months. If so, please advise details. |
| ( ) Yes  ( ) No |
| Comments |
|  |

|  |
| --- |
| 1.4.2 What is your relationship to your group? |

|  |  |
| --- | --- |
| Full branch (if proposed sub-custodian is a bank) | ( ) Yes  ( ) No |
| If a branch, please confirm where your parent is incorporated |  |
| Subsidiary - wholly owned | ( ) Yes  ( ) No |
| Subsidiary - not wholly owned | ( ) Yes  ( ) No |
| If not wholly owned, what is the breakdown of ownership (%)? |  |
| Comments | |
|  | |

|  |
| --- |
| 1.4.3 Please provide an organisational chart which clearly indicates in which strategic business area your securities services business fits and highlight if there have been any changes in the last 12 months. |

|  |
| --- |
| Please attach file here |
| Comments |
|  |

|  |
| --- |
| 1.4.3.1 Do you or any related organisational units / affiliates offer and provide asset management services, collateral management services, prime brokerage services and/or risk management services or similar services? |

|  |  |
| --- | --- |
| ( ) Yes  ( ) No | |
| **If yes, please confirm that such organisational units / affiliates are organisationally and hierarchically separated from you?** | |
| Asset management services | ( ) Yes  ( ) No |
| Collateral management services | ( ) Yes  ( ) No |
| Prime brokerage services | ( ) Yes  ( ) No |
| Risk management services | ( ) Yes  ( ) No |
| Similar services | ( ) Yes  ( ) No |

|  |
| --- |
| 1.4.3.2 Please confirm that your firm has measures to identify and prevent potential conflict of interests between those services listed above and your securities services. |

|  |
| --- |
| ( ) Yes  ( ) No |
| **If no, please outline why not and any alternative controls that exist** |
|  |

|  |
| --- |
| 1.4.4 Group financial performance. Please complete the following matrix for your group. All financial data questions to be reported in your base (group accounting) currency in millions. These figures must reconcile to your most recent, and the preceding year, annual report. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| State base currency |  | | | |
|  | Net assets (equity + reserves) | A - total income | B - total non-interest income | (B/A x 100%) |
| Year preceding most recent annual report |  |  |  |  |
| Year of most recent annual report |  |  |  |  |
| Comments (including exchange rates) |  | | | |

|  |
| --- |
| 1.4.5 In order to judge the materiality of your local securities services business (i.e. in relation to the rest of your organisation) please complete the following table for your last financial year. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| State base currency: |  | | | |
|  | A - total organisation |  | B - domestic custody | (B/A x 100) |
| Total revenues, including  interest |  | Total revenues (domestic  custody) |  |  |
| Total non-interest  expenses |  | Total non-interest  expenses (domestic custody) |  |  |
| Total interest expenses |  | Total interest expenses  (domestic custody) |  |  |
| Net earnings |  | Net earnings  (domestic custody) |  |  |
| Total number of  full-time equivalent  employees |  | Total number of  full-time equivalent  employees in domestic  custody |  |  |
| Total IT spend |  | Total IT spend on  domestic custody |  |  |
| Comments |  | | | |

|  |
| --- |
| 1.4.6 Please state the latest available Basel II and estimated Basel III ratios (where available). If your local regulators specify more stringent requirements than the Basel Agreement, please indicate the requirements and whether you comply. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | | Basel II Tier 1 (%) | Basel III (estimated %) | Meets local requirements |
| Capital adequacy ratio (%) | |  |  | ( ) Yes  ( ) No |
| Regulatory requirements | |  |  | ( ) Yes  ( ) No |
| Comments | | | | |
|  | | | | |
| Please specify in comments if Basel III is in transition or fully implemented and the basis of calculation for your Risk Weighted Assets (i.e. standardised or advanced). | | | | |
|  | Transition | Fully implemented | Standardised | Advanced |
| Basel III | ( ) Yes  ( ) No | ( ) Yes  ( ) No | ( ) Yes  ( ) No | ( ) Yes  ( ) No |
| Comments | | | | |
|  | | | | |

|  |
| --- |
| 1.4.7 Please state the credit ratings of the contracting party in the table below. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Contracting party |  | | | |
|  | | | | |
|  | Credit Rating (year end) | S&P | Moody | Fitch |
| Long-term rating | Current | ( ) AAA  ( ) AA+  ( ) AA  ( ) AA-  ( ) A+  ( ) A  ( ) A-  ( ) BBB+  ( ) BBB  ( ) BBB-  ( ) BB+  ( ) BB  ( ) BB-  ( ) B+  ( ) B  ( ) B-  ( ) CCC+  ( ) CCC  ( ) CCC-  ( ) CC  ( ) C  ( ) D | ( ) Aaa  ( ) Aa1  ( ) Aa2  ( ) Aa3  ( ) A1  ( ) A2  ( ) A3  ( ) Baa1  ( ) Baa2  ( ) Baa3  ( ) Ba1  ( ) Ba2  ( ) Ba3  ( ) B1  ( ) B2  ( ) B3  ( ) Caa1  ( ) Caa2  ( ) Caa3  ( ) Ca  ( ) C | ( ) AAA  ( ) AA+  ( ) AA  ( ) AA-  ( ) A+  ( ) A  ( ) A-  ( ) BBB+  ( ) BBB  ( ) BBB-  ( ) BB+  ( ) BB  ( ) BB-  ( ) B+  ( ) B  ( ) B-  ( ) CCC  ( ) DDD  ( ) DD  ( ) D |
|  | Preceding year | ( ) AAA  ( ) AA+  ( ) AA  ( ) AA-  ( ) A+  ( ) A  ( ) A-  ( ) BBB+  ( ) BBB  ( ) BBB-  ( ) BB+  ( ) BB  ( ) BB-  ( ) B+  ( ) B  ( ) B-  ( ) CCC+  ( ) CCC  ( ) CCC-  ( ) CC  ( ) C  ( ) D | ( ) Aaa  ( ) Aa1  ( ) Aa2  ( ) Aa3  ( ) A1  ( ) A2  ( ) A3  ( ) Baa1  ( ) Baa2  ( ) Baa3  ( ) Ba1  ( ) Ba2  ( ) Ba3  ( ) B1  ( ) B2  ( ) B3  ( ) Caa1  ( ) Caa2  ( ) Caa3  ( ) Ca  ( ) C | ( ) AAA  ( ) AA+  ( ) AA  ( ) AA-  ( ) A+  ( ) A  ( ) A-  ( ) BBB+  ( ) BBB  ( ) BBB-  ( ) BB+  ( ) BB  ( ) BB-  ( ) B+  ( ) B  ( ) B-  ( ) CCC  ( ) DDD  ( ) DD  ( ) D |
| Comments |  | | | |

|  |
| --- |
| 1.4.8 Please provide a copy (in English) of the latest annual report or a link to a website for the same documents for the contracting party and, if applicable, the local delegate. If not available, please provide similar details for the parent organisation. |

|  |
| --- |
| Please attach file here |
| Comments |
|  |

|  |
| --- |
| 1.4.9 Please confirm if your organisation is considered a systematically important financial institution as defined by the Financial Stability Board/Basel Committee on Banking Supervision or as defined in the jurisdiction where it is registered. |

|  |
| --- |
| ( ) Yes  ( ) No |
| Comments |
|  |

## 1.5 Insurance

|  |
| --- |
| 1.5.1 Please confirm that you maintain adequate insurance policies to cover |

|  |  |
| --- | --- |
| Any liabilities and indemnities that you may incur in connection with services you provide. | ( ) Yes  ( ) No |
| Professional Liability | ( ) Yes  ( ) No |
| |  |  | | --- | --- | | Crime Insurance that covers dishonest acts | ( ) Yes  ( ) No | | |
| If yes, please attach copies of all relevant insurance certificate | |
| Comments | |
|  | |

|  |
| --- |
| 1.5.2 Who reviews the adequacy of your insurance cover? |

|  |
| --- |
|  |

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| --- |
| 1.5.3 How often is the adequacy of your insurance cover reviewed? |

|  |
| --- |
|  |

## 1.6 Your strategy

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| --- |
| 1.6.1 Briefly outline your group's overall business strategy identifying expected areas of growth and contraction. Please include details of future investment expenditure planned for the next 24 months. |

|  |
| --- |
| Comments |
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| --- |
| 1.6.2 In the last 12 months have there been any changes to your business activities which are relevant to the services that you provide to your securities services or client money clients? If yes, please provide details. |

|  |  |
| --- | --- |
| Securities services | ( ) Yes  ( ) No |
| Client money | ( ) Yes  ( ) No |
| Comments | |
|  | |

|  |
| --- |
| 1.6.3 Do you undertake other business activities which could compromise your ability to provide securities services or client money services? If yes, please provide details. |

|  |  |
| --- | --- |
| Securities services | ( ) Yes  ( ) No |
| Client money | ( ) Yes  ( ) No |
| Comments | |
|  | |

|  |
| --- |
| 1.6.4 Please outline upcoming business development priorities for securities services or client money over the next 24 months. |

|  |
| --- |
|  |

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| --- |
| 1.6.5 Please outline any regulatory changes being implemented that will impact your securities services or client money business strategy over the next 24 months. |

|  |
| --- |
|  |

|  |
| --- |
| * + 1. IT |

|  |  |
| --- | --- |
| Please outline any significant IT developments that you are currently implementing. |  |
| Please outline any significant IT developments that are planned over the next 24 months. |  |
| Please outline key upcoming market developments that will impact your IT investment strategy over the next 24 months. |  |
| Comments | |
|  | |

## 1.7 Your organisation

|  |
| --- |
| 1.7.1 Is your securities services or client money operations department (e.g. including the systems used) a segregated unit from any trading/investment banking activity? |

|  |
| --- |
| ( ) Yes  ( ) No |
| Comments |
|  |

|  |
| --- |
| 1.7.2 Where you have offshored or centralised activities or functions within your organisation please confirm which activities are included (e.g. instruction capture, matching, settlements, reconciliations, corporate actions). |

|  |
| --- |
|  |

|  |
| --- |
| 1.7.3 Where your organisation has outsourced activities or functions to a third-party provider, please confirm which activities are included (e.g. instruction capture, matching, settlements, reconciliations, corporate actions). |

|  |
| --- |
| Comments |
|  |

|  |
| --- |
| 1.7.4 Does your organisation plan to outsource any aspect of the securities services or client money services or operational processes in your market to another part of your group or to a third party within the next 12 months? If yes, please provide details. |

|  |
| --- |
| ( ) Yes  ( ) No |
| Comments |
|  |

|  |
| --- |
| 1.7.5 Where you have offshored or centralised activities or functions within your organisation does your organisation have any further plans to offshore or centralise any aspect of the custodial and/or client money services or operational processes in your market to another office or location within the next 12 months? If yes, please provide details. |

|  |
| --- |
| ( ) Yes  ( ) No |
| Comments |
|  |

|  |
| --- |
| 1.7.6 Where you have offshored or centralised activities or functions within your organisation, are there any legal or regulatory changes planned for your market which will affect the offshored or centralised model(s) you employ? If yes, please provide details. |

|  |
| --- |
| ( ) Yes  ( ) No |
| Comments |
|  |

|  |
| --- |
| 1.7.7 Are there any legal or regulatory changes planned for your market which will affect the outsourcing models you employ? If yes, please provide details. |

|  |
| --- |
| ( ) Yes  ( ) No |
| Comments |
|  |

|  |
| --- |
| 1.7.8 Where you have offshored or centralised activities or functions within your organisation, how are they monitored by management in the home jurisdiction? |

|  |
| --- |
|  |

|  |
| --- |
| 1.7.8.1 Where you have offshored or centralised activities or functions within your organisation, who has ownership of the processing activities (i.e. accountable for service issues impacting clients) that have been offshored or centralised within your organisation? |

|  |
| --- |
|  |

|  |
| --- |
| 1.7.9 Are there contracts and Service Level Agreements (SLA) between you and the entities to which activities and/or functions have been outsourced or offshored? |

|  |  |
| --- | --- |
| Contract | SLA |
| ( ) Yes  ( ) No | ( ) Yes  ( ) No |
| Comments | |
|  | |

|  |
| --- |
| 1.7.10 Do you have an exit strategy (policies and procedures to ensure data protection, retention and retrieval) when terminating a contract or business relationship with a third-party supplier? |

|  |
| --- |
| ( ) Yes  ( ) No |
| Comments |
|  |

|  |
| --- |
| 1.7.11 Please confirm that you have all necessary regulatory approvals in place, for outsourced and/or offshored activity. |

|  |
| --- |
| ( ) Yes  ( ) No |
| Comments |
|  |

|  |
| --- |
| 1.7.12 Please describe the procedures in place to monitor the service provided. Please specify the MIS used and the frequency with which it is reviewed. |

|  |
| --- |
| Comments |
|  |

|  |
| --- |
| 1.7.13 Please confirm that you receive and review a copy of the internal and external audit reports for offshore and outsourced services. |

|  |
| --- |
| Offshore |
| ( ) Yes  ( ) No |
| Outsourced |
| ( ) Yes  ( ) No |
| Comments |
|  |

|  |
| --- |
| 1.7.14 Where your organisation has outsourced processing activities to a third party (i.e. not the legal entity that has been contracted with for the provision of services), what is the relationship of that third party to your parent organisation? |

|  |  |  |  |
| --- | --- | --- | --- |
| Relationship | Yes/No | Location (country/city) | Legal name |
| Affiliate | ( ) Yes  ( ) No |  |  |
| Subsidiary | ( ) Yes  ( ) No |  |  |
| Joint venture | ( ) Yes  ( ) No |  |  |
| External party | ( ) Yes  ( ) No |  |  |
| Other | ( ) Yes  ( ) No |  |  |
| Comments | | | |
|  | | | |

|  |
| --- |
| 1.7.15 Where your organisation has offshored processing activities to a centralised operational hub(s), what is the relationship of the hub(s) to your organisation? |

|  |  |  |  |
| --- | --- | --- | --- |
| Relationship | Yes/No | Location (country/city) | Exact name |
| Branch | ( ) Yes  ( ) No |  |  |
| Subsidiary | ( ) Yes  ( ) No |  |  |
| Joint venture | ( ) Yes  ( ) No |  |  |
| Other | ( ) Yes  ( ) No |  |  |
| Comments | | | |
|  | | | |

|  |
| --- |
| 1.7.16 Which critical services provided by external entities do you include in your risk assessment? |

|  |
| --- |
|  |

|  |
| --- |
| 1.7.17 Do you have plans in place to substitute critical services if the third-party is no longer able to continue? |

|  |
| --- |
| ( ) Yes  ( ) No |
| Comments |
|  |

|  |
| --- |
| 1.7.18 Please confirm if the following assessments, together with performance reviews, form part of your ongoing monitoring of critical external entities? |

|  |  |
| --- | --- |
| Financial  Audit  Physical  Service continuity  Cybersecurity | ( ) Yes ( ) No  ( ) Yes ( ) No  ( ) Yes ( ) No  ( ) Yes ( ) No  ( ) Yes ( ) No |
| Comments | |
|  | |

## 1.8 Your performance

|  |
| --- |
| 1.8.1 Please briefly describe your lobbying activities and achievements in the last 12 months, both locally and globally, in making improvements to local and world-wide settlement and custody. |

|  |
| --- |
|  |

|  |
| --- |
| 1.8.2 Please indicate your membership and participation in industry bodies and initiatives. |

|  |
| --- |
|  |

|  |
| --- |
| 1.8.3 Please complete the following table indicating the domestic and foreign clients you currently serve, plus current client assets under custody in each case. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Number of domestic clients | Percentage of assets under custody represented | Number of foreign clients | Percentage of assets under custody represented |
| Banks/global custodians |  |  |  |  |
| Asset managers/institutions |  |  |  |  |
| Brokers/dealers |  |  |  |  |
| Private clients |  |  |  |  |
| Mutual funds |  |  |  |  |
| Public sector (sovereign wealth, national pension funds, Central Banks) |  |  |  |  |
| Other (please specify) |  |  |  |  |
| Comments | | | | |
|  | | | | |

|  |
| --- |
| 1.8.4 How many clients have you gained and lost in the last 12 months? |

|  |  |
| --- | --- |
| Gained |  |
| Lost |  |
| Please advise the reason for any client losses in the last 12 months. | |
|  | |

|  |
| --- |
| 1.8.5 Complete the following tables for total assets under custody as at year end in your local market in millions (use local currency). |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| State currency |  |  |  |  |
|  | A  Total assets under  custody held for  domestic clients  (million) | B  Total assets under  custody held for  foreign clients  (million) | A+B  Total assets  under custody  (million) | Total number of  settlements per annum |
| This year |  |  |  |  |
| Preceding year |  |  |  |  |
| Comments | | | | |
|  | | | | |

|  |
| --- |
| 1.8.6 Please provide an estimate of the market share of custody business that your organisation has based on assets under custody and settlement volumes. |

|  |  |  |
| --- | --- | --- |
|  | Assets under custody (%) | Settlement volumes (%) |
| Domestic |  |  |
| International clients |  |  |
| Comments | | |
|  | | |

|  |
| --- |
| 1.8.7 Please complete the following table, showing the total number of custody employees located domestically plus a breakdown by key activities. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Number of custody employees | % of Total | Average length of service | Staff turnover in previous year (%) |
| Total |  | 100% |  |  |
| Management |  |  |  |  |
| Operations |  |  |  |  |
| Client services | | | | |
| Relationship managers |  |  |  |  |
| Account officers |  |  |  |  |
| Other |  |  |  |  |
| Comments | | | | |
|  | | | | |

|  |
| --- |
| 1.8.8 Has your organisation been named in a lawsuit in the last 12 months relating to your securities services or client money businesses? If yes, explain the circumstances of each lawsuit and the outcome(s) to the extent legally permissible. |

|  |
| --- |
| ( ) Yes  ( ) No |
| Comments |
|  |

|  |
| --- |
| 1.8.9 Please confirm that you and, if applicable, any sub-contracted entity supporting your securities services or client money services provides ongoing training to all relevant staff to ensure that knowledge is maintained at the requisite levels for the performance of their respective duties. |

|  |
| --- |
| ( ) Yes  ( ) No |

# 2. Asset safety and custody

In scope services: custody services (with or without a sub-custodian)

## 2.1 Regulations, laws and market practices

|  |
| --- |
| 2.1.1 Please confirm that you have processes in place to manage, capture and communicate regulatory rule changes within your organisation and, where applicable, to clients. |

|  |
| --- |
| ( ) Yes  ( ) No |

|  |
| --- |
| 2.1.2 Are you subject to local regulatory disclosure reporting requirements? If yes, please provide details. |

|  |
| --- |
| ( ) Yes  ( ) No |
| Comments |
|  |

|  |
| --- |
| 2.1.3 Do you obtain an external Legal Opinion? |

|  |
| --- |
| ( ) Yes  ( ) No |
| If yes, please provide a copy |
| Comments |
|  |

|  |
| --- |
| 2.1.4 In the last 12 months have there been any changes that affect either legal requirements or market practices related to the holding of client assets? If yes, please provide details. |

|  |
| --- |
| Legal requirements |
| ( ) Yes  ( ) No |
| Market practices |
| ( ) Yes  ( ) No |
| Comments |
|  |

|  |
| --- |
| 2.1.5 In the last 12 months have there been any changes to local law in your jurisdiction which require us to grant you a security interest, lien or right of set-off over our clients’ assets to recover debts that are not related to our clients? If yes, please provide details. |

|  |
| --- |
| ( ) Yes  ( ) No |
| Comments |
|  |

|  |
| --- |
| 2.1.6 Concerning laws which a) affect the assurance that your organisation’s clients have rights to have securities and cash held by you returned in the event of your insolvency, and b) that would protect your clients from having their assets taken by an insolvency authority to satisfy claims against you by any other person including creditors, please confirm the following: |

|  |
| --- |
| **Do the laws assuring the above currently exist?** |
| ( ) Yes  ( ) No |
| If yes, have there been any changes in the past 12 months and if so, please provide details |
| ( ) Yes  ( ) No |
| Comments |
|  |
| Are new insolvency/bankruptcy laws or amendments to those that exist pending implementation. |
| ( ) Yes  ( ) No |
| If yes, please provide details of relevant legislation. |
|  |
| That you will, within a reasonable time, inform us should there be any changes in the insolvency/bankruptcy laws. If no, please comment why: |
| ( ) Yes  ( ) No |
| Comments |
|  |

|  |
| --- |
| 2.1.6.1 Would your clients be protected from having their assets taken by an insolvency authority to satisfy claims against you by any other person including creditors. If yes, please provide details. |

|  |
| --- |
| ( ) Yes  ( ) No |
| Comments |
|  |

|  |
| --- |
| 2.1.7 In the last 12 months have there been any planned changes to the current legal framework regarding the required account structure (e.g. omnibus or segregated accounts)? If yes, please specify in detail and provide copies of respective information if available. |

|  |
| --- |
| ( ) Yes  ( ) No |
| Please attach file here |
| Comments |
|  |

|  |
| --- |
| 2.1.8 Are there any planned changes to the current legal framework? If yes, please provide details. |

|  |
| --- |
| ( ) Yes  ( ) No |
| Comments |
|  |

|  |
| --- |
| 2.1.9 Please specify or confirm under which names it is legally possible to record or register legal title to securities in your jurisdiction. (Please answer "confirmed" next to each possible name listed below) (Please note that "legal title holder" in this case is the person that the issuer of the securities would recognise as having direct ownership of the securities). |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Our client’s/ investor/ beneficial owner name:** | **Our Nominee name:** | **Your sub-custodian name:** | **Your sub-custodian nominee name:** | **Name of third party:** | **Third party nominee name:** |
|  |  |  | Specify name below | Specify name below | Specify name below | Specify name below |
| Equities | (  ) Confirmed | (  ) Confirmed |  |  |  |  |
| Exchange traded funds | (  ) Confirmed | (  ) Confirmed |  |  |  |  |
| Funds | (  ) Confirmed | (  ) Confirmed |  |  |  |  |
| Corporate, municipal, sovereign bonds, and  Eurobonds\*  (\* only held at ICSDs) | (  ) Confirmed | (  ) Confirmed |  |  |  |  |
| Government instruments | (  ) Confirmed | (  ) Confirmed |  |  |  |  |
| Physical securities | (  ) Confirmed | (  ) Confirmed |  |  |  |  |

|  |
| --- |
| 2.1.9.1 Please confirm that you verify your client’s assets are registered or that legal title to them is recorded in this manner. |

|  |
| --- |
| ( ) Yes  ( ) No |

|  |
| --- |
| 2.1.9.2 Please confirm that you register assets to reflect the legal requirements in your jurisdiction? If no, please provide details. |

|  |
| --- |
| ( ) Yes  ( ) No |
| Comments |
|  |

|  |
| --- |
| 2.1.9.3 Please confirm that you register assets to reflect the market practice in your jurisdiction? If no, please detail how they are registered at the CSD. |

|  |
| --- |
| ( ) Yes  ( ) No |
| Comments |
|  |

|  |
| --- |
| 2.1.9.4 Please confirm that all assets held by you on behalf of your clients are recorded or held by you on your books and records in accordance with local law, rules, regulations and market practice. If no, please detail. |

|  |
| --- |
| ( ) Yes  ( ) No |
| Comments |
|  |

|  |
| --- |
| 2.1.9.5 Is the level of account segregation and record-keeping applicable and implemented by you sufficient to ensure that such assets are protected from your insolvency under the law of your jurisdiction? If no, please describe what additional arrangements you have implemented to minimise the risk of loss and ensure that such assets held for your clients are protected on your insolvency. |

|  |
| --- |
| ( ) Yes  ( ) No |
| Comments |
|  |

|  |
| --- |
| 2.1.10 Please provide evidence and/or confirmation from your legal counsel confirming the different names in which it is possible to register or record legal title to client securities under the laws of your jurisdiction and in accordance with market practice. |

|  |
| --- |
| Please attach file here |
| Comments |
|  |

|  |
| --- |
| 2.1.11 In the last 12 months, have there been any errors which have resulted in securities (proprietary or client assets) not being adequately safeguarded. If yes, please describe. |

|  |
| --- |
| ( ) Yes  ( ) No |
| Comments |
|  |

|  |
| --- |
| 2.1.12 Within which entity or entities is legal ownership recorded? |

|  |
| --- |
| ( ) CSD  ( ) Custodian  ( ) Registrar |
| Comments |
|  |

|  |
| --- |
| 2.1.13 In your market, is the nominee concept fully recognised and accepted? |

|  |
| --- |
| ( ) Yes  ( ) No |
| Comments |
|  |

|  |
| --- |
| 2.1.14 If the answer to the above is yes, does the definition of a nominee company under your local market laws/regulations comply with the following definition; ‘a body corporate whose business consists solely of acting as a nominee holder of investments or other property’? |

|  |
| --- |
| ( ) Yes  ( ) No  ( ) Not applicable |
| Comments |
|  |

|  |
| --- |
| 2.1.15 If you adopt the use of a nominee concept, is it required by law or general market practice? |
| Required by law ( )  Market Practice ( )  Not applicable ( ) |
| Comments |
|  |

|  |
| --- |
| 2.1.16 Is there a difference between a legal owner and a beneficial owner of securities according to local rules and regulations? |

|  |
| --- |
| ( ) Yes  ( ) No |
| Comments |
|  |

|  |
| --- |
| 2.1.17 In the last 12 months have there been any changes to the registration practices for client securities in your jurisdiction? If yes, please provide details. |

|  |
| --- |
| ( ) Yes  ( ) No |
| Comments |
|  |

|  |
| --- |
| 2.1.18 Are there any legal requirements or market practices related to the holding of our assets or our clients’ assets that could adversely affect our rights or our clients’ rights? If yes, please provide details. |

|  |
| --- |
| ( ) Yes  ( ) No |
| Comments |
|  |

|  |
| --- |
| 2.1.19 Can securities that you hold in an omnibus account, or an omnibus account itself, be restricted for any reason other than a valid court order? |

|  |
| --- |
| ( ) Yes  ( ) No |
| Comments |
|  |

|  |
| --- |
| 2.1.20 In the last 12 months have there been any changes to the protection or compensation available to our organisation if you are unable to meet your obligations? |

|  |
| --- |
| ( ) Yes  ( ) No |
| Comments |
|  |

|  |
| --- |
| 2.1.21 In the last 12months have there been any changes to the action we need to take to recover our assets/monies in the event of your bankruptcy. |

|  |
| --- |
| ( ) Yes  ( ) No |
| Comments |
|  |

## 2.2 Your accounts

|  |
| --- |
| 2.2.1 Are you able to identify assets / securities held in your omnibus accounts as client assets? |

|  |
| --- |
| ( ) Yes  ( ) No |
| Comments |
|  |

|  |
| --- |
| 2.2.2 Acting as custodian, do you provide segregation |

|  |  |
| --- | --- |
| (a) Between your proprietary holdings and clients’ holdings? | ( ) Yes  ( ) No |
| (b) Between clients’ proprietary holdings and your clients’ clients’ holdings? | ( ) Yes  ( ) No |
| (c) Throughout the custody chain including at CSD level? | ( ) Yes  ( ) No |
| Comments | |
|  | |

|  |
| --- |
| 2.2.3 Are assets settled directly into a segregated client account or are they settled into a commingled firm / client account and subsequently segregated? |

|  |  |  |
| --- | --- | --- |
|  | Fully segregated | Commingled, then segregated |
| Settlement at sub-custodian | ( ) Yes  ( ) No | ( ) Yes  ( ) No |
| Settlement at CSD | ( ) Yes  ( ) No | ( ) Yes  ( ) No |
| Comments | | |
|  | | |

|  |
| --- |
| 2.2.4 At the request of your client, do you segregate the following on your books and records? If yes, please describe how. |

|  |  |
| --- | --- |
| Client’s UCITS securities from other clients’ non-UCITS securities | |
| ( ) Yes  ( ) No |  |
| Clients’ UCITS cash holdings from other clients’ non-UCITS cash holdings | |
| ( ) Yes  ( ) No |  |
| Clients’ AIF securities from other clients’ non-AIF securities | |
| ( ) Yes  ( ) No |  |
| Clients’ AIF cash holdings from other clients’ non-AIF cash holdings | |
| ( ) Yes  ( ) No |  |
| Comments | |
|  | |

## 2.3 Central Securities Depository (CSD)

|  |
| --- |
| 2.3.1 How are assets held in your market? |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Physically | Immobilised at the CSD | Dematerialised | Other (please specify) |
| Equities | [ ] | [ ] | [ ] |  |
| Exchanged traded funds | [ ] | [ ] | [ ] |  |
| Funds | [ ] | [ ] | [ ] |  |
| Corporate bonds,  municipal bonds,  sovereign bonds,  eurobonds\*  (\* only held at ICSDs) | [ ] | [ ] | [ ] |  |
| Government bonds | [ ] | [ ] | [ ] |  |
| Money market instruments | [ ] | [ ] | [ ] |  |
| Physical securities | [ ] | [ ] | [ ] |  |
| Please indicate if there were any changes to the above in the last 12 months: | | | | |
|  | | | | |

|  |
| --- |
| 2.3.2 In the last 12 months have there been any changes that affect the securities account structure and/or account naming conventions at either the level of the CSD or local custodian? If yes, please provide details. |

|  |
| --- |
| CSD |
| ( ) Yes  ( ) No |
| Local custodian |
| ( ) Yes  ( ) No |
| Comments |
|  |

|  |
| --- |
| 2.3.3 If you maintain client assets in one or more accounts with the CSD, please confirm that the account names reflect that |

|  |  |
| --- | --- |
| (a) Your clients' assets are held in an account entitled “Clients” or in the name of the client. | ( ) Yes  ( ) No |
| (b) Your clients’ assets are segregated from your proprietary holdings. | ( ) Yes  ( ) No |
| (c) Your proprietary assets (including those of affiliates) are not held in the same nominee name as those assets belonging to your client assets. | ( ) Yes  ( ) No |
| Comments | |
|  | |

|  |
| --- |
| 2.3.4 If the account naming as requested above is not possible within your legal jurisdiction, please provide the reasons. |

|  |
| --- |
|  |

|  |
| --- |
| 2.3.5 Please confirm whether securities for resident clients are separated from non-resident clients at the CSD? |

|  |
| --- |
| ( ) Yes  ( ) No |
| Comments |
|  |

|  |
| --- |
| 2.3.6 Where functions are performed by a CSD(s) away from the entity providing custody services to us, who do we have recourse to in the event of any errors by the CSD? |

|  |
| --- |
|  |

|  |
| --- |
| 2.3.7 Please confirm that under no circumstances would the CSD have any right of lien, retention or sale over client assets that you hold in safe custody. |

|  |
| --- |
| ( ) Yes  ( ) No |
| Comments |
|  |

|  |
| --- |
| 2.3.8 Please confirm that you would notify us of any changes in respect of the CSD and its right of lien, retention or sale over our assets that you hold in safe custody? |

|  |
| --- |
| ( ) Yes  ( ) No |
| Comments |
|  |

|  |
| --- |
| 2.3.9 In the last 12 months have there been any changes to your relationship with any delegate or sub-custodian that would change their rights to offset balances or which affect their lien over our cash and securities accounts? If yes, please provide details. |

|  |
| --- |
| ( ) Yes  ( ) No |
| Comments |
|  |
|  |

|  |
| --- |
| 2.3.10 In the past 12 months have you performed a risk assessment of the CSDs in your market? |

|  |
| --- |
| ( ) Yes  ( ) No |

|  |
| --- |
| 2.3.11 If yes, were there any material concerns? |
| Comments |
|  |

|  |
| --- |
| 2.3.12 In the last 12 months have you identified any changes to the terms & conditions and/or rulebook that increased the risks for you as a member and/or your clients? If yes, please provide details. |
| ( ) Yes  ( ) No |
| Comments |
|  |

|  |
| --- |
| **2.3.13 Do you perform a risk assessment and/or an operational due diligence review of the CSD (or equivalent) infrastructure to identify risks for you as a member and your clients on an annual basis?** |
| ( ) Yes  ( ) No |
| **Were there any areas of material concerns noted as part of your review? If yes, please provide details.** |
| ( ) Yes  ( ) No |
| Comments |
|  |

|  |
| --- |
| **2.3.14 In the last 12 months, have there been any changes to the ownership structure of the respective CSD (or equivalent)?** |
| ( ) Yes  ( ) No |
| Comments |
|  |

|  |
| --- |
| **2.3.15 In the last 12 months, have there been any regulatory actions/adverse findings against the CSD? If yes, please describe.** |
| ( ) Yes  ( ) No |
| Comments |
|  |

|  |
| --- |
| **2.3.16 How do you ensure sufficient liquidity to honour your obligations at the CSD?** |
| ( ) Cash Funding  ( ) Collateral  ( ) Self-Collateralisation  ( ) Other (please advise) |
| Comments |
|  |

|  |
| --- |
| **2.3.17 In the last 12 months have there been any changes to the settlement methodology used by the CSD? If yes, please describe.** |
| ( ) Yes  ( ) No |
| Comments |
|  |

## 2.4 Control and reconciliation

|  |
| --- |
| 2.4.1 Please confirm that neither you nor your affiliates will transfer securities in the absence of an instruction from us. |

|  |
| --- |
| ( ) Yes  ( ) No |
| Comments |
|  |

|  |
| --- |
| 2.4.2 Please confirm that you would notify us prior to making any changes that were not initiated by our instruction to the numbers or titles of our accounts in your books or at the CSD. |

|  |
| --- |
| ( ) Yes  ( ) No |
| Comments |
|  |

|  |
| --- |
| 2.4.3 Please confirm your organisation has adequate procedures and controls to prevent brokers/third parties accessing clients’ CSD holdings directly? |

|  |
| --- |
| ( ) Yes  ( ) No |

|  |
| --- |
| 2.4.4 Where assets are being held in any of your nominee companies, please provide evidence that these and any new nominee companies are owned and controlled by you. Suitable evidence is in the form of extracts from financial statements, directors’ reports or other forms of official company documentation. |

|  |
| --- |
| Please attach file here |
| Comments |
|  |

|  |
| --- |
| 2.4.5 Have there been any changes to your measures to minimise the risk of loss or diminution of financial instruments or of rights in connection with those financial instruments as a result of abuse of the financial instruments, fraud, inadequate administration, improper record keeping or negligence? |

|  |
| --- |
| ( ) Yes  ( ) No |
| Comments |
|  |

|  |
| --- |
| 2.4.6 Please advise at what point you would contact us to advise of any loss of securities. |

|  |
| --- |
|  |

|  |
| --- |
| 2.4.7 Please confirm the frequency and automation of reconciliation of securities and cash balances to the following entities. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Securities | | Cash | |
|  | (Frequency of reconciliation) | Automation | (Frequency of reconciliation) | Automation |
| CSD (balance) | ( ) Intraday  ( ) Daily  ( ) Weekly  ( ) Monthly  ( ) > Monthly  ( ) N/A | ( ) Fully automated  ( ) Semi automated  ( ) Manual  ( ) N/A | ( ) Intraday  ( ) Daily  ( ) Weekly  ( ) Monthly  ( ) > Monthly  ( ) N/A | ( ) Fully automated  ( ) Semi automated  ( ) Manual  ( ) N/A |
| CSD (transaction) | ( ) Intraday  ( ) Daily  ( ) Weekly  ( ) Monthly  ( ) > Monthly  ( ) N/A | ( ) Fully automated  ( ) Semi automated  ( ) Manual  ( ) N/A | ( ) Intraday  ( ) Daily  ( ) Weekly  ( ) Monthly  ( ) > Monthly  ( ) N/A | ( ) Fully automated  ( ) Semi automated  ( ) Manual  ( ) N/A |
| Central Bank (balance) | ( ) Intraday  ( ) Daily  ( ) Weekly  ( ) Monthly  ( ) > Monthly  ( ) N/A | ( ) Fully automated  ( ) Semi automated  ( ) Manual  ( ) N/A | ( ) Intraday  ( ) Daily  ( ) Weekly  ( ) Monthly  ( ) > Monthly  ( ) N/A | ( ) Fully automated  ( ) Semi automated  ( ) Manual  ( ) N/A |
| Central Bank (transactions) | ( ) Intraday  ( ) Daily  ( ) Weekly  ( ) Monthly  ( ) > Monthly  ( ) N/A | ( ) Fully automated  ( ) Semi automated  ( ) Manual  ( ) N/A | ( ) Intraday  ( ) Daily  ( ) Weekly  ( ) Monthly  ( ) > Monthly  ( ) N/A | ( ) Fully automated  ( ) Semi automated  ( ) Manual  ( ) N/A |
| Registrar (balance) | ( ) Intraday  ( ) Daily  ( ) Weekly  ( ) Monthly  ( ) > Monthly  ( ) N/A | ( ) Fully automated  ( ) Semi automated  ( ) Manual  ( ) N/A | ( ) Intraday  ( ) Daily  ( ) Weekly  ( ) Monthly  ( ) > Monthly  ( ) N/A | ( ) Fully automated  ( ) Semi automated  ( ) Manual  ( ) N/A |
| Registrar (transactions) | ( ) Intraday  ( ) Daily  ( ) Weekly  ( ) Monthly  ( ) > Monthly  ( ) N/A | ( ) Fully automated  ( ) Semi automated  ( ) Manual  ( ) N/A | ( ) N/A | |
| Delegated sub-custodians (balance) | ( ) Intraday  ( ) Daily  ( ) Weekly  ( ) Monthly  ( ) > Monthly  ( ) N/A | ( ) Fully automated  ( ) Semi automated  ( ) Manual  ( ) N/A | ( ) N/A | |
| Delegated sub-custodians (transactions) | ( ) Intraday  ( ) Daily  ( ) Weekly  ( ) Monthly  ( ) > Monthly  ( ) N/A | ( ) Fully automated  ( ) Semi automated  ( ) Manual  ( ) N/A | ( ) Intraday  ( ) Daily  ( ) Weekly  ( ) Monthly  ( ) > Monthly  ( ) N/A | ( ) Fully automated  ( ) Semi automated  ( ) Manual  ( ) N/A |
| Transfer Agents | ( ) Intraday  ( ) Daily  ( ) Weekly  ( ) Monthly  ( ) > Monthly  ( ) N/A | ( ) Fully automated  ( ) Semi automated  ( ) Manual  ( ) N/A | ( ) Intraday  ( ) Daily  ( ) Weekly  ( ) Monthly  ( ) > Monthly  ( ) N/A | ( ) Fully automated  ( ) Semi automated  ( ) Manual  ( ) N/A |
| Comments | | | | |
|  | | | | |

|  |
| --- |
| 2.4.8 Re 2.4.7 above, where manual intervention is required, please describe the entity and process below. |

|  |
| --- |
|  |

|  |
| --- |
| 2.4.9 In the last 12 months have there been any changes to the reconciliation processes ? If yes, please provide details. |

|  |
| --- |
| ( ) Yes  ( ) No |
| Comments |
|  |

|  |
| --- |
| 2.4.10 In the last 12 months have there been any changes to your procedures used when a discrepancy is identified? If yes, please describe. |

|  |
| --- |
| ( ) Yes  ( ) No |
| Comments |
|  |

|  |
| --- |
| 2.4.11 Do you have a tracking process for aged discrepancies (e.g. standardised thresholds, Key Performance Indicators (KPIs))? |

|  |
| --- |
| ( ) Yes  ( ) No |
| Comments |
|  |

|  |
| --- |
| 2.4.12 In the last 12 months, have there been any changes to the way your system records if securities are held in custody but are unavailable for delivery due to being out for transfer or splitting, or being used for collateral or lending or stopped for any other reasons? If yes, please provide details |

|  |  |  |
| --- | --- | --- |
|  |  | Comments |
| Transfer | ( ) Yes  ( ) No |  |
| Splitting | ( ) Yes  ( ) No |  |
| Collateral | ( ) Yes  ( ) No |  |
| Lending | ( ) Yes  ( ) No |  |
| Other | ( ) Yes  ( ) No |  |
| Comments | | |
|  | | |

|  |
| --- |
| 2.4.13 In the last 12 months has there been a significant or material change in the number of unreconciled items regarding the following. If yes, please detail in the comments section. Please note: material equals +/-10%. |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | Average monthly volume | Comments |
| Securities balances | ( ) Yes  ( ) No |  |  |
| Cash balances | ( ) Yes  ( ) No |  |  |
| Securities transactions | ( ) Yes  ( ) No |  |  |
| Cash transactions | ( ) Yes  ( ) No |  |  |
| Comments | | | |
|  | | | |

|  |
| --- |
| 2.4.14 In the last 12 months have there been any changes or enhancements regarding the process for reconciliation of breaks or outstanding items? If yes, please provide details. |

|  |
| --- |
| ( ) Yes  ( ) No |
| Comments |
|  |

## 2.5 Physical holdings (answer if applicable)

|  |
| --- |
| If physical securities exist in the market, please complete this section (2.5). If not, please tick the not applicable box below and move to section 2.6. |

|  |
| --- |
| ( ) Not Applicable |

|  |
| --- |
| 2.5.1 Please confirm that your vault security features include the following: |

|  |  |
| --- | --- |
| Security guards | ( ) Yes  ( ) No |
| 24-hour closed-circuit camera surveillance | ( ) Yes  ( ) No |
| Dual control over all activities | ( ) Yes  ( ) No |
| Monitoring of access via a log book | ( ) Yes  ( ) No |
| Alarms | ( ) Yes  ( ) No |
| Panic buttons | ( ) Yes  ( ) No |
| Movement detectors | ( ) Yes  ( ) No |
| Timed locks | ( ) Yes  ( ) No |
| Fire suppression systems | ( ) Yes  ( ) No |
| Flood control systems | ( ) Yes  ( ) No |
| Please list additional features |  |

|  |
| --- |
| 2.5.2 Please state the location of the vault (e.g. is it in the same building as your securities services operations, which floor is it located on)? |

|  |
| --- |
|  |

|  |
| --- |
| 2.5.3 Do you have procedures and controls for the physical transportation of securities? |

|  |
| --- |
| ( ) Yes  ( ) No |
| Comments |
|  |

|  |
| --- |
| 2.5.4 Were there any exceptions for the vault safeguards noted in your last audit? If yes, please outline the exceptions and steps taken to rectify. |

|  |
| --- |
| ( ) Yes  ( ) No |
| Comments |
|  |

|  |
| --- |
| 2.5.5 In the last 12 months have you experienced any breaches in these safeguards? If yes, how have they been addressed / resolved? |

|  |
| --- |
| ( ) Yes  ( ) No |
| Comments |
|  |

|  |
| --- |
| 2.5.6 Do you outsource the safekeeping of physical assets? If yes, please provide further details. |

|  |
| --- |
| ( ) Yes  ( ) No |
| Comments |
|  |

|  |
| --- |
| 2.5.7 Please outline your vault procedures and controls and when these were last reviewed by your internal auditors. |

|  |
| --- |
| Date of review: |

|  |
| --- |
| 2.5.8 Please confirm that there are dual controls in place for all physical security management (e.g. delivery of physical securities). |

|  |
| --- |
| Dual controls |
| ( ) Yes  ( ) No |
| Comments |
|  |

|  |
| --- |
| 2.5.9 Please confirm that there is a segregation of duties between the maintenance of physical custody records and their reconciliation. |

|  |
| --- |
| ( ) Yes  ( ) No |
| Comments |
|  |

|  |
| --- |
| 2.5.10 Please outline how client assets are segregated within the vault from the organisation's own and other clients' assets. |

|  |
| --- |
|  |

|  |
| --- |
| 2.5.11 Please advise in which entity's name the physical securities (not immobilised at the CSD) are registered. |

|  |
| --- |
|  |

|  |
| --- |
| 2.5.12 Please outline how you record bearer instruments in your books and records so that you know who the beneficial owner is. |

|  |
| --- |
|  |

|  |
| --- |
| 2.5.13 Please outline how you monitor vault capacity levels and advise what capacity the vault is operating to. |

|  |
| --- |
|  |

|  |
| --- |
| 2.5.14 Please outline your Business Continuity Plan (BCP) should the operation of your vault become impaired. |

|  |
| --- |
|  |

|  |
| --- |
| 2.5.15 How frequently are physical securities held on our behalf counted and reconciled to your records? |

|  |
| --- |
| ( ) Quarterly  ( ) Semi annually  ( ) Annually  ( ) Other (please specify) |
| Comments |
|  |

|  |
| --- |
| 2.5.16 How are exceptions investigated, reported and corrected in a timely and controlled manner? |

|  |
| --- |
|  |

|  |
| --- |
| 2.5.17 Please confirm that you reconcile registered physical securities in your custody with the relevant registrar at least once every six months. |

|  |
| --- |
| ( ) Yes  ( ) No |
| If not, please advise the scope and frequency of vault counts. |
|  |

|  |
| --- |
| 2.5.18 Do local rules and regulations stipulate how frequently you are required to perform vault reconciliations? If yes, please advise how often. |

|  |
| --- |
| ( ) Yes  ( ) No |
| Frequency |
| ( ) Quarterly  ( ) Semi annually  ( ) Annually  ( ) Other (please specify) |
| Comments |
|  |

|  |
| --- |
| 2.5.19 Do local rules and regulations stipulate how frequently you are required to perform reconciliations against registrar records? If yes, please advise how often. |

|  |
| --- |
| ( ) Yes  ( ) No |
| Frequency |
| ( ) Quarterly  ( ) Semi annually  ( ) Annually  ( ) Other |
| Comments |
|  |

## 2.6 Building security

|  |
| --- |
| 2.6.1 Please confirm which of these applies to the security on your premises. |

|  |  |  |
| --- | --- | --- |
| 24-hour security coverage (if security is not provided for on a 24-hour basis, please provide details of arrangements in place) | ( ) Yes  ( ) No |  |
| External security personnel | ( ) Yes  ( ) No |  |
| Internal security personnel | ( ) Yes  ( ) No |  |
| Armed security personnel | ( ) Yes  ( ) No |  |
| Building entry security clearance and ID if required | ( ) Yes  ( ) No |  |
| Physical entry barriers | ( ) Yes  ( ) No |  |
| Restricted access ID cards for all staff and visitors | ( ) Yes  ( ) No |  |
| Security cameras | ( ) Yes  ( ) No |  |

|  |
| --- |
| 2.6.2 Please confirm that alarm systems are used on your premises to detect the following |

|  |  |
| --- | --- |
| Unauthorised entry | ( ) Yes  ( ) No |
| Smoke | ( ) Yes  ( ) No |
| Heat and fire | ( ) Yes  ( ) No |
| Flooding | ( ) Yes  ( ) No |

|  |
| --- |
| 2.6.3 Are all staff/visitors/vendors properly identified, required to sign in, and wear badges? |

|  |
| --- |
| ( ) Yes  ( ) No |
| Comments |
|  |

|  |
| --- |
| 2.6.4 Are all visitors/vendors supervised whilst on the premises? |

|  |
| --- |
| ( ) Yes  ( ) No |
| Comments |
|  |

|  |
| --- |
| 2.6.5 Is data centre access limited to employees with appropriate job responsibilities? |

|  |
| --- |
| ( ) Yes  ( ) No |
| Comments |
|  |

# 3. Risk mitigation

In scope services: custody services (with or without a sub-custodian) and, if applicable, client money services

## 3.1 Operational controls

|  |
| --- |
| 3.1.1 Do you maintain written operational controls and procedures for all custody operations and banking functions? |

|  |
| --- |
| ( ) Yes  ( ) No |
| Comments |
|  |

|  |
| --- |
| 3.1.2 How frequently are the operational controls and procedures reviewed/updated and by whom? In the last 12 months have there been material changes? If so, please provide details. |

|  |  |
| --- | --- |
| Review | ( ) Quarterly  ( ) Semi annually  ( ) Annually  ( ) Other |
| Reviewed by: |  |
| Changes in last 12 months | ( ) Yes  ( ) No |
| Comments | |
|  | |

|  |
| --- |
| 3.1.3 In the last 12months has your local regulator raised any concerns in relation to your operational controls and procedures? If yes, please provide details. |

|  |
| --- |
| ( ) Yes  ( ) No |
| Comments |
|  |

|  |
| --- |
| 3.1.4 Are unique user names and passwords used for internal and external systems? If yes, please state the frequency of change of passwords. |

|  |
| --- |
| ( ) Yes  ( ) No |
| Frequency of change |
|  |

|  |
| --- |
| 3.1.5 In the last 12 months have there been any changes to the end to end process and interconnectivity between your business units? If yes, please provide details. |

|  |
| --- |
| ( ) Yes  ( ) No |
| Comments |
|  |

## 3.2 Risk management

|  |
| --- |
| 3.2.1 Do you have an independent risk management function in your organisation? If yes, please provide an organisation chart showing (or explain) where risk management resides within your organisation including reporting lines, roles and responsibility for the management of risk, oversight breaches and remediation in relation to securities services or client money. |

|  |
| --- |
| ( ) Yes  ( ) No |
| Comments |
|  |

|  |
| --- |
| 3.2.2 Please confirm the following regarding the key component processes included in your risk management framework: |

|  |  |
| --- | --- |
| Do you use Risk and Control Self-Assessment (RCSA)? | |
| ( ) Yes  ( ) No | |
| If yes, please confirm the level of risk assessment carried out for securities services and/or client money (tick all that apply) and the frequency. | |
| Process [ ]  Country [ ]  Enterprise [ ]  Other [ ] please explain  Monthly [ ]  Quarterly [ ]  Bi-annually [ ]  Annually [ ]  Ad-hoc [ ] | |
| If yes, please confirm the minimum frequency of meetings where securities services and/or client money related risks are covered. | |
| Monthly [ ]  Quarterly [ ]  Bi-annually [ ]  Annually [ ]  Ad-hoc [ ] | |
| Do you have a defined risk appetite (e.g. thresholds and measures)? If no, please explain | |
| Securities services | Client money |
| ( ) Yes  ( ) No | ( ) Yes  ( ) No |
| Comments | |
| Do you have an established event escalation process? If no, please explain | |
| Securities services | Client money |
| ( ) Yes  ( ) No | ( ) Yes  ( ) No |
| Comments | |
| Do you carry out external analysis? | |
| Securities services | Client money |
| ( ) Yes  ( ) No | ( ) Yes  ( ) No |

## 3.3 Audit

|  |
| --- |
| 3.3.1 Who are your external auditors responsible for operational audit? |

|  |
| --- |
|  |

|  |
| --- |
| 3.3.2 Please confirm if you have within your internal audit function staff dedicated to your securities services and/or client money operations. If yes, please provide details |

|  |  |
| --- | --- |
| Securities services  ( ) Yes  ( ) No | Client money  ( ) Yes  ( ) No |
| Comments | |
|  | |

|  |
| --- |
| 3.3.3 Please provide (as an attachment) a diagram showing where your Internal Audit function resides and who it reports to. |

|  |
| --- |
| **Attachment** |
|  |

|  |
| --- |
| 3.3.4 Do any supervisory regulations apply to the design of your internal audit function? If yes, please provide details. |

|  |
| --- |
| ( ) Yes  ( ) No |
| Comments |
|  |

|  |
| --- |
| 3.3.5 Do your regulators review your internal procedures? If yes, how frequently? |

|  |
| --- |
| ( ) Yes  ( ) No |
| Frequency |
|  |

|  |
| --- |
| 3.3.6 How frequently are your securities services and/or client money operations audited by your internal and external auditors, market regulators and Central Bank? In the last 12 months has this frequency changed? If yes, please provide details. Please provide the date of the last internal, external and regulatory audits. Please attach a copy of the last audit report from your internal and external auditors, regulator and Central Bank. |

|  |  |  |  |
| --- | --- | --- | --- |
| **Securities services** | | | |
| (a) Internal audit | | | |
| Frequency | Date | Type | Attachment |
| ( ) 6 months  ( ) 12 months  ( ) 18 months  ( ) 24 months  ( ) Other (Specify) |  |  | [File Attachment/URL Link] |
| In the last 12 months has this frequency changed? | | | |
| ( ) Yes  ( ) No | | | |
| If frequency is unknown or greater than 24 months, please advise next anticipated audit date below. | | | |
|  | | | |
| (b) External audit | | | |
| Frequency | Date | Type | |
| ( ) 6 months  ( ) 12 months  ( ) 18 months  ( ) 24 months  ( ) Other (Specify) |  |  | [File Attachment/URL Link] |
| Has this frequency changed in the last 12 months? | | | |
| ( ) Yes  ( ) No | | | |
| If frequency is unknown or greater than 24 months, please advise next anticipated audit date below | | | |
|  | | | |
| Market regulators | | | |
| Frequency | Date | Type | |
| ( ) 6 months  ( ) 12 months  ( ) 18 months  ( ) 24 months  ( ) Other (Specify) |  |  | [File Attachment/URL Link] |
| In the last 12 months has this frequency changed? | | | |
| ( ) Yes  ( ) No | | | |
| Central Bank | | | |
| Frequency | Date | Type | |
| ( ) 6 months  ( ) 12 months  ( ) 18 months  ( ) 24 months  ( ) Other (Specify) |  |  | [File Attachment] |
| In the last 12 months has this frequency changed? | | | |
| ( ) Yes  ( ) No | | | |
| Auditors report | Date | | |
| External auditors report |  | | |
| SOC1 |  | | |
| SSAE 18 |  | | |
| ISAE 3402 |  | | |
| Letter of Comfort |  | | |
| Other |  | | |
| Comments | | | |
|  | | | |
| Please attach SOC1 file here | [File Attachment] | | |
| Please attach SSAE 18 file here | [File Attachment] | | |
| Please attach ISAE 3402 here | [File Attachment] | | |
| Please attach other equivalent here | [File Attachment] | | |
| Other. Please specify | | | |
|  | | | |
| Comments | | | |
|  | | | |
| Please attach file here | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Client Money (including deposit taking business)** | | | |
| (a) Internal audit | | | |
| Frequency | Date | Type | Attachment |
| ( ) 6 months  ( ) 12 months  ( ) 18 months  ( ) 24 months  ( ) Other (Specify) |  |  | [File Attachment/URL Link] |
| In the last 12 months has this frequency changed? | | | |
| ( ) Yes  ( ) No | | | |
| If frequency is unknown or greater than 24 months, please advise next anticipated audit date below. | | | |
|  | | | |
| (b) External audit | | | |
| Frequency | Date | Type | |
| ( ) 6 months  ( ) 12 months  ( ) 18 months  ( ) 24 months  ( ) Other (Specify) |  |  | [File Attachment/URL Link] |
| In the last 12 months has this frequency changed ? | | | |
| ( ) Yes  ( ) No | | | |
| If frequency is unknown or greater than 24 months, please advise next anticipated audit date below | | | |
|  | | | |
| Market regulators | | | |
| Frequency | Date | Type | |
| ( ) 6 months  ( ) 12 months  ( ) 18 months  ( ) 24 months  ( ) Other (Specify) |  |  | [File Attachment/URL Link] |
| In the last 12 months has this frequency changed? | | | |
| ( ) Yes  ( ) No | | | |
| Central Bank | | | |
| Frequency | Date | Type | |
| ( ) 6 months  ( ) 12 months  ( ) 18 months  ( ) 24 months  ( ) Other (Specify) |  |  | [File Attachment] |
| In the last 12 months has this frequency changed? | | | |
| ( ) Yes  ( ) No | | | |
| Auditors report | Date | | |
| External auditors report |  | | |
| SOC1 |  | | |
| SSAE 18 |  | | |
| ISAE 3402 |  | | |
| Letter of Comfort |  | | |
| Other |  | | |
| Comments | | | |
|  | | | |
| Please attach SOC1 file here | [File Attachment] | | |
| Please attach SSAE 18 file here | [File Attachment] | | |
| Please attach ISAE 3402 here | [File Attachment] | | |
| Please attach other equivalent here | [File Attachment] | | |
| Other. Please specify | | | |
|  | | | |
| Comments | | | |
|  | | | |
| Please attach file here | | | |

|  |
| --- |
| 3.3.7 Do you prepare assurance reports to prove internal control operations and procedures are efficient, effective, robust and satisfy their control objectives (e.g. in line with technical release AAF/0106 of the Institute of Chartered Accountants in England and Wales or equivalent)? If yes, please provide a copy of the report. |

|  |
| --- |
| ( ) Yes  ( ) No |
| Please attach file here |
| Comments |
|  |

|  |
| --- |
| 3.3.8 Please highlight any concerns raised in any of the above audits together with actions to remediate these points. |

|  |
| --- |
| Comments |
|  |
| Please attach file here |

|  |
| --- |
| 3.3.9 Briefly describe the follow-up procedures that exist to ensure internal/ external audit or regulatory audit recommendations are implemented. |

|  |
| --- |
|  |

|  |
| --- |
| 3.3.10 Are there any open items from the last recommendations? If yes, please provide details. |

|  |
| --- |
| ( ) Yes  ( ) No |
| Comments |
|  |

|  |
| --- |
| 3.3.11 Are all key operating procedures and escalation procedures clearly documented and accessible to all staff? |

|  |
| --- |
| ( ) Yes  ( ) No |
| Comments |
|  |

|  |
| --- |
| 3.3.12 Please confirm that your external auditors verify that assets held by you are in your custody and control. If no, please comment. |

|  |
| --- |
| ( ) Yes  ( ) No |
| Comments |
|  |

|  |
| --- |
| 3.3.13 In the past 12 months, please confirm that such external audits have taken place in respect of assets recorded in your books and are reconciled with the Central Securities Depository / Registrar or any other sub-custodian?’ |

|  |
| --- |
| ( ) Yes  ( ) No |
| Comments |
|  |

## 3.4 IT Disaster recovery (systems and data)

|  |
| --- |
| 3.4.1 Please confirm that you have disaster recovery plans (DRP). |

|  |
| --- |
| ( ) Yes  ( ) No |
| Comments |
|  |

|  |
| --- |
| 3.4.2 In the last 12 months have there been any material changes to these plans? If yes, please provide details. |

|  |
| --- |
| ( ) Yes  ( ) No |
| Comments |
|  |

|  |
| --- |
| 3.4.3 Are these plans reviewed by your regulator? |

|  |
| --- |
| ( ) Yes  ( ) No |
| Comments |
|  |

|  |
| --- |
| 3.4.4 Who within your organisation has oversight over your DRP? |

|  |
| --- |
| Comments |
|  |

|  |
| --- |
| 3.4.5 Who has authority to activate your DRP? |

|  |
| --- |
|  |

|  |
| --- |
| 3.4.6 How often is your DRP tested? What was the date of the last test? |

|  |
| --- |
| ( ) 6 months  ( ) 12 months  ( ) 18 months  ( ) 24 months  ( ) Other (Specify below) |
| Date of last test (DD/MM/YYYY) |
|  |

|  |
| --- |
| 3.4.7 Was the last DRP test successful? If not, please describe items that require remediation and confirm that a remediation plan is in place. |

|  |
| --- |
| ( ) Yes  ( ) No |
| Comments |
|  |

|  |
| --- |
| 3.4.8 Is your DRP testing live or simulated? |

|  |
| --- |
| ( ) Live  ( ) Simulated |
| Comments |
|  |

|  |
| --- |
| 3.4.9 Does the DRP testing include financial market infrastructures? |

|  |
| --- |
| ( ) Yes  ( ) No |
| Comments |
|  |

|  |
| --- |
| 3.4.10 Does the DRP testing include other third parties? |

|  |
| --- |
| ( ) Yes  ( ) No |
| Comments |
|  |

|  |
| --- |
| 3.4.11 Please confirm that testing replicates a full business day. |

|  |
| --- |
| ( ) Yes  ( ) No |
| Comments/Qualifications |
|  |

|  |
| --- |
| 3.4.12 Are the results of the DRP test audited by internal or external auditors? If so, please provide a copy of the reports. |

|  |
| --- |
| ( ) Yes, internal  ( ) Yes, external  ( ) Yes, both (internal and external)  ( ) No |
| Comments/Qualifications |
|  |
| Please attach file here |

|  |
| --- |
| 3.4.13 How do you monitor gaps from these findings and ensure action is taken to remediate these issues? |

|  |
| --- |
| Comments |
|  |

|  |
| --- |
| 3.4.14 How and when would clients be advised in the event of a disaster? |

|  |
| --- |
| Comments |
|  |

|  |
| --- |
| 3.4.15 In a disaster event, how soon do you commit to reconstituting your system/parallel system? |

|  |
| --- |
| ( ) Within 1 hour  ( ) Within 4 hours  ( ) Within 12 hours  ( ) Within 24 hours  ( ) More than 24 hours |
| Comments |
|  |

|  |
| --- |
| 3.4.16 In a disaster event, how soon are you able to revert to normal business operations? |

|  |
| --- |
| ( ) Within 1 hour  ( ) Within 4 hours  ( ) Within 12 hours  ( ) Within 24 hours  ( ) More than 24 hours |
| Comments |
|  |

|  |
| --- |
| 3.4.17 Are there any limitations to your system capabilities whilst in DR mode? If yes, please provide details. |

|  |
| --- |
| ( ) Yes  ( ) No |
| Comments/Qualifications |
|  |

|  |
| --- |
| 3.4.18 Do you back up your data in real time? |

|  |  |
| --- | --- |
| ( ) Yes  ( ) No | |
| If no, is data backup | |
| Mirrored with delay | [ ] |
| Daily | [ ] |
| Weekly | [ ] |
| Other | [ ] |
| Comments | |
|  | |

|  |
| --- |
| 3.4.19 In the last 12 months have you invoked your DRP? If yes, please provide details. |

|  |
| --- |
| ( ) Yes  ( ) No |
| Comments/Qualifications |
|  |

|  |
| --- |
| 3.4.20 Did the results comply with your plan? |

|  |
| --- |
| ( ) Yes  ( ) No  ( ) Not applicable |
| Comments/Qualifications |
|  |

|  |
| --- |
| **3.4.21 How far apart are your primary and secondary processing hardware located?** |

|  |
| --- |
| Distance ( )km |

|  |
| --- |
| 3.4.21.1 Are your primary and secondary processing hardware located in the same power grid? |

|  |
| --- |
| ( ) Yes  ( ) No |

|  |
| --- |
| 3.4.21.2 If your primary and secondary processing hardware are located in the same power grid, how do you mitigate this risk? |

|  |
| --- |
| Comments |
|  |

|  |
| --- |
| 3.4.22 Do you operate a “hot” disaster recovery site? |

|  |
| --- |
| ( ) Yes  ( ) No |
| Comments |
|  |

|  |
| --- |
| 3.4.23 Are backup systems available at the primary data centre? |

|  |
| --- |
| ( ) Yes  ( ) No |
| Comments |
|  |

|  |
| --- |
| 3.4.24 If the primary lines of communication between your primary data centre and the back-up site fail, what contingency measures are in place? |

|  |
| --- |
| Comments |
|  |

## 3.5 Cybersecurity

|  |
| --- |
| 3.5.1 Does your organisation have a documented cybersecurity policy in place? If so, please provide a copy or overview. |

|  |
| --- |
| ( ) Yes  ( ) No |
| Please attach file here |
| Comments |
|  |

|  |
| --- |
| 3.5.1.1 Please confirm that your staff receive relevant training about this policy. |

|  |
| --- |
| ( ) Yes  ( ) No |
| Comments |
|  |

|  |
| --- |
| 3.5.2 Please provide an overview of your policy for continuity of business in the event of a large data breach or cyber attack against your organisation. |

|  |
| --- |
|  |

|  |
| --- |
| 3.5.3 In the last 12 months have there been any changes to the policy? If yes, please detail. |

|  |
| --- |
| ( ) Yes  ( ) No |
| Comments |
|  |

|  |
| --- |
| 3.5.4 Please advise how often you review the policy. |

|  |
| --- |
| ( ) Semi-annually  ( ) Annually  ( ) Other |
| Comments |
|  |

|  |
| --- |
| 3.5.5 Please provide (as an attachment) a diagram showing where your cybersecurity function resides and who it reports to. |

|  |
| --- |
| Please attach file here |
| Comments |
|  |

|  |
| --- |
| 3.5.6 How does your organisation identify which business functions carry a cyber risk? |

|  |
| --- |
|  |

|  |
| --- |
| 3.5.7 Do you conduct ongoing testing and monitoring processes to ensure that all internal and external connectivity and system configurations are not at risk of cybersecurity breaches? If yes, please provide details and indicate frequency. |

|  |
| --- |
| ( ) Yes  ( ) No |
| Frequency |
|  |

|  |
| --- |
| 3.5.8 What technological controls and protections are in place for your systems and networks? |

|  |
| --- |
|  |

|  |
| --- |
| 3.5.8.1 Does your organisation use multi-factor authentication? |

|  |
| --- |
| ( ) Yes  ( ) No |
| Comments |
|  |

|  |
| --- |
| 3.5.8.2 Where your organisation has outsourced activities or functions to a third-party provider, is your cyber risk exposure documented? |

|  |
| --- |
| ( ) Yes  ( ) No |
| Comments |
|  |

|  |
| --- |
| 3.5.9 What measures does your organisation have to ensure early detection of a cyber attack? |

|  |
| --- |
|  |

|  |
| --- |
| 3.5.10 What is the agreed resumption time for critical operations following a cyber attack? |

|  |
| --- |
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| --- |
| 3.5.11 How would you advise clients of a successful cyber attack against your organisation? |

|  |
| --- |
|  |

|  |
| --- |
| 3.5.12 In the last 12 months has your organisation been subject to a cyber attack that impacted the service you provide to us? If yes, please provide details. |

|  |
| --- |
| ( ) Yes  ( ) No |
| Comments |
|  |

|  |
| --- |
| 3.5.13 Are the following elements of your cybersecurity framework tested pre and post deployment of changes? |

|  |  |
| --- | --- |
| Vulnerability assessment | ( ) Yes  ( ) No |
| Scenario based penetration tests | ( ) Yes  ( ) No |
| Testing of incident response process and technical/business/operations (e.g. table-top exercise) | ( ) Yes  ( ) No |
| Other: Please describe in comments |  |
| Comments | |
|  | |

|  |
| --- |
| 3.5.14 For cloud technology and associated cybersecurity risks, please confirm:  (i) that you have procedures and controls in place to protect our information from mishandling and theft; |

|  |
| --- |
| ( ) Yes  ( ) No |
| If no, please provide further information |
|  |
| |  | | --- | | (ii) Do these procedures and controls tie back to your record retention policy? |   ( ) Yes  ( ) No |
| If no, please provide further information |
|  |

|  |
| --- |
| 3.5.15 Does your organisation conduct dark web searches for signs of a breach (internet protocol or customer/client personally identified information for sale)? |

|  |
| --- |
| ( ) Yes  ( ) No |
| Comments |
|  |

|  |
| --- |
| 3.5.16 Is your organisation aware of SWIFT’s Customer Security Program (CSP)? |

|  |
| --- |
| ( ) Yes  ( ) No |
| Comments |
|  |

|  |
| --- |
| 3.5.17 Does your organisation ensure compliance with SWIFT’s CSP controls? |

|  |
| --- |
| ( ) Yes  ( ) No |
| Comments |
|  |

|  |
| --- |
| 3.5.18 Does your organisation respond to requests for your institution’s attestations? |

|  |
| --- |
| ( ) Yes  ( ) No |
| Comments |
|  |

|  |
| --- |
| 3.5.19 Does your organisation request the attestation details of your counterparties and incorporate the responses into ongoing relationship and risk management programs? |

|  |
| --- |
| ( ) Yes  ( ) No |
| Comments |
|  |

## 3.6 Business continuity programme (BCP) (operations and premises)

|  |
| --- |
| 3.6.1 Please confirm that you have BCP, including alternate offices, power, communications and all necessary facilities. |

|  |
| --- |
| ( ) Yes  ( ) No |
| Comments |
|  |

|  |
| --- |
| 3.6.2 In the last 12 months have there been any material changes to the BCP? If yes, please provide details. |

|  |
| --- |
| ( ) Yes, without qualification  ( ) Yes, with qualification  ( ) No |
| Comments/Qualifications: |
|  |

|  |
| --- |
| 3.6.3 Is the organisation compliant with all current regulatory requirements for BCP in each of the countries where you provide securities services and/or client money services? |

|  |
| --- |
| ( ) Yes  ( ) No |
| Comments |
|  |

|  |
| --- |
| 3.6.4 In the last 12 months have there been any new BCP regulatory requirements issued? |

|  |
| --- |
| ( ) Yes  ( ) No |
| Comments |
|  |

|  |
| --- |
| 3.6.5 Who within your organisation has oversight and control over BCP? |

|  |
| --- |
| Comments |
|  |

|  |
| --- |
| 3.6.6 Who has authority to activate your BCP? |

|  |
| --- |
|  |

|  |
| --- |
| 3.6.7 How often is your BCP tested? What was the date of the last test? |

|  |
| --- |
| ( ) 6 months  ( ) 12 months  ( ) 18 months  ( ) 24 months  ( ) Other (Specify below) |
| Date of last test (DD/MM/YYYY): |
|  |

|  |
| --- |
| 3.6.8 Is testing completed during business hours? |

|  |
| --- |
| ( ) Yes  ( ) No |
| Comments |
|  |

|  |
| --- |
| 3.6.9 Was your last BCP test successful? If no, please describe items that required remediation and confirm that a remediation plan is in place. |

|  |
| --- |
| ( ) Yes  ( ) No |
| Comments |
|  |

|  |
| --- |
| 3.6.10 Is your BCP testing conducted in a live or simulated environment? |

|  |
| --- |
| ( ) Live  ( ) Simulated |
| Comments |
|  |

|  |
| --- |
| 3.6.11 Does your BCP testing include Financial Market Infrastructures? |

|  |
| --- |
|  |

|  |
| --- |
| 3.6.12 Does your BCP testing include any other third parties? |

|  |
| --- |
| ( ) Yes  ( ) No |
| Comments |
|  |

|  |
| --- |
| 3.6.13 Are the results of your BCP test audited by internal or external auditors? If yes, please provide a copy of the report. |

|  |
| --- |
| ( ) Yes, internal  ( ) Yes, external  ( ) Yes, both (internal and external)  ( ) No |
| Comments/Qualifications: |
|  |
| Please upload file here |

|  |
| --- |
| 3.6.14 How do you monitor gaps from these findings and ensure action is taken to remediate these issues? |

|  |
| --- |
| Comments |
|  |

|  |
| --- |
| 3.6.15 How and when would clients be advised in the event of the BCP being activated in a live environment? |

|  |
| --- |
| Comments |
|  |

|  |
| --- |
| 3.6.16 Following a BCP event, how soon are you able to revert to business as usual (BAU)? |

|  |
| --- |
| ( ) Within 1 hour  ( ) Within 4 hours  ( ) Within 12 hours  ( ) Within 24 hours  ( ) More than 24 hours |
| Comments |
|  |

|  |
| --- |
| 3.6.17 Are there any limitations to your business capabilities whilst in BCP mode? If yes, please provide details. |

|  |
| --- |
| ( ) Yes  ( ) No |
| Comments |
|  |

|  |
| --- |
| 3.6.18 In the last 12 months have you invoked your BCP? If yes, please provide details. |

|  |
| --- |
| ( ) Yes  ( ) No |
| Comments |
|  |

|  |
| --- |
| 3.6.19 If invoked, did the results comply with your plan? |

|  |
| --- |
| ( ) Yes  ( ) No  ( ) Not applicable |
| Comments/Qualifications |
|  |

|  |
| --- |
| 3.6.20 Are you willing to allow us to review the findings of your last full business continuity test? |

|  |
| --- |
| ( ) Yes  ( ) No |
| If yes, please attach a copy of your last business continuity test. |
| Comments/Qualifications |
|  |

|  |
| --- |
| 3.6.21 Specifically for securities services and/or client money, state the distance of the contingency site(s) from your primary location. |

|  |  |
| --- | --- |
| Securities services | Distance ( )km |
| Client money | Distance ( )km |

|  |
| --- |
| 3.6.21.1 Are your primary and secondary processing hardware located in the same power grid? |

|  |
| --- |
| ( ) Yes  ( ) No |

|  |
| --- |
| 3.6.21.2 If your primary and secondary processing hardware are located in the same power grid, how do you mitigate this risk? |

|  |
| --- |
| ( ) Yes  ( ) No |

|  |
| --- |
| 3.6.22 Is the business contingency site a hot site? |

|  |
| --- |
| ( ) Yes  ( ) No |
| Comments |
|  |

|  |
| --- |
| 3.6.23 Is the business contingency site shared? If yes, please provide details. |

|  |
| --- |
| ( ) Yes  ( ) No |
| Comments |
|  |

|  |
| --- |
| 3.6.24 Please specify the percentage of staff defined as critical to your business continuity arrangements. |

|  |
| --- |
| ( ) 100%  ( ) 75-100%  ( ) 50-75%  ( ) 25-50%  ( ) <25% |
| Comments |
|  |

|  |
| --- |
| 3.6.25 Please confirm that critical staff have access to all necessary systems. |
| ( ) Yes  ( ) No |
| Comments |
|  |

|  |
| --- |
| 3.6.26 Please confirm that your contingency site has all the necessary communications, linkages, infrastructure interfaces, work stations, hardware and systems applications to resume business operations. |

|  |
| --- |
| ( ) Yes  ( ) No |
| Comments |
|  |

|  |
| --- |
| 3.6.27 Please state how long you can continue to operate from the BCP site. |

|  |
| --- |
|  |

|  |
| --- |
| 3.6.28 Is it possible for employees to access systems remotely (e.g. from home or other branches/offices)? |

|  |
| --- |
| ( ) Yes  ( ) No |
| Comments |
|  |

|  |
| --- |
| 3.6.29 What is the contingency should your primary method of communications with your clients fail (e.g. SWIFT)? |

|  |
| --- |
|  |

|  |
| --- |
| 3.6.30 Please confirm if an alternative means of communication is in place with the following. If yes, please state the alternative method (e.g. email, fax) |

|  |
| --- |
| Stock exchange |
| ( ) Yes  ( ) No |
| If yes, which method is used? |
|  |
| CSD |
| ( ) Yes  ( ) No |
| If yes, which method is used? |
|  |
| Central Bank |
| ( ) Yes  ( ) No |
| If yes, which method is used? |
|  |
| Central Counterparty (CCP) |
| ( ) Yes  ( ) No |
| If yes, which method is used? |
|  |
| Comments |
|  |

|  |
| --- |
| 3.6.31 What percentage of staff are able to work from home? |

|  |
| --- |
| ( ) 100%  ( ) 75-100%  ( ) 50-75%  ( ) 25-50%  ( ) <25% |
| Comments |
|  |

|  |
| --- |
| 3.6.32 Are there any restrictions or exceptions to working from home within your organisation? |

|  |
| --- |
| ( ) Yes  ( ) No |
| Comments |
|  |

|  |
| --- |
| 3.6.33 Does your organisation have a dedicated pandemic plan? If no, please explain why? |

|  |
| --- |
| ( ) Yes  ( ) No |
| Comments |
|  |

|  |
| --- |
| 3.6.34 Do you have a pandemic plan covering mass absenteeism? |

|  |
| --- |
| ( ) Yes  ( ) No |
| Comments: |
|  |

|  |
| --- |
| 3.6.35 As part of your pandemic plan, do you have processes to address the following? |

|  |  |
| --- | --- |
| Track and monitor Employee Status/Availability | ( ) Yes  ( ) No |
| Reduce Transmission amongst staff | ( ) Yes  ( ) No |
| Return to work | ( ) Yes  ( ) No |
| Comments: | |
|  | |

|  |
| --- |
| 3.6.36 In the past 12 months has your pandemic plan been tested? |

|  |
| --- |
| ( ) Yes  ( ) No |
| Comments: |
|  |

|  |
| --- |
| 3.6.37 If yes, were there any areas of material concern noted as part of your pandemic plan testing? |

|  |
| --- |
| ( ) Yes  ( ) No |
| Comments |
|  |

|  |
| --- |
| 3.6.38 During a pandemic, please confirm that your organisation can accept digital/electronic signing/scanning of legally binding and related documents? |

|  |
| --- |
| ( ) Yes  ( ) No |
| Comments |
|  |

|  |
| --- |
| 3.6.39 During a pandemic, please advise if there are any known restrictions within the local market in accepting digital/electronic signing/scanning of legally binding and related documents? |

|  |  |
| --- | --- |
| Legal | ( ) Yes  ( ) No |
| Regulatory | ( ) Yes  ( ) No |
| Taxation | ( ) Yes  ( ) No |
| Financial Market Infrastructure | ( ) Yes  ( ) No |
| Other | ( ) Yes  ( ) No |
| Comments | |
|  | |

|  |
| --- |
| **3.6.40 What alternatives are available to documents that cannot be represented in electronic format?** |
| Comments |
|  |

|  |
| --- |
| **3.6.41 What alternatives are available for AGM/EGM related meetings that cannot be represented remotely or electronically?** |
| Comments |
|  |

Where you have offshored/centralised, outsourced, delegated (to a sub-custodian) or are dependent upon a third-party provider please confirm that adequate plans are in place to minimise any impact from a pandemic?

|  |
| --- |
| 3.6.42 Where you have offshored/centralised, outsourced, delegated (to a sub custodian) or are dependent upon a third-party provider, please confirm that adequate plans are in place to minimise any impact from a pandemic. |

|  |  |
| --- | --- |
| Offshored/  Centralised | ( ) Yes  ( ) No  ( ) Not applicable |
| Outsourced | ( ) Yes  ( ) No  ( ) Not applicable |
| Delegated sub-custodians | ( ) Yes  ( ) No  ( ) Not applicable |
| Third Party Provider | ( ) Yes  ( ) No  ( ) Not applicable |
| Comments | |
|  | |

|  |
| --- |
| 3.6.43 Please confirm that steps have been taken to address any potential impacts with market infrastructures or your regulator resulting from a pandemic? |

|  |  |
| --- | --- |
| CSD(s) | ( ) Yes  ( ) No  ( ) Not applicable |
| Central Bank(s) | ( ) Yes  ( ) No  ( ) Not applicable |
| CCP(s) | ( ) Yes  ( ) No  ( ) Not applicable |
| Registrar(s) | ( ) Yes  ( ) No  ( ) Not applicable |
| Payment Systems | ( ) Yes  ( ) No  ( ) Not applicable |
| Regulator(s) | ( ) Yes  ( ) No  ( ) Not applicable |
| Other (please specify) |  |
| Comments | |
|  | |

|  |
| --- |
| **3.6.44 Who is responsible for your pandemic plan?** |
| Comments |
|  |

## 3.7 Financial crime prevention, compliance, know your client and enhanced governance

|  |
| --- |
| 3.7.1 Please confirm that your group has a policy covering (a) anti-money laundering (AML), (b) counter terrorist financing (CTF), (c) anti-bribery and corruption (ABC), (d) know your client (KYC) (e) politically exposed persons (PEP) and (f) sanctions. Please specify how frequently you and your regulator review these policies and the name of the regulator undertaking the review. |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Policy | Frequency of internal review | Other (please specify the frequency) | Last date of internal review | Frequency of review by regulatory body | Other (please specify the frequency) | Last date of regulatory review |
| AML | ( ) Yes  ( ) No | ( ) Semi-annually  ( ) Annually  ( ) Other (please state the frequency) |  |  | ( ) Semi-annually  ( ) Annually  ( ) Other (please state the frequency) |  |  |
| CTF | ( ) Yes  ( ) No | ( ) Semi-annually  ( ) Annually  ( ) Other (please state the frequency) |  |  | ( ) Semi-annually  ( ) Annually  ( ) Other (please state the frequency) |  |  |
| ABC | ( ) Yes  ( ) No | ( ) Semi-annually  ( ) Annually  ( ) Other (please state the frequency) |  |  | ( ) Semi-annually  ( ) Annually  ( ) Other (please state the frequency) |  |  |
| KYC | ( ) Yes  ( ) No | ( ) Semi-annually  ( ) Annually  ( ) Other (please state the frequency) |  |  | ( ) Semi-annually  ( ) Annually  ( ) Other (please state the frequency) |  |  |
| PEP | ( ) Yes  ( ) No | ( ) Semi-annually  ( ) Annually  ( ) Other (please state the frequency) |  |  | ( ) Semi-annually  ( ) Annually  ( ) Other (please state the frequency) |  |  |
| Sanctions | ( ) Yes  ( ) No | ( ) Semi-annually  ( ) Annually  ( ) Other (please state the frequency) |  |  | ( ) Semi-annually  ( ) Annually  ( ) Other (please state the frequency) |  |  |
| Comments | | | | | | | |
|  | | | | | | | |

|  |
| --- |
| 3.7.2 Please confirm that the policies in the above question have been implemented in your jurisdiction and that you have a process in place to monitor and action changes in applicable laws and regulation? |

|  |  |  |
| --- | --- | --- |
|  | Implemented | Process in place |
| AML | ( ) Yes  ( ) No | ( ) Yes  ( ) No |
| CTF | ( ) Yes  ( ) No | ( ) Yes  ( ) No |
| ABC | ( ) Yes  ( ) No | ( ) Yes  ( ) No |
| KYC | ( ) Yes  ( ) No | ( ) Yes  ( ) No |
| PEP | ( ) Yes  ( ) No | ( ) Yes  ( ) No |
| Sanctions | ( ) Yes  ( ) No | ( ) Yes  ( ) No |
| Comments | | |
|  | | |
| Please provide a copy of the policies as an attachment below. | | |
| AML | [File Attachment] | |
| CTF | [File Attachment] | |
| ABC | [File Attachment] | |
| KYC | [File Attachment] | |
| PEP | [File Attachment] | |
| Sanctions | [File Attachment] | |

|  |
| --- |
| 3.7.3 Do you have a whistle-blower policy in place? If yes, please provide details of this policy. |

|  |
| --- |
| ( ) Yes  ( ) No |
| Comments |
|  |

|  |
| --- |
| 3.7.4 Do you have a conflicts of interest policy in place? If yes, please provide a copy of this policy. |

|  |
| --- |
| ( ) Yes  ( ) No |
| Comments |
|  |

|  |
| --- |
| 3.7.5 Do you have a dedicated AML compliance team at both group and local level who is responsible for the implementation, monitoring, escalation, reporting and management of all policies related to combating financial crime? |

|  |  |
| --- | --- |
| Group level | ( ) Yes  ( ) No |
| Local level | ( ) Yes  ( ) No |
| Comments | |
|  | |

|  |
| --- |
| 3.7.6 Describe your process for monitoring changes to any regulation or legislation that may affect your financial crime policies. |

|  |
| --- |
|  |

|  |
| --- |
| 3.7.7 In the last 12 months have there been any material changes to your policies to combat financial crime? If yes, please provide details. |

|  |
| --- |
| ( ) Yes  ( ) No |
| Comments |
|  |

|  |
| --- |
| 3.7.8 How does your organisation identify, report (e.g. including to whom) and monitor suspicious securities and cash transactions? |

|  |
| --- |
|  |

|  |
| --- |
| 3.7.9 Do you have a systematic and technological capability to ensure that any suspicious securities and cash transactions are identified, monitored and reported? If not, please describe how you ensure that suspicious transactions are adequately monitored and managed and how your system and/or process is kept up-to-date? |

|  |
| --- |
| Systematic and technological capability |
| ( ) Yes  ( ) No |
| If no, how do you meet these criteria? |
|  |
| How is this kept up-to-date? |
|  |

|  |
| --- |
| 3.7.10 In the last 12 months have there been any breaches of your AML, CTF, ABC, KYC, PEP or sanctions policies reported to your regulator? If yes, please elaborate and state what remedial actions were taken. |

|  |  |
| --- | --- |
| AML | ( ) Yes  ( ) No |
| CTF | ( ) Yes  ( ) No |
| ABC | ( ) Yes  ( ) No |
| KYC | ( ) Yes  ( ) No |
| PEP | ( ) Yes  ( ) No |
| Sanctions | ( ) Yes  ( ) No |
| Actions taken | |
|  | |

|  |
| --- |
| 3.7.11 In the last 5 years, has a regulator or other independent body applied any publicly disclosed warnings, sanctions, fines or penalties on your bank/group related to your AML, CTF, ABC, KYC, PEP or sanctions procedures? If yes, briefly describe the circumstances and include details of the amount of any fines or sanctions and regulatory body concerned. |

|  |
| --- |
| ( ) Yes  ( ) No |
| Comments |
|  |

|  |
| --- |
| 3.7.12 In the last 12 months have there been any regulatory investigations into bribery against your organisation, its parent, its employees or affiliates? |

|  |
| --- |
| ( ) Yes  ( ) No |
| If yes, which authority have these been reported to and please advise details of the report. |
|  |

|  |
| --- |
| 3.7.13 Please confirm that your staff servicing our activities receive regular training on AML, CTF, ABC, KYC, PEP and sanctions issues. Please describe the frequency and scope of the training provided. Please advise if it is mandatory and if attendance is monitored. |

|  |  |  |
| --- | --- | --- |
| Frequency | Mandatory training | Employee attendance monitored |
| AML | | |
| ( ) Semi-annually  ( ) Annually  ( ) Other (please state the frequency) | ( ) Yes  ( ) No | ( ) Yes  ( ) No |
| Scope | | |
|  | | |
| CTF | | |
| ( ) Semi-annually  ( ) Annually  ( ) Other (please state the frequency) | ( ) Yes  ( ) No | ( ) Yes  ( ) No |
| Scope | | |
|  | | |
| ABC | | |
| ( ) Semi-annually  ( ) Annually  ( ) Other (please state the frequency) | ( ) Yes  ( ) No | ( ) Yes  ( ) No |
| Scope: | | |
|  | | |
| KYC | | |
| ( ) Semi annually  ( ) Annually  ( ) Other (please state the frequency) | ( ) Yes  ( ) No | ( ) Yes  ( ) No |
| Scope | | |
|  | | |
| PEP | | |
| ( ) Semi-annually  ( ) Annually  ( ) Other (please state the frequency) | ( ) Yes  ( ) No | ( ) Yes  ( ) No |
| Scope | | |
|  | | |
| Sanctions | | |
| ( ) Semi-annually  ( ) Annually  ( ) Other (please state the frequency) | ( ) Yes  ( ) No | ( ) Yes  ( ) No |
| Scope | | |
|  | | |
| Comments | | |
|  | | |

|  |
| --- |
| 3.7.14 Is your organisation a member of the Wolfsberg Group and has your organisation completed the Wolfsberg Group Questionnaire on AML? If yes, please provide a copy as an attachment. |

|  |
| --- |
| Member |
| ( ) Yes  ( ) No |
| Completed questionnaire |
| ( ) Yes  ( ) No |
| Please attach file here |
| Comments |
|  |

|  |
| --- |
| 3.7.15 How frequently do you perform your AML/KYC screening checks on your clients? |

|  |
| --- |
| Frequency |
| ( ) Semi-annually  ( ) Annually  ( ) Other (please state the frequency) |
| Comments |
|  |

|  |
| --- |
| 3.7.16 Please describe the process that your organisation employs for completing AML/KYC checks. |

|  |
| --- |
|  |

|  |
| --- |
| 3.7.17 Does your organisation adhere to a record retention period imposed by legislation? If yes, please provide us with the record retention period. If no, please provide us with the record retention period applied by your organisation. |

|  |
| --- |
| Legislative requirement |
| ( ) Yes  ( ) No |
| Retention period |
|  |
| Internal requirement |
| ( ) Yes  ( ) No |
| Retention period |
|  |

|  |
| --- |
| 3.7.18 Have you adopted a risk-based approach for the assessment of KYC and AML checks or do you treat all client relationships in the same way? Please outline your approach to each. |

|  |
| --- |
| Risk based |
| ( ) Yes  ( ) No |
| Same treatment |
| ( ) Yes  ( ) No |
| Comments |
|  |

|  |
| --- |
| 3.7.19 Please outline your methodology when reviewing and assessing PEPs. |

|  |
| --- |
|  |

|  |
| --- |
| 3.7.20 Please confirm that your organisation has procedures to ensure that no accounts are set up, nor any type of transaction (cash, securities or otherwise) is made to the following. |

|  |  |
| --- | --- |
| Embargoed jurisdictions | ( ) Yes  ( ) No |
| Individuals or entities that are the target of US, UK, UN or EU sanctions programs | ( ) Yes  ( ) No |
| Anonymous account holders | ( ) Yes  ( ) No |
| Shell banks | ( ) Yes  ( ) No |
| Comments | |
|  | |

|  |
| --- |
| 3.7.21 Do you have an automated systematic technological capability to ensure the above policies are implemented? If no, please describe how this is achieved and how the system is kept up-to-date. |

|  |  |
| --- | --- |
|  | Automated, technological capability |
| Embargoed jurisdictions | ( ) Yes  ( ) No |
| Individuals or entities that are the target of US, UK, UN or EU sanctions programs | ( ) Yes  ( ) No |
| Anonymous account holders | ( ) Yes  ( ) No |
| Shell banks | ( ) Yes  ( ) No |
| Comments | |
|  | |

|  |
| --- |
| 3.7.22 Does your institution perform sanction screening against the OFAC, UN and EU sanctions lists at the time of onboarding and for each transaction? |

|  |
| --- |
| ( ) Yes  ( ) No |
| Comments |
|  |

|  |
| --- |
| 3.7.23 Please provide a copy of your US Patriot Act compliance certificate. |

|  |
| --- |
| Please attach file here |
| Comments |
|  |

|  |
| --- |
| 3.7.24 Please give a detailed overview of your compliance monitoring procedures including your sanctions monitoring process. |

|  |
| --- |
|  |

|  |
| --- |
| 3.7.25 Which department in your organisation is responsible for implementing, monitoring, escalating, reporting, and managing sanctions? |

|  |
| --- |
|  |

|  |
| --- |
| 3.7.26 Does your institution have policies and procedures to ensure that reasonable measures are taken to ensure that your institution does not knowingly transact business with sanctioned individuals, entities and countries? |

|  |
| --- |
| ( ) Yes  ( ) No |
| Please attach file here |

|  |
| --- |
| 3.7.26.1 Please provide a list of countries for which your institution has sanctions related controls and procedures. |

|  |
| --- |
| ( ) Yes  ( ) No |
| Please attach file here |

|  |
| --- |
| 3.7.27 Does your organisation operate a formal code of conduct for procurement? |

|  |
| --- |
| ( ) Yes  ( ) No |
| Comments |
|  |

## 3.8 Data protection

|  |
| --- |
| 3.8.1 In the last 12 months have there been any changes to data protection and privacy legislation in your jurisdiction or in the jurisdiction of your group? If yes, please provide details |

|  |
| --- |
| Local jurisdiction |
| ( ) Yes  ( ) No |
| Comments |
|  |
| Group jurisdiction |
| ( ) Yes  ( ) No |
| Comments |
|  |

|  |
| --- |
| 3.8.2 Are you required to report data breaches to your regulators? |

|  |
| --- |
| ( ) Yes  ( ) No |
| Comments |
|  |

|  |
| --- |
| 3.8.3 In the last 12 months have you reported any data breaches to your regulators? If yes, please provide details. |

|  |
| --- |
| ( ) Yes  ( ) No |
| Comments |
|  |

|  |
| --- |
| 3.8.4 Where you may be in possession of personal data, belonging to our employees or clients, please confirm that you have policies and procedures in place to ensure compliance with applicable data protection legislation including data processing and storage? |

|  |
| --- |
| ( ) Yes  ( ) No |

|  |
| --- |
| 3.8.5 Are you based in the European Economic Area? |

|  |
| --- |
| ( ) Yes  ( ) No |
| **If yes, do you send personal data to sub-custodians or other entities within your group and / or other third parties outside the European Economic Area?’** |
| ( ) Yes  ( ) No |
| Comments |
|  |

|  |
| --- |
| 3.8.6 Please confirm that personal data is not used to sell additional products beyond our relationship. |

|  |
| --- |
| ( ) Yes  ( ) No |
| Comments |
|  |

|  |
| --- |
| 3.8.7 Do you have a data breach policy in place? If yes, please briefly describe such policies and explain how and when you would notify us of a data breach. |

|  |
| --- |
| ( ) Yes  ( ) No |
| Please attach file here |
| Comments |
|  |

|  |
| --- |
| 3.8.8 In the last 12 months have there been any changes in your formal data protection policy? If yes, please attach a copy of the revised policy. |

|  |
| --- |
| ( ) Yes  ( ) No |
| Please attach file here |
| Comments |
|  |

|  |
| --- |
| 3.8.9 In the last 12 months have there been any changes in the formal data protection policy in relation to sharing of data with other business units and /or third parties/affiliates? |

|  |
| --- |
| ( ) Yes  ( ) No |
| Comments |
|  |

|  |
| --- |
| 3.8.10 Are there any exemptions from your data protection policy? If yes, please provide details. |

|  |
| --- |
| ( ) Yes  ( ) No |
| Comments |
|  |

## 3.9 Corporate social responsibility

|  |
| --- |
| 3.9.1 Do you have a statement on modern slavery in your business and supply? If yes, please provide a copy or a link to where this can be found on your website |

|  |
| --- |
| ( ) Yes  ( ) No |
| Please attach file here |
| Comments |
|  |

|  |
| --- |
| 3.9.2 If not covered in a separate statement, please provide details of. |

|  |
| --- |
| (a) Your organisation’s structure, business and its supply chains. |
|  |
| (b) Your policies in relation to slavery and human trafficking (please include links to these policies where  relevant). |
|  |
| (c) Your due diligence processes in relation to slavery and human trafficking in your business and supply  chains. |
|  |
| (d) The parts of your business and supply chains where there is a risk of slavery and human trafficking  taking place, and the steps that you have taken to assess and manage that risk. |
|  |
| (e) Your effectiveness in ensuring that slavery and human trafficking are not taking place in your business or  supply chains measured against performance indicators that you consider appropriate. |
|  |
| (f) The training about slavery and human trafficking available to your staff. |
|  |

|  |
| --- |
| 3.9.3 Do you support and respect globally recognised principles and standards (such as principles of UN Global Compact, ILO standards) promoting humane and safe work environments and respecting employee rights? |

|  |
| --- |
| ( ) Yes  ( ) No |
| Comments |
|  |

|  |
| --- |
| 3.9.4 Please confirm that your organisation has a people screening process for new joiners, including at a minimum: verification of their identity and age, physical address, legal right to work and employment history, and checks on criminal history, credit history and bankruptcy, and against relevant government and sanctions lists. |

|  |
| --- |
| ( ) Yes  ( ) No |
| Comments |
|  |

|  |
| --- |
| 3.9.5 Please confirm that you have a firm commitment to enable equality of opportunity in employment, skill development and career enhancement, ensure workplace cultures that promote diversity and inclusion, and enforce adequate procedures and policies to ensure the workplace is free from discrimination, harassment, victimisation or any other form of inappropriate behaviour or abuse on any grounds. |

|  |
| --- |
| ( ) Yes  ( ) No |
| Comments |
|  |

|  |
| --- |
| 3.9.6 Does your organisation’s procurement policy include corporate social responsibility requirements? If yes, please provide a brief overview. |

|  |
| --- |
| ( ) Yes  ( ) No |
| Comments |
|  |

|  |
| --- |
| 3.9.7 Has your organisation adopted corporate social responsibility policies including considering the use of diverse suppliers? Please provide the latest available corporate social responsibility report or any other document assessing your organisation’s corporate achievements in environmental, social and governance areas. |

|  |
| --- |
| ( ) Yes  ( ) No |
| Comments |
|  |

# 4. Your systems

In scope services: custody services (with or without a sub-custodian) and, if applicable, client money services

## 4.1 Reporting

|  |
| --- |
| 4.1.1 Please outline any enhancements to your operational reporting capability planned for the next 12 months. |

|  |
| --- |
|  |

|  |
| --- |
| 4.1.2 Please outline any enhancements to your market infrastructures' (e.g. CCP, CSD) operational reporting capabilities planned for the next 12 months. |

|  |
| --- |
|  |

## 4.2 Protecting your systems

|  |
| --- |
| 4.2.1 Do you have a data security policy? If yes, please attach or provide details. |

|  |
| --- |
| ( ) Yes  ( ) No |
| Please attach file here |
| Comments |
|  |

|  |
| --- |
| 4.2.2 Does your organisation have spyware protection installed on all servers and workstations? |

|  |
| --- |
| ( ) Yes  ( ) No |
| Comments |
|  |

|  |
| --- |
| 4.2.3 Please outline your anti spyware checking procedures and confirm that your anti spyware software is updated whenever a new version is released. |

|  |
| --- |
| ( ) Yes  ( ) No |
| Comments |
|  |

|  |
| --- |
| 4.2.4 Please outline your policy on the deployment of antivirus products and the applications that this covers |

|  |
| --- |
| Comments |
|  |

|  |
| --- |
| 4.2.5 Please outline your antivirus checking procedures and confirm that your antivirus software is updated whenever a new version is released. |

|  |
| --- |
| ( ) Yes  ( ) No |
| Comments |
|  |

|  |
| --- |
| 4.2.6 In the last 12 months have there been any external security breaches of your system? If yes, please outline and advise what you have done to minimise the likely recurrence of such a breach. |

|  |
| --- |
| ( ) Yes  ( ) No |
| Comments |
|  |

|  |
| --- |
| 4.2.7 In the last 12 months has your company been mentioned in the media regarding an information security event? |

|  |
| --- |
| ( ) Yes  ( ) No |
| Comments |
|  |

|  |
| --- |
| 4.2.8 How is internet access policed to prevent misuse by your staff? |

|  |
| --- |
|  |

|  |
| --- |
| 4.2.9 Outline how your systems are protected from unauthorised use? |

|  |
| --- |
|  |

|  |
| --- |
| 4.2.10 Do you have procedures in place which allow access to programs and data to individual employees with different levels of authorised access? If yes, please outline. |

|  |
| --- |
| ( ) Yes  ( ) No |
| Comments |
|  |

|  |
| --- |
| 4.2.11 Please outline your process for incorporating system changes and releases into the live environment? |

|  |
| --- |
|  |

|  |
| --- |
| 4.2.12 In what circumstances do you prenotify clients of changes to your systems? |

|  |
| --- |
|  |

|  |
| --- |
| 4.2.13Is each employee given a unique ID so that access to any part of the system is limited to authorised personnel and can be traced back to an individual? |

|  |
| --- |
| ( ) Yes  ( ) No |
| Comments |
|  |

## 4.3 Plans for your systems

|  |
| --- |
| 4.3.1 In the last 12 months have there been any major developments or enhancements to your systems that support your securities services and/or client money business? If yes, please detail. |

|  |  |
| --- | --- |
| Securities services | Client money |
| ( ) Yes  ( ) No | ( ) Yes  ( ) No |
| Comments | |
|  | |

|  |
| --- |
| 4.3.2 Briefly outline any major systems developments or enhancements to your securities services and/or client money businesses that are planned for the next three years. Indicate the planned timescales. |

|  |  |
| --- | --- |
| Securities services | Client money |
| Planned developments | Planned timescale |
|  |  |
| Comments | |
|  | |

|  |
| --- |
| 4.3.3 Please describe your change control policy/process relating to major IT implementations. |

|  |
| --- |
|  |

|  |
| --- |
| 4.3.4 Are there any plans to outsource your systems during the next 12 months? If yes, please describe such plans. |

|  |
| --- |
| ( ) Yes  ( ) No |
| Comments |
|  |

## 4.4 System performance

|  |
| --- |
| 4.4.1 In the last 12 months have you had system outages or slowdowns that have impacted your ability to service your clients? If yes, please detail how many events there have been. |

|  |
| --- |
| ( ) Yes  ( ) No |
| Comments |
|  |

|  |
| --- |
| 4.4.2 In the last 12 months what has been your average core securities services processing system uptime ? |

|  |
| --- |
| On average |
|  |
| At peak |
|  |

|  |
| --- |
| 4.4.3 What percentage of your system capacity do you use on a daily basis? |

|  |
| --- |
| On average |
|  |
| At peak |
|  |

|  |
| --- |
| 4.4.4 In the last 12 months have there been any changes to your end-to-end system infrastructure? |

|  |
| --- |
| ( ) Yes  ( ) No |
| Comments |
|  |

## 4.5 System development

|  |
| --- |
| 4.5.1 What time period do you allow between the availability of vendor high priority security patches (to operating systems/network devices/applications) and their implementation to production environments? |

|  |
| --- |
|  |

|  |
| --- |
| 4.5.2 Are security requirements included in the software development lifecycle documentation? |

|  |
| --- |
| ( ) Yes  ( ) No |
| Comments |
|  |

|  |
| --- |
| 4.5.3 Is client data ever used in the test, development, or QA environments? |

|  |
| --- |
| ( ) Yes  ( ) No |
| Comments |
|  |

## 4.6 Operational Resilience

|  |
| --- |
| 4.6.1 Is operational resilience part of your Board or Executive Management agenda, discussion and decision-making process? |

|  |
| --- |
| ( ) Yes  ( ) No |
| Comments |
|  |
| 4.6.2 Have you undertaken a criticality assessment of the products and services offered to support your core custody/cash activities? |

|  |
| --- |
| ( ) Yes  ( ) No |
| Comments |
|  |

|  |
| --- |
| 4.6.3 Does your criticality assessment/ resilience planning include critical technology services? |

|  |
| --- |
| ( ) Yes  ( ) No |
| Comments |
|  |

|  |
| --- |
| 4.6.4 How frequently does executive management review your operational resilience plan? |

|  |
| --- |
| ( ) Quarterly  ( ) Semi Annually  ( ) Annually  ( ) Other (please advise) |
| Comments |
|  |

|  |
| --- |
| 4.6.5 Is the resilience planning of your organisation (including mapping of critical products and services) a regulatory requirement? |

|  |
| --- |
| ( ) Yes  ( ) No |
| Comments |
|  |

|  |
| --- |
| 4.6.6 How are organisational service deficiencies identified? |

|  |
| --- |
| ( ) Proactively (e.g. from testing/exercising)  ( ) Reactively (because of incidents )  ( ) Other |
| Comments |
|  |

|  |
| --- |
| 4.6.7 In the last 12 months have all identified resilience related deficiencies been remediated, evaluated, and addressed? |

|  |
| --- |
| ( ) Yes  ( ) No  ( ) Not applicable |
| Comments |
|  |

|  |
| --- |
| 4.6.8 Please confirm you have a framework in respect of succession planning? |

|  |
| --- |
| ( ) Yes  ( ) No |
| Comments |
|  |

# 5. Core services

In scope services: custody services (with or without a sub-custodian)

## 5.1 Settlements

|  |
| --- |
| 5.1.1 In the last 12 months have there been any material changes to your settlement processes? If yes, please describe. |

|  |
| --- |
| ( ) Yes  ( ) No |
| Comments |
|  |

|  |
| --- |
| 5.1.2 Please confirm which of the following controls are in place to ensure that an individual client’s securities are used only to settle that client’s trades (e.g. not used to settle trades belonging to either yourself or your other clients). |

|  |  |  |
| --- | --- | --- |
|  | Automated | Manual |
| Transactions are only settled upon receipt of instruction from the client | ( ) Yes  ( ) No | ( ) Yes  ( ) No |
| Internal position checks occur | ( ) Yes  ( ) No | ( ) Yes  ( ) No |
| All transactions are matched prior to settlement | ( ) Yes  ( ) No | ( ) Yes  ( ) No |
| No third party has power of attorney over the depository accounts containing client securities | ( ) Yes  ( ) No | ( ) Yes  ( ) No |
| Other (please provide details in comments below) | ( ) Yes  ( ) No | ( ) Yes  ( ) No |
| Comments | | |
|  | | |

|  |
| --- |
| 5.1.3 In the last 12 months have there been any changes that have led to a reduction or increase in manual processing for the items below? If yes, please outline. |

|  |  |
| --- | --- |
| Our instruction to the sub-custodian | sub-custodian instruction to the CSD |
| ( ) Yes  ( ) No | ( ) Yes  ( ) No |
|  |  |
| Comments | |
|  | |

|  |
| --- |
| 5.1.4 In the last 12 months have there been any material changes to market processes, fails processing or penalties? If yes, please describe. |

|  |  |  |
| --- | --- | --- |
| Market processes | Fails processing | Penalties |
| ( ) Yes  ( ) No | ( ) Yes  ( ) No | ( ) Yes  ( ) No |
|  |  |  |
| Comments | | |
|  | | |

|  |
| --- |
| 5.1.5 Please describe how any of the changes above affect the levels of manual intervention in these processes. |

|  |
| --- |
|  |

|  |
| --- |
| 5.1.6 Is settlement in your market true DVP (i.e. simultaneous, final and irrevocable)? If no, please advise how you reduce settlement risk. |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes | No | Comments |
| Equities | ( ) | ( ) |  |
| Exchanged traded funds | ( ) | ( ) |  |
| Funds | ( ) | ( ) |  |
| Corporate and  municipal bonds,  sovereign bonds,  eurobonds\*  (\* only held at ICSDs) | ( ) | ( ) |  |
| Government bonds | ( ) | ( ) |  |
| Money market instruments | ( ) | ( ) |  |
| Physical securities | ( ) | ( ) |  |

## 5.2 Asset servicing

|  |
| --- |
| 5.2.1 In the last 12 months have there been any changes or enhancements that have been made to your income information sources or market information sources ? If yes, please advise. |

|  |  |
| --- | --- |
| Income information sources | Market information sources |
| ( ) Yes  ( ) No | ( ) Yes  ( ) No |
| Comments | Comments |
|  |  |

|  |
| --- |
| 5.2.2 In the last 12 months have there been any changes or enhancements made to your organisation’s corporate actions sources or market information sources? If yes, please advise. |

|  |  |
| --- | --- |
| Corporate actions sources | Market information sources |
| ( ) Yes  ( ) No | ( ) Yes  ( ) No |
| Comments | Comments |
|  |  |

|  |
| --- |
| 5.2.3 In the last 12 months have there been any changes or enhancements to your proxy voting service? If yes, please advise. |

|  |
| --- |
| ( ) Yes  ( ) No |
| Comments |
|  |

|  |
| --- |
| 5.2.4 Have any of the changes to your proxy voting service affected the levels of manual intervention in these processes? |

|  |
| --- |
| ( ) Yes  ( ) No  ( ) Not applicable |
| Comments |
|  |

## 5.3 Taxation

|  |
| --- |
| 5.3.1 In the last 12 months have there been any changes or enhancements to your taxation reclaim, relief at source or tax voucher process. If yes, please comment. |

|  |  |  |
| --- | --- | --- |
| Tax reclaim | Relief at source | Tax voucher process |
| ( ) Yes  ( ) No | ( ) Yes  ( ) No | ( ) Yes  ( ) No |
| Comments | | |
|  | | |

|  |
| --- |
| 5.3.2 Have any of the changes above affected the levels of manual intervention in these processes? |

|  |
| --- |
| ( ) Yes  ( ) No |
| Comments |
|  |

|  |
| --- |
| 5.3.3 Does your jurisdiction have an IGA (Intergovernmental Agreement) in place to implement FATCA? |

|  |
| --- |
| ( ) Yes  ( ) No |
| If yes, which model has the government agreed to? |
| ( ) Model 1 IGA signed  ( ) Model 1 IGA agreement (in principle)  ( ) Model 2 IGA signed  ( ) Model 2 IGA agreement (in principle) |
| Comments |
|  |

|  |
| --- |
| 5.3.4 If your jurisdiction does not have an IGA, have you agreed to the terms of a FATCA FFI (Foreign Financial Institution) agreement and registered with the IRS? |

|  |
| --- |
| ( ) Yes  ( ) No  ( ) Not Applicable |
| Comments |
|  |

|  |
| --- |
| 5.3.5 Is your organisation compliant with the terms of the IGA? If no, please state your plans to become compliant. |

|  |
| --- |
| ( ) Yes  ( ) No  ( ) Not applicable |
| Comments |
|  |

|  |
| --- |
| 5.3.6 Is your organisation FATCA compliant? If no, please state your plans to become compliant. |

|  |
| --- |
| ( ) Yes  ( ) No |
| Comments |
|  |

|  |
| --- |
| 5.3.7 Has your organisation registered with the IRS and received a Global Intermediary Identification Number (GIIN)? |

|  |
| --- |
| ( ) Yes  ( ) Yes and awaiting a GIIN  ( ) No |
| Comments |
|  |

|  |
| --- |
| 5.3.8 Is your organisation treated as a Foreign Financial Institution (FFI) or a Limited FFI under the IRS definition? |

|  |
| --- |
| ( ) FFI  ( ) Limited FFI  ( ) Neither |
| Comments |
|  |

|  |
| --- |
| 5.3.9 Does your organisation inform the IRS of any US client's account details? |

|  |
| --- |
| ( ) Yes  ( ) No |
| Comments |
|  |

|  |
| --- |
| 5.3.10 Is the reporting to the IRS performed automatically or manually? |

|  |
| --- |
| ( ) Automatically  ( ) Manually |
| Comments |
|  |

## 5.4 Cash

|  |
| --- |
| 5.4.1 In the last 12 months have there been any changes to your treasury, FX and cash management products and services? If yes, please provide details. |

|  |  |  |
| --- | --- | --- |
| Treasury | FX | Cash management |
| ( ) Yes  ( ) No | ( ) Yes  ( ) No | ( ) Yes  ( ) No |
| Comments | Comments | Comments |
|  |  |  |

|  |
| --- |
| 5.4.2 In the last 12 months have there been any changes to any national guarantee and/or compensation scheme in place? If yes, please provide details. |

|  |
| --- |
| Cash |
| ( ) Yes  ( ) No |
| Comments |
|  |

|  |
| --- |
| 5.4.3 In the last 12 months have there been any changes regarding FX policies or currency restrictions? If yes, please provide details. |

|  |
| --- |
| ( ) Yes  ( ) No |
| Comments |
|  |

|  |
| --- |
| 5.4.4 In the last 12 months, have there been any changes to the penalties applied by your organization for ‘excess’ liquidity balances? If yes, please provide details |

|  |
| --- |
| ( ) Yes  ( ) No |
| Comments |
|  |

|  |
| --- |
| 5.4.5 In the last 12 months have there been any changes to the types of cash accounts available in your market? If yes, please detail. |

|  |
| --- |
| ( ) Yes  ( ) No |
| Comments |
|  |

|  |
| --- |
| 5.4.6 In the last 12 months have there been any changes to the structure, options or naming conventions used for cash accounts in your records. If yes, please detail. |

|  |
| --- |
| ( ) Yes  ( ) No |
| Comments |
|  |

|  |
| --- |
| 5.4.7 Please confirm that the account holder is the legal owner of cash balances held with your organisation? |

|  |
| --- |
| ( ) Yes  ( ) No |
| If no, please confirm who is |
|  |
| Comments |
|  |

|  |
| --- |
| 5.4.8Please confirm the percentage of client money placed at your institution as a proportion of your capital or deposits. |

|  |
| --- |
| Please specify calculation date: dd/mm/yyyy |
|  |

## 5.5 Securities lending and borrowing

|  |
| --- |
| 5.5.1 In the last 12 months, have any changes or enhancements been made to your securities lending and borrowing product? |

|  |
| --- |
| ( ) Yes  ( ) No |
| Comments |
|  |

|  |
| --- |
| 5.5.2 In the next 12 months are there any changes or enhancements that are anticipated to be made to your securities lending and borrowing product? |

|  |
| --- |
| ( ) Yes  ( ) No |
| Comments |
|  |

|  |
| --- |
| 5.5.3 In the last 12 months have there been any changes to legislation and/or regulation in relation to securities lending and borrowing? |

|  |
| --- |
| ( ) Yes  ( ) No |
| Comments |
|  |

## 5.6 Client service management

|  |
| --- |
| 5.6.1 In the last 12 months have there been any changes to the client service model and/or management structure? If yes, please comment. |

|  |
| --- |
| ( ) Yes  ( ) No |
| Comments |
|  |

|  |
| --- |
| 5.6.2 In the next 12 months, do you plan to make changes to the client service model and/or management structure? If yes, please comment. |

|  |
| --- |
| ( ) Yes  ( ) No |
| Comments |
|  |

# 6 Custody questions

In scope services: custody services (only with sub-custodian)

## 6.1 Network management

|  |
| --- |
| 6.1.1 Do you have a team dedicated to managing your network of sub-custodians? |

|  |
| --- |
| ( ) Yes  ( ) No |

|  |
| --- |
| 6.1.2 Please provide an organisation chart showing (or explain) where the network management function resides, including reporting lines within your overall organisational structure and the regulatory obligations of the team. |

|  |
| --- |
| Please attach file here |
| Comments |
|  |

|  |
| --- |
| 6.1.3 Please attach a network management organisational chart indicating the number and location of staff. |

|  |
| --- |
| Please attach file here |
| Comments |
|  |

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| 6.1.4 Please outline the responsibilities of the network management team members, including how the team is organised and structured. |

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| 6.1.5 Are network managers located in the same region as the relationships for which they are responsible? If no, please explain the rationale. |

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| --- |
| ( ) Yes  ( ) No |
| Comments |
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| --- |
| 6.1.6 Are any of the functions of your network management team outsourced? If yes, please describe what these functions are and how you monitor the quality of the outsourced services. |

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| --- |
| ( ) Yes  ( ) No |
| Comments |
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| --- |
| 6.1.7 Please describe the governance of your network management function including details of the parties that review the process. |

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| 6.1.8 In the last 12 months have there been any changes in the responsibilities of the network management function? If yes, please explain. |

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| ( ) Yes  ( ) No |
| Comments |
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| 6.1.9 What other parties (e.g. internal and external audit, regulators) have oversight of your network management function. |

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## 6.2 Sourcing and selection of sub custody

|  |
| --- |
| 6.2.1 Please confirm |

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| --- | --- | --- |
| (a) that you have a process for the assessment, selection and appointment of all third parties with objective, pre-defined criteria designed to protect the interests of your clients and their customers | | ( ) Yes  ( ) No |
| Comments | | |
|  | | |
| (b) that this process is reviewed regularly (minimum yearly) and is available to authorities | | ( ) Yes  ( ) No |
| Comments | | |
|  | | |
| (c) that, subject to confidentiality undertaking, the above is available for review by your client or the regulators | ( ) Yes  ( ) No | |
| Comments | | |
|  | | |
| (d) that you have exercised and will continue to exercise all due skill, care and diligence in the selection and appointment of any sub-custodian(s) or third party to whom you delegate parts of your tasks and the arrangements for safekeeping | ( ) Yes  ( ) No | |
| Comments | | |
|  | | |
| (e) that you have exercised all due skill, care and diligence in the periodic review of any sub-custodian(s) or third party to whom you delegate parts of your tasks and of the arrangements of the sub-custodian(s) or third party in respect of matters delegated to it | ( ) Yes  ( ) No | |
| Comments | | |
|  | | |
| (f) that for each appointment, you make and retain record of the grounds upon which you satisfied  yourself of the above matters, which is available, subject to confidentiality undertaking, for review by your clients or the regulators | ( ) Yes  ( ) No | |
| Comments | | |
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| --- |
| 6.2.2 How do you assess the expertise and market reputation of a sub-custodian? |

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| 6.2.3 How do you assess the credit worthiness of a sub-custodian? |

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| --- |
| 6.2.4 Where you use affiliates do you follow identical processes and procedures? If no, please explain any differences. |

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| --- |
| ( ) Yes  ( ) No |
| Comments |
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| --- |
| 6.2.5 Do you undertake on-site visits as part of the selection process? If yes, please describe the nature and scope of this visit. If no, please explain. |

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| --- |
| ( ) Yes  ( ) No |
| Comments |
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| --- |
| 6.2.6 Please describe how you assess sub-custodian risk. |

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| 6.2.7 Please describe how you assess associated market risk? |

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| --- |
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## 6.3 CSD strategy

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| --- |
| 6.3.1 Please describe in detail your selection and decision processes, including the parties involved, or attach relevant documentation regarding the decision to become a direct participant of a local CSD. |

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| 6.3.2 Please advise if you apply different market risk assessment criteria when deciding to become a direct participant as opposed to appointing a sub-custodian. If yes, please provide details below. |

|  |
| --- |
| ( ) Yes  ( ) No |
| Comments |
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| --- |
| 6.3.3 How do you assess the risk of the CSD and the associated market risk? |

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| 6.3.4 Where you are considering becoming a direct participant of a CSD, will you appoint/retain a sub-custodian for asset servicing, or will you fully in-source the asset servicing function? |

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| 6.3.5 How do you assess the credit worthiness of the CSD? |

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| --- |
| 6.3.6 Please confirm that you perform an on-site due diligence review. If no, please explain. |

|  |
| --- |
| ( ) Yes  ( ) No |
| Comments |
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| --- |
| 6.3.7 Please state the scope of the due diligence, detailing the core risks that your network management function focus upon. |

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| 6.3.8 How much notice of a membership termination do you give to your clients? |

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| --- |
| 6.3.9 Do you maintain contingency arrangements with a sub-custodian should your direct participation be terminated? If no, please explain. |

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| --- |
| ( ) Yes  ( ) No |
| Comments |
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## 6.4 Due diligence – periodic review

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| --- |
| 6.4.1 Please describe your periodic due diligence process or attach a relevant document regarding your due diligence process. |

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| 6.4.2 Are your affiliates that provide services subject to same due diligence process? If no, how does it differ? |

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| --- |
| ( ) Yes  ( ) No |
| Comments |
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| 6.4.3 How frequently do you conduct due diligence reviews? |

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| 6.4.4 What circumstances would trigger a due diligence review out of cycle? |

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| 6.4.5 Which business units are involved in your due diligence process? |

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| 6.4.6 Do you use the AFME sub-custodian DDQ as part of your due diligence process? |

|  |
| --- |
| ( ) Yes  ( ) No |
| Comments |
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|  |
| --- |
| 6.4.6.1 Were there any areas of material concerns noted as part of your review process? If yes, please provide details. |

|  |
| --- |
| ( ) Yes  ( ) No |
| Comments |
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| --- |
| 6.4.7 Please provide a list of your sub custodians showing their entity name, legal and operational addresses. |

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| --- |
|  |

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| 6.4.8 In the last 12 months have there been any changes to your custody network? |

|  |
| --- |
| ( ) Yes  ( ) No |
| Comments |
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| --- |
| 6.4.9 Please confirm the date of your last due diligence review for each sub-custodian and advise if this was performed on-site or remotely. |

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| Comments |
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| 6.4.10 Please describe how you monitor the risk of your sub-custodian and the related market risk. |

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| 6.4.11 How do you keep clients informed of market developments? |

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| 6.4.12 How do you assess the markets’ regulatory and legal framework? |

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| --- |
| 6.4.13 Do you have an SLA or comparable agreement with your sub-custodians? If not, how do you ensure that your service expectations are met. |

|  |
| --- |
| ( ) Yes  ( ) No |
| Comments |
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| --- |
| 6.4.14 In the last 12 months have there been any changes to the liens or security interests that any of your sub-custodians or CSDs has over your assets? If yes, please provide details. |

|  |
| --- |
| ( ) Yes  ( ) No |
| Comments |
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| --- |
| 6.4.15 In the last 12 months have there been any changes that have increased risk within the custody chain? If yes, please describe. |

|  |
| --- |
| ( ) Yes  ( ) No |
| Comments |
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| --- |
| 6.4.16 In the last 12 months have there been any changes to the naming convention for accounts at your sub-custodians or at the CSDs? If yes, please provide details. |

|  |
| --- |
| ( ) Yes  ( ) No |
| Comments |
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| --- |
| 6.4.17 Do you maintain contingency sub-custodian relationships? |

|  |
| --- |
| ( ) Yes  ( ) No |
| Comments |
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| --- |
| 6.4.17.1 If you do not maintain contingency sub-custodian relationships, do you have another form of contingency planning in place, in particular covering a default of a sub-custodian belonging to your network? Please describe your measures |

|  |
| --- |
| ( ) Yes  ( ) No  ( ) Not applicable |
| Comments |
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| --- |
| 6.4.18 What is required to move from a contingency state to an operational state and what is the timescale? |

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| --- |
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## 6.5 Attestations

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| --- |
| 6.5.1 Please confirm that you have a custodial contract in place with every sub-custodian. If no, please explain. |

|  |
| --- |
| ( ) Yes  ( ) No |
| Comments |
|  |

|  |
| --- |
| 6.5.2 Please confirm that your sub-custodians are subject to regulation and supervision with respect to the safekeeping of financial instruments. If no, please explain. |

|  |
| --- |
| ( ) Yes  ( ) No |
| Comments |
|  |

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| --- |
| 6.5.3 Please confirm if you require the agreements that you have with your sub-custodians to include the provisions listed in Rule 17f-5(c)(2)(i). |

|  |
| --- |
| ( ) Yes  ( ) No |
| Comments |
|  |

## 6.6 Conflict of interest

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| --- |
| 6.6.1 Do you or any related organisational unit or affiliate provide the following services; asset management services, collateral management services, prime brokerage services and/or risk management services or similar services? |

|  |  |
| --- | --- |
| Asset management services | ( ) Yes  ( ) No |
| Collateral management services | ( ) Yes  ( ) No |
| Prime brokerage services | ( ) Yes  ( ) No |
| Risk management services | ( ) Yes  ( ) No |
| Similar services | ( ) Yes  ( ) No |
| Comments | |
|  | |

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| --- |
| 6.6.2 Please confirm how you identify and prevent potential conflict of interest between the abovementioned services and your securities services? |

|  |
| --- |
| Comments |
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# 7 Client money

In scope services: client money services

## 7.1 Segregation of client money

|  |
| --- |
| 7.1.1 Please confirm that, based on the laws in the jurisdiction where your organisation is incorporated, the level of account segregation implemented by yourselves and applicable to the client money held with you would ensure that, upon our insolvency, such cash will be deemed to belong to our underlying clients and will be protected from you, our creditors or any other third parties. |

|  |
| --- |
| ( ) Yes  ( ) No |
| Comments |
|  |

|  |
| --- |
| 7.1.2 Please confirm that client money held by you is segregated and properly identified in your books and records by means of differently titled accounts or equivalent measures as follows: |

|  |
| --- |
| (a) Segregated and identified separately as belonging to your client or your clients’ clients in accordance with instructions (as applicable). |
| ( ) Yes  ( ) No |
| (b) Segregated and identified separately from your proprietary assets. |
| ( ) Yes  ( ) No |
| (c) Segregated and identified separately from assets belonging to other clients of yours. |
| ( ) Yes  ( ) No |
| (d) Segregated and identified separately from the assets of any subsidiary or affiliate of yours. |
| ( ) Yes  ( ) No |

|  |
| --- |
| 7.1.3 In the last 12 months have there been any changes in your ability to make newly opened client money accounts "inactive" until a client acknowledgement letter has been executed? If yes, please provide details |

|  |
| --- |
| ( ) Yes  ( ) No |
| Comments |
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|  |
| --- |
| 7.1.4 Does your jurisdiction support a deposit protection scheme in the event of your bank’s insolvency? If no, please describe what additional arrangements you have implemented to minimise the risk of loss and ensure that such cash held for your clients is protected in the event of your insolvency. |

|  |
| --- |
| ( ) Yes  ( ) No |
| Comments |
|  |
| If yes, and a scheme exists please provide a link to the details. |
| Please attach file here |

## 7.2 Credentials

|  |
| --- |
| 7.2.1 Do you undertake other business activities which could compromise your ability to provide services as a client money bank?  If yes, please provide details. |

|  |
| --- |
| ( ) Yes  ( ) No |
| Comments |
|  |

## 7.3 Operations and service provision

|  |
| --- |
| 7.3.1 Are there controls in place to prohibit debit balances on client money accounts? |

|  |
| --- |
| ( ) Yes  ( ) No |

|  |
| --- |
| 7.3.2 Please confirm that you will ensure that only authorised instructions sent specifically to/for the account are actioned. |
| ( ) Yes  ( ) No |

|  |
| --- |
| 7.3.3 Please confirm that payment instructions formatted to allow straight through processing and received by the cut-off time will be applied to the account on the same day. If no, please provide details of the process to remediate. |

|  |
| --- |
| ( ) Yes  ( ) No |
| Comments |
|  |

|  |
| --- |
| 7.3.4 Are there any circumstances in which the account title could change without our request? If yes, please explain. |

|  |
| --- |
| ( ) Yes  ( ) No |
| Comments |
|  |

|  |
| --- |
| 7.3.5 Please confirm that there are controls in place to prevent charges and interest being applied to client money accounts? |

|  |
| --- |
| ( ) Yes  ( ) No |
| Comments |
|  |

## 7.4 Regulatory requirements

|  |
| --- |
| 7.4.1 Please confirm that the balances remain in the currency that they are credited (i.e. there is no conversion). |

|  |
| --- |
| ( ) Yes  ( ) No |
| Comments |
|  |

|  |
| --- |
| 7.4.2 Please confirm that any monies held by us for our clients will not be set-off against other monies held by you for us on our insolvency. |

|  |
| --- |
| ( ) Yes  ( ) No |

|  |
| --- |
| 7.4.3 Please confirm that on your insolvency our claim to the deposit held with you will rank pari passu with all other unsecured claims. |

|  |
| --- |
| ( ) Yes  ( ) No |

|  |
| --- |
| 7.4.4 In the last 12 months have there been any changes to the status of statutorily preferred creditors or other creditors granted seniority of claims against your assets by operation of law? If yes, please provide details. |

|  |
| --- |
| ( ) Yes  ( ) No |
| Comments |
|  |

|  |
| --- |
| 7.4.5 For 15c3-3 accounts only: If the entity holding the account is a US branch of a foreign bank, please confirm that the branch is eligible to hold 15c3-3 deposits of broker dealers. |

|  |
| --- |
| ( ) Yes  ( ) No  ( ) Not applicable |
| Comments |
|  |

|  |
| --- |
| 7.4.6 In the last 12 months have there been any changes that affect either legal requirements, local regulations or market practices related to the holding of client monies? If yes, please provide details. |

|  |
| --- |
| Legal requirements ( ) Yes ( ) No |
| Local regulations ( ) Yes ( ) No |
| Market practices  ( ) Yes  ( ) No |
| Comments |
|  |

## 7.5 Correspondent banks

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| --- |
| 7.5.1 Do you use a correspondent bank for any currencies? If yes, please provide a list of all correspondent banks that your organisation uses as an attachment or link to your website. |

|  |
| --- |
| ( ) Yes  ( ) No |
| Comments |
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| --- |
| 7.5.2 Do you have a team dedicated to managing your network of correspondent banks? |

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| --- |
| ( ) Yes  ( ) No |

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| --- |
| 7.5.3 Do you maintain contingency correspondent bank relationships where you do not self-clear? |

|  |
| --- |
| ( ) Yes  ( ) No  ( ) Not applicable |

|  |
| --- |
| 7.5.4 Can you realign to the contingency correspondent banks within 48 hours? |

|  |
| --- |
| ( ) Yes  ( ) No  ( ) Not applicable |

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| --- |
| 7.5.5 Please confirm that, within 48 hours above, you would make us aware of any standing settlement instructions (SSI) changes required by our organisation. |

|  |
| --- |
| ( ) Yes  ( ) No  ( ) Not applicable |