

FORM A5 — OUTSOURCING DECLARATION & REGISTER

(Issued under Regulation 14 of the Anti-Money Laundering Registration Regulations 2025)

This Form must be completed by the Compliance Officer of the Applicant.

It must disclose all outsourcing arrangements that relate to AML/CFT obligations.

SECTION A — APPLICANT DECLARATION

The Applicant confirms that:

1. It has identified all outsourced functions that support or impact AML/CFT obligations.
2. All outsourcing arrangements comply with Regulation 14 of the AML Registration Regulations.
3. The Applicant retains full responsibility and oversight for all outsourced functions.
4. All outsourcing contracts include:
 - appropriate service levels;
 - data protection and confidentiality clauses;
 - audit and inspection rights for the Applicant and PVARA;
 - termination rights;
 - controls to prevent unauthorised sub-outsourcing.
5. No outsourcing arrangement prevents or restricts the Applicant from complying with AMLA 2010, PVARA Regulations or FMU reporting requirements.

SECTION B — OUTSOURCING REGISTER

Complete one line for each outsourced service relevant to AML/CFT.

Attach additional pages if required.

Please refer to the attached “Binance ADGM_Material Outsourcing Register” submitted with this application form. Kindly note that we have provided this Excel document in lieu of completing the form below, as it contains all of the required information as well as additional relevant details.

No.	Item	Information Required
1.	Service Provider Name	N/A
2.	Country of Incorporation / Operation	N/A
3.	Function Outsourced	(e.g., KYC verification, blockchain analytics, transaction monitoring, cloud hosting)
4.	AML/CFT Relevance	(brief description)
5.	Data Shared With Provider	(e.g., KYC data, wallet addresses, logs)
6.	SLA Summary	(uptime, responsiveness, key KPIs)
7.	Audit Rights	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	Sub-Outsourcing Permitted	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	Termination Rights	<input type="checkbox"/> Standard <input type="checkbox"/> Enhanced <input type="checkbox"/> None

10.	Risk Assessment Summary	(high-level rating: Low / Medium / High + brief justification)
	11. Monitoring Frequency	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually

Repeat this table for each outsourced function.

SECTION C — COMPLIANCE OFFICER SIGNATURE

I, the undersigned Compliance Officer, declare that:

- the information provided in this Form is true, complete and accurate;
- all AML-relevant outsourcing arrangements have been disclosed;
- all outsourcing complies with the AML Registration Regulations;
- the Applicant remains fully accountable for AML/CFT compliance.

Name: _____ Ying Pok Cheung _____

Signature: _____  _____

Date: _____ 12/09/2025 _____