

**A. GENERAL ADMINISTRATIVE INFORMATION**

1. Institution Name																							
2. Address																							
3. Country																							
4. License Type	International <input type="checkbox"/>	Domestic <input type="checkbox"/>	Off-Shore <input type="checkbox"/>																				
5. Is your Institution the parent company?	<input type="checkbox"/> Yes <input type="checkbox"/> No																						
5.1. If No, please provide the name of parent company and location.																							
6. Is your institution (or parent company) publicly traded?	<input type="checkbox"/> Yes <input type="checkbox"/> No																						
6.1. If yes, please provide the trade name and the stock exchange.																							
7. Is your Institution rated by any agency (i.e. Moody's, Standard & Poor's, Fitch, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No																						
7.1. If yes, please provide the name, rating and last date of rating:																							
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #e1eef6;"> <th style="width: 33%;">Agency Name</th> <th style="width: 33%;">Rating</th> <th style="width: 33%;">Date of rating</th> </tr> </thead> <tbody> <tr><td style="height: 20px;"></td><td></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td><td></td></tr> </tbody> </table>				Agency Name	Rating	Date of rating																	
Agency Name	Rating	Date of rating																					
8. Provide details of ownership ( $\geq 5\%$ ) including ultimate ownership in the case of a parent company. Please list owner's names and ownership percentage or provide an attachment and include ownership structure if you need more space.																							
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #e1eef6;"> <th style="width: 30%;">Name</th> <th style="width: 15%;">Id. Number</th> <th style="width: 15%;">Direct/Indirect</th> <th style="width: 15%;">Percentage</th> <th style="width: 25%;">Residence Country</th> </tr> </thead> <tbody> <tr><td style="height: 20px;"></td><td></td><td></td><td></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td><td></td><td></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td><td></td><td></td><td></td></tr> </tbody> </table>				Name	Id. Number	Direct/Indirect	Percentage	Residence Country															
Name	Id. Number	Direct/Indirect	Percentage	Residence Country																			
9. Members of the board (Names, Title, Date of possession)																							
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #e1eef6;"> <th style="width: 30%;">Name</th> <th style="width: 30%;">Title</th> <th style="width: 40%;">Date of possession</th> </tr> </thead> <tbody> <tr><td style="height: 20px;"></td><td></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td><td></td></tr> </tbody> </table>				Name	Title	Date of possession																	
Name	Title	Date of possession																					

10. Senior Management Staff (Names, Title, Date of possession)

Name	Title	Date of possession

11. Are any Political Exposed Persons (PEPs) major owners ( $\geq 5\%$ ), either directly or indirectly or members of senior management?  Yes  No

11.1. If yes, please explain the role of the person (s) in your institution.

12. List three (3) main correspondent banks:

- a)
- b)
- c)

13. Please indicate which main business lines of the institution. In addition, provide approximate percentages outlining.

Business lines	Yes	No	Not apply	Percentage
Banking operations to individual Customers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Banking operations to Corporate Customers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Private banking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Investment services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Asset management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Correspondent banking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other (Please explain): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**B. REGULATORY ENVIRONMENT**

14. Has your country established law designed to prevent money laundering and terrorist financing, and is your bank /institution subject to such laws?  Yes  No

15. Are you regulated by a Financial Services Regulator?  Yes  No  N/A

If yes, please:

15.1. Provide the name of such regulator: \_\_\_\_\_

15.2. Does the above named regulator undertake regular audits/visits as part of its supervisor?  Yes  No

15.3. Indicate the normal frequency of these audits/visits: \_\_\_\_\_

15.4. What was the date (dd/mm/yyyy) the last audit/visit was undertaken? \_\_\_\_\_

16. Does your institution have a requirement for external audit of your AML compliance program?  Yes  No

16.1. If yes, please provide named of Auditing firm and how frequently are these audits conducted?

17. Confirm the areas of your organization covered by this questionnaire:

17.1. Head office and domestic branches  Yes  No

17.2. Domestic subsidiaries  Yes  No

17.3. Overseas branches  Yes  No

17.4. Overseas subsidiaries  Yes  No

17.5. AML questionnaire applies to this branch/subsidiary only  Yes  No

**C. POLICIES AND PROCEDURES**

18. Is your institution checking customers against global sanctions lists (e.g. The Office of Foreign Assets Control (OFAC), ONU, etc.)?  Yes  No

18.1. If yes, please specify which sanctions lists are scanned?

19. Does your institution provide service to the following services; or open accounts and/or establish relationships with the following entity/service?

Entity/Service Type	Yes	No
Financial institution located outside of your country		
Non-regulated financial institutions (e.g. hedge funds, private equity firms, etc.)		
Shell Banks		
Offshore Banks		
Internet Banks		
Cash Intensive Businesses (e.g. Money Service Businesses, Currency Exchangers, Currency Transmitters, etc.)		
Casino's/Gambling Companies		
Anonymous accounts		
Nested account		
Non-established customers or walk-ins (e.g. non-account holders)		
Companies or individuals engaged in trading or whose economic activity implies acceptance of virtual currencies (e.g. Bitcoins)		
Services to Bawdy houses		
Travel/tourism Industry		

19.1. If you answered "Yes" to any of the items in Question 19, does your institution's policies, procedures, monitoring and programs specifically how to mitigate the potential risks associated with these higher risk customer types?  Yes  No

19.2. How does your institution mitigate the risk associated with these customers/Services?

**Completed by (Name):**

**Date (mm/dd/yyyy):**

**Title:**

**Email address:**

**Signature:**