

**SYRIA GULF BANK**  
**CORRESPONDENT BANKING DUE – DILIGENCE**  
**QUESTIONNAIRE**

*As part of Syria Gulf Bank's compliance with Anti Money Laundering & Combating the Financing of Terrorism, and the Customer Due Diligence policies and procedures as well, and in compliance with the International Standards in this regard, we customized this questionnaire to be completed and signed by your esteemed Institution.*

**I. General Information**

1	<b>Registered Name:</b>		
2	<b>Headquarter Address:</b>		
3	<b>License type, number and date issued:</b>		
4	<b>Commercial Registration number, date issued, expiry date:</b>		
5	<b>Name of regulatory authority:</b>		
6	<b>Name of your external auditor:</b>		
7	<b>SWIFT code:</b>		
8	<b>Website address:</b>		
9	<b>Number of branches:</b>	<b>Local</b>	<b>Foreign</b>
10	<b>Name of foreign branches:</b>		
11	<b>Select type of ownership and append an ownership chart if available:</b>	<input type="checkbox"/> <b>Publicly Traded (25% of shares publicly traded)</b> <input type="checkbox"/> <b>Member Owned/ Mutual</b> <input type="checkbox"/> <b>Government or State Owned by 25% or more</b> <input type="checkbox"/> <b>Privately Owned</b>	
12	<b>If publicly traded please states the stock exchange your institution listed on and your symbol.</b>		
13	<b>If Privately Owned Please indicate the full names, nationality &amp; percentage of ownership for shareholders who control 5% or more?</b>		

14	What is the percentage % of the Entity's total shares composed of Bearer Shares. <sup>1</sup>	
15	Provide the list of Names & nationality of members of the Board of Directors	
16	Provide the list of Name, title & nationality of your senior management team	
17	Provide the full legal name of the ultimate parent (if different from the Entity completing the DDQ).	
18	Jurisdiction of Licensing Authority and regulator of ultimate parent.	
19	Does the Entity, or any of its branches, operate under an Offshore Banking License (OBL)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
20	If Yes provide the name of the relevant branch/es which operate under an OBL.	
21	Select the business areas applicable to the Entity:	<input type="checkbox"/> Private Banking <input type="checkbox"/> Retail Banking <input type="checkbox"/> Transactional Banking <input type="checkbox"/> Commercial Banking <input type="checkbox"/> Financial Markets Trading <input type="checkbox"/> Investment Banking <input type="checkbox"/> Broker/Dealer <input type="checkbox"/> Securities Services <input type="checkbox"/> Multilateral Development Bank <input type="checkbox"/> Other
22	Select the closest value (Number of employees):	<input type="checkbox"/> 0 <input type="checkbox"/> 1-50 <input type="checkbox"/> 51-200 <input type="checkbox"/> 201-500 <input type="checkbox"/> 501-1000 <input type="checkbox"/> 1001-5000 <input type="checkbox"/> 5001-10000 <input type="checkbox"/> 10001+

<sup>1</sup> A bearer share is a type of share that does not need to be registered under a specific person or business. The share will not be registered on any share register and whoever holds the share certificate has full ownership of the share

23	Select the closest value (Total Assets):	<input type="checkbox"/> Greater than \$500 million <input type="checkbox"/> Between \$100 and \$500 million <input type="checkbox"/> Between \$10 and \$100 million <input type="checkbox"/> Less than \$10 million
24	Does the Entity offer the following products and services:	
A	Correspondent Banking	<input type="checkbox"/> With foreign Banks <input type="checkbox"/> With domestic banks <input type="checkbox"/> None <input type="checkbox"/> With regulated MSBs/MVTS
B	Private Banking (Domestic & International)	<input type="checkbox"/> Yes <input type="checkbox"/> No
C	Trade Finance	<input type="checkbox"/> Yes <input type="checkbox"/> No
D	Payable Through Accounts	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If the answer on (D) is Yes please justify	
E	Stored Value Instruments	<input type="checkbox"/> Yes <input type="checkbox"/> No
F	Cross Border Bulk Cash Delivery	<input type="checkbox"/> Yes <input type="checkbox"/> No
G	Domestic Bulk Cash Delivery	<input type="checkbox"/> Yes <input type="checkbox"/> No
H	International Cash Letter	<input type="checkbox"/> Yes <input type="checkbox"/> No
I	Remote Deposit Capture	<input type="checkbox"/> Yes <input type="checkbox"/> No
J	Virtual /Digital Currencies	<input type="checkbox"/> Yes <input type="checkbox"/> No
K	Low Price Securities	<input type="checkbox"/> Yes <input type="checkbox"/> No
L	Hold Mail Accounts	<input type="checkbox"/> Yes <input type="checkbox"/> No
M	Cross Border Remittances	<input type="checkbox"/> Yes <input type="checkbox"/> No
N	Service to walk-in customers (non-account holders)	<input type="checkbox"/> Yes <input type="checkbox"/> No
O	Sponsoring Private ATMs	<input type="checkbox"/> Yes <input type="checkbox"/> No
P	Payable Upon Proper Identification	<input type="checkbox"/> Yes <input type="checkbox"/> No
Q	Anonymous Accounts	<input type="checkbox"/> Yes <input type="checkbox"/> No
R	Nesting/Downstream	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If the answer on (P, Q, R) is Yes please justify	
S	Other high risk products and services identified by the Entity	<input type="checkbox"/> Yes <input type="checkbox"/> No

## II. KYC, CDD and EDD Policies and Procedures

25	Does the Entity verify the identity of the customer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
26	Do the Entity's policies and procedures set out when CDD must be completed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
27	Which of the following does the Entity gather and retain when conducting CDD? Select all that apply:	<input type="checkbox"/> Customer identification <input type="checkbox"/> Ownership structure <input type="checkbox"/> Product usage <input type="checkbox"/> Expected activity <input type="checkbox"/> Nature of business/employment <input type="checkbox"/> Purpose and nature of relationship <input type="checkbox"/> Source of wealth <input type="checkbox"/> Source of funds <input type="checkbox"/>	
28	Are each of the following identified:	<input type="checkbox"/> Ultimate beneficial ownership <input type="checkbox"/> Authorized signatories <input type="checkbox"/> Key controllers <input type="checkbox"/> Other relevant parties	
29	What is the Entity's minimum (lowest) threshold applied to beneficial ownership identification?	<input type="checkbox"/> 10% <input type="checkbox"/> 20% <input type="checkbox"/> 25% <input type="checkbox"/> 50% <input type="checkbox"/> Other (Specify the percentage)	
30	Does the Due Diligence process result in customers receiving a risk classification?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
31	If Yes, what factors/criteria are used to determine the customer's risk classification? Select all that apply:	<input type="checkbox"/> Geography <input type="checkbox"/> Product Usage <input type="checkbox"/> Legal Entity type <input type="checkbox"/> Business Type/Industry <input type="checkbox"/> Other (specify) <input type="checkbox"/> Adverse Information <input type="checkbox"/>	
32	Does the Entity have a risk based approach to screening customers and connected parties to determine whether they are PEPs, or controlled by PEPs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

33	If Yes, is this at:	KYC renewal <input type="checkbox"/> Onboarding <input type="checkbox"/> <input type="checkbox"/> Trigger event
34	What is the method used by the Entity to screen PEPs?	Manual <input type="checkbox"/> Automated <input type="checkbox"/> <input type="checkbox"/> Combination of automated and manual
35	Does the Entity have policies, procedures and processes to review and escalate potential matches from screening customers and connected parties to determine whether they are PEPs, or controlled by PEPs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
36	Does the Entity have a process to review and update customer information based on:	<input type="checkbox"/> KYC renewal <input type="checkbox"/> Trigger event
37	Does the Entity maintain and report metrics on current and past periodic or trigger event due diligence reviews?	<input type="checkbox"/> Yes <input type="checkbox"/> No
38	From the list below, which categories of customers or industries are subject to EDD and/or are restricted, or prohibited by the Entity's FCC programme?	
A	Non-account customers	<input type="checkbox"/> EDD on a risk based approach <input type="checkbox"/> EDD & restricted on a risk based approach <input type="checkbox"/> Prohibited <input type="checkbox"/> None
B	Non-resident customers	<input type="checkbox"/> EDD on a risk based approach <input type="checkbox"/> EDD & restricted on a risk based approach <input type="checkbox"/> Prohibited <input type="checkbox"/> None
C	Shell banks	<input type="checkbox"/> EDD on a risk based approach <input type="checkbox"/> EDD & restricted on a risk based approach <input type="checkbox"/> Prohibited <input type="checkbox"/> None
D	MVTs/ MSB customers	<input type="checkbox"/> EDD on a risk based approach <input type="checkbox"/> EDD & restricted on a risk based approach <input type="checkbox"/> Prohibited <input type="checkbox"/> None

E	PEPs, PEP Related, PEP Close Associate	<input type="checkbox"/> EDD on a risk based approach <input type="checkbox"/> EDD & restricted on a risk based approach <input type="checkbox"/> Prohibited <input type="checkbox"/> None
F	Correspondent Banks	<input type="checkbox"/> EDD on a risk based approach <input type="checkbox"/> EDD & restricted on a risk based approach <input type="checkbox"/> Prohibited <input type="checkbox"/> None
G	Arms, defense, military	<input type="checkbox"/> EDD on a risk based approach <input type="checkbox"/> EDD & restricted on a risk based approach <input type="checkbox"/> Prohibited <input type="checkbox"/> None
H	Atomic power	<input type="checkbox"/> EDD on a risk based approach <input type="checkbox"/> EDD & restricted on a risk based approach <input type="checkbox"/> Prohibited <input type="checkbox"/> None
I	Extractive industries	<input type="checkbox"/> EDD on a risk based approach <input type="checkbox"/> EDD & restricted on a risk based approach <input type="checkbox"/> Prohibited <input type="checkbox"/> None
J	Precious metals and stones	<input type="checkbox"/> EDD on a risk based approach <input type="checkbox"/> EDD & restricted on a risk based approach <input type="checkbox"/> Prohibited <input type="checkbox"/> None
K	Unregulated charities	<input type="checkbox"/> EDD on a risk based approach <input type="checkbox"/> EDD & restricted on a risk based approach <input type="checkbox"/> Prohibited <input type="checkbox"/> None
L	Regulated charities	<input type="checkbox"/> EDD on a risk based approach <input type="checkbox"/> EDD & restricted on a risk based approach <input type="checkbox"/> Prohibited <input type="checkbox"/> None
M	Red light business/Adult entertainment	<input type="checkbox"/> EDD on a risk based approach <input type="checkbox"/> EDD & restricted on a risk based approach <input type="checkbox"/> Prohibited

		<input type="checkbox"/> None
<b>N</b>	<b>Non – Government Organizations</b>	<input type="checkbox"/> EDD on a risk based approach <input type="checkbox"/> EDD & restricted on a risk based approach <input type="checkbox"/> Prohibited <input type="checkbox"/> None
<b>O</b>	<b>Virtual currencies</b>	<input type="checkbox"/> EDD on a risk based approach <input type="checkbox"/> EDD & restricted on a risk based approach <input type="checkbox"/> Prohibited <input type="checkbox"/> None
<b>P</b>	<b>Marijuana</b>	<input type="checkbox"/> EDD on a risk based approach <input type="checkbox"/> EDD & restricted on a risk based approach <input type="checkbox"/> Prohibited <input type="checkbox"/> None
<b>Q</b>	<b>Embassies/Consulates</b>	<input type="checkbox"/> EDD on a risk based approach <input type="checkbox"/> EDD & restricted on a risk based approach <input type="checkbox"/> Prohibited <input type="checkbox"/> None
<b>R</b>	<b>Gambling</b>	<input type="checkbox"/> EDD on a risk based approach <input type="checkbox"/> EDD & restricted on a risk based approach <input type="checkbox"/> Prohibited <input type="checkbox"/> None
<b>S</b>	<b>Payment Service Provider</b>	<input type="checkbox"/> EDD on a risk based approach <input type="checkbox"/> EDD & restricted on a risk based approach <input type="checkbox"/> Prohibited <input type="checkbox"/> None
<b>T</b>	<b>Other (specify)</b>	
<b>39</b>	<b>Does the Entity perform an additional control or quality review on clients subject to EDD?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>40</b>	<b>Does your institution comply with FATCA requirements?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

41	If yes, Kindly provide us with your esteemed institutions GIIN along with a completed withholding certificate form (W9, W-8BEN-E,...etc).	
42	If no, What is your institution status related to FATCA?	

### III. AML, CTF & SANCTIONS

#### A- PROGRAMME

43	Does the Entity have a programme that sets minimum AML, CTF and Sanctions standards regarding the following components?	<input type="checkbox"/> Appointed Officer with sufficient experience <b>CDD</b> <input type="checkbox"/> Cash Reporting <input type="checkbox"/> <input type="checkbox"/> Beneficial Ownership <input type="checkbox"/> EDD <b>Periodic Review</b> <input type="checkbox"/> Independent Testing <input type="checkbox"/> <b>Risk Assessment</b> <input type="checkbox"/> Policies and Procedures <input type="checkbox"/> <input type="checkbox"/> PEP Screening <input type="checkbox"/> Sanctions <input type="checkbox"/> Adverse Information Screening <input type="checkbox"/> Suspicious Activity Reporting <b>Transaction</b> <input type="checkbox"/> Training and Education <input type="checkbox"/> Monitoring
44	How many full time employees are in the Entity's AML, CTF & Sanctions Compliance Department?	<input type="checkbox"/> Less than 10 <input type="checkbox"/> 10-50 <input type="checkbox"/> +51
45	Is the Entity's AML, CTF & Sanctions policy approved at least annually by the Board or equivalent Senior Management Committee?	<input type="checkbox"/> Yes <input type="checkbox"/> No
46	Does the Board or equivalent Senior Management Committee receive regular reporting on the status of the AML, CTF & Sanctions programme?	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly/Every three months <input type="checkbox"/> Half-Annually/Every six months <input type="checkbox"/> Annually



47	Does the Entity use third parties to carry out any components of its AML, CTF & Sanctions programme?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
48	If Yes, provide further details.		

**B – POLICIES & PROCEDURES**

49	Has the Entity documented policies and procedures consistent with applicable AML, CTF & Sanctions regulations and requirements to reasonably prevent, detect and report?	<input type="checkbox"/> Money laundering <input type="checkbox"/> Terrorist financing <input type="checkbox"/> Sanctions violations	
50	Are the Entity's policies and procedures updated at least annually?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
51	Are the Entity's policies and procedures gapped against/compared to?	<input type="checkbox"/> US Standards <input type="checkbox"/> EU Standards	
52	Does the Entity have policies and procedures that:		
A	Prohibit the opening and keeping of anonymous and fictitious named accounts	<input type="checkbox"/> Yes	<input type="checkbox"/> No
B	Prohibit the opening and keeping of accounts for unlicensed banks	<input type="checkbox"/> Yes	<input type="checkbox"/> No
C	Prohibit dealing with other entities that provide banking services to unlicensed banks	<input type="checkbox"/> Yes	<input type="checkbox"/> No
D	Prohibit accounts/relationships with shell banks	<input type="checkbox"/> Yes	<input type="checkbox"/> No
E	Prohibit dealing with another entity that provides services to shell banks	<input type="checkbox"/> Yes	<input type="checkbox"/> No
F	Prohibit opening and keeping of accounts for any of unlicensed/unregulated remittance agents, exchanges houses, or money transfer agents	<input type="checkbox"/> Yes	<input type="checkbox"/> No

<b>G</b>	<b>Assess the risks of relationships with domestic and foreign PEPs, including their family and close associates</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>H</b>	<b>Define escalation processes for financial crime risk issues</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>I</b>	<b>Define the process, where appropriate, for terminating existing customer relationships due to financial crime risk</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>J</b>	<b>Specify how potentially suspicious activity identified by employees is to be escalated and investigated</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>K</b>	<b>Outline the processes regarding screening for sanctions, PEPs and negative media</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>M</b>	<b>Assess the risk of walk-in customer</b>		
<b>53</b>	<b>Has the Entity defined a risk tolerance statement or similar document which defines a risk boundary around their business?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>54</b>	<b>Does the Entity have record retention procedures that comply with applicable laws? If Yes, what is the retention period?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>55</b>	<b>Has your country established laws &amp; regulations designed to combat and criminalize money laundering and combating the financing of terrorism?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>56</b>	<b>Are these laws &amp; regulations compliant with FATF's (40+9) recommendations?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

***C- RISK ASSESSMENT***

<b>57</b>	<b>Does the Entity's AML &amp; CTF risk assessment cover the inherent risk for these components:</b>	<input type="checkbox"/> Product	<input type="checkbox"/> Client
		<input type="checkbox"/> Geography	<input type="checkbox"/> Channel
		<input type="checkbox"/>	

58	Does the Entity's AML & CTF risk assessment cover the controls effectiveness for these components:	<input type="checkbox"/> Customer Due Diligence <input type="checkbox"/> Transaction Monitoring <input type="checkbox"/> Transaction Screening <input type="checkbox"/> PEP Identification <input type="checkbox"/> Name Screening against Adverse Media & Negative News <input type="checkbox"/> Training and Education <input type="checkbox"/> Management Information <input type="checkbox"/> Governance
59	Has the Entity's AML & CTF risk assessment been completed in the last 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
60	If No, provide the date when the last AML & CTF risk assessment was completed.	
61	Does the Entity's Sanctions risk assessment cover the inherent risk for these components:	<input type="checkbox"/> Product <input type="checkbox"/> Client <input type="checkbox"/> Geography <input type="checkbox"/> Channel
62	Does the Entity's Sanctions risk assessment cover the controls effectiveness for these components:	<input type="checkbox"/> Transaction Screening <input type="checkbox"/> Customer Due Diligence <input type="checkbox"/> List Management <input type="checkbox"/> Name Screening <input type="checkbox"/> Governance <input type="checkbox"/> Training and Education <input type="checkbox"/> Management Information
63	Has the Entity's Sanctions risk assessment been completed in the last 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
64	If No, provide the date when the last Sanctions risk assessment was completed.	

#### ***D – SANCTIONS***

65	Does the Entity have a Sanctions Policy approved by management regarding compliance with sanctions law applicable to the Entity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
66	Does the Entity have policies,	<input type="checkbox"/> Yes <input type="checkbox"/> No

	procedures or other controls reasonably designed to prohibit and/or detect actions taken to evade applicable sanctions prohibitions?	
67	Does the Entity screen its customers, including beneficial ownership information collected by the Entity, during on boarding and regularly thereafter against Sanctions Lists?	<input type="checkbox"/> Yes <input type="checkbox"/> No
68	What is the method used by the Entity?	<input type="checkbox"/> Manual <input type="checkbox"/> Automated <input type="checkbox"/> Combination of automated and manual
69	Does the Entity screen all sanctions relevant data, including at a minimum, entity and location information?	<input type="checkbox"/> Yes <input type="checkbox"/> No
70	What is the method used by the Entity?	Manual <input type="checkbox"/> Automated <input type="checkbox"/> Combination of automated and manual
71	Select the Sanctions Lists used by the Entity in its sanctions screening processes:	<input type="checkbox"/> Consolidated United Nations Security Council Sanctions List (UN) <input type="checkbox"/> United States Department of the Treasury's Office of Foreign Assets Control (OFAC) <input type="checkbox"/> Office of Financial Sanctions Implementation HMT (OFSI) <input type="checkbox"/> European Union Consolidated List (EU) Lists maintained by other G7 member countries <input type="checkbox"/> Other
72	When regulatory authorities make updates to their Sanctions list, how many business days before the entity updates their active manual and/or automated screening systems against:	
A	Customer Data	<input type="checkbox"/> Same day to 2 business days <input type="checkbox"/> Within 3 to 5 business days <input type="checkbox"/> After 6 or more business days
B	Transactions	<input type="checkbox"/> Same day to 2 business days <input type="checkbox"/> Within 3 to 5 business days <input type="checkbox"/> After 6 or more business days
73	Does the Entity have a physical	<input type="checkbox"/> Yes <input type="checkbox"/> No

	presence, e.g. branches, subsidiaries, or representative offices located in countries/regions against which UN, OFAC, OFSI, EU and G7 member countries have enacted comprehensive jurisdiction-based Sanctions?	
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#### **IV. ANTI BRIBERY & CORRUPTION**

74	Has the Entity documented policies and procedures consistent with applicable ABC regulations and requirements to [reasonably] prevent, detect and report bribery and corruption?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
75	Does the Entity have an enterprise wide programme that sets minimum ABC standards?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
76	Has the Entity appointed a designated officer or officers with sufficient experience/expertise responsible for coordinating the ABC programme?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
77	Is the Entity's ABC programme applicable to all branches and subsidiaries?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
78	<b>Does the Entity have a global ABC policy that:</b>		
A	Prohibits the giving and receiving of bribes? This includes promising, offering, giving, solicitation or receiving of anything of value, directly or indirectly, if improperly intended to influence action or obtain an advantage.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
B	Includes enhanced requirements regarding interaction with public officials?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
C	Includes a prohibition against the falsification of books and records (this may be within the ABC policy	<input type="checkbox"/> Yes	<input type="checkbox"/> No

	or any other policy applicable to the Legal Entity)?	
79	Does the Entity have controls in place to monitor the effectiveness of their ABC programme?	<input type="checkbox"/> Yes <input type="checkbox"/> No
80	Does the Entity's Board or Senior Management Committee receive regular Management Information on ABC matters?	<input type="checkbox"/> Yes <input type="checkbox"/> No
81	Does the Entity perform an Enterprise Wide ABC risk assessment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
82	If Yes, select the frequency:	<input type="checkbox"/> 12 Months <input type="checkbox"/> 18 Months
83	Does the Entity's internal audit function or other independent third party cover ABC Policies and Procedures?	<input type="checkbox"/> Yes <input type="checkbox"/> No
84	Does the Entity provide ABC training that is targeted to specific roles, responsibilities and activities?	<input type="checkbox"/> Yes <input type="checkbox"/> No

## V. MONITORING & REPORTING/PAYMENT TRANSPARENCY

### A- MONITORING & REPORTING

85	Does the Entity have risk based policies, procedures and monitoring processes for the identification and reporting of suspicious activity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
86	What is the method used by the Entity to monitor transactions for suspicious activities?	<input type="checkbox"/> Manual <input type="checkbox"/> Automated <input type="checkbox"/> Combination of automated and manual
87	If manual or combination selected, specify what type of transactions are monitored manually?	
88	Does the Entity have regulatory requirements to report suspicious transactions?	<input type="checkbox"/> Yes <input type="checkbox"/> No

89	If Yes, does the Entity have policies, procedures and processes to comply with suspicious transaction reporting requirements?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
90	Does the Entity have policies, procedures and processes to review and escalate matters arising from the monitoring of customer transactions and activity?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**B – PAYMENT TRANSPARENCY**

91	Does the Entity have policies, procedures and processes to [reasonably] comply with and have controls in place to ensure compliance with?	<input type="checkbox"/> FATF Recommendation <input type="checkbox"/> Local Regulations <input type="checkbox"/> None	
92	Does the Entity have processes in place to respond to Request For Information (RFIs) from other entities in a timely manner?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
93	Does the Entity have controls to support the inclusion of required and accurate originator information in international payment messages?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
94	Does the Entity have controls to support the inclusion of required beneficiary information international payment messages?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**C – AUDIT/ QUALITY ASSURANCE /COMPLIANCE TESTING**

95	Does the Entity have a program wide risk based Compliance Testing process (separate to the independent Audit function)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
96	Does the Entity have an internal audit function, a testing function or other independent third party, or both, that assesses FCC AML, CTF	<input type="checkbox"/> Yes	<input type="checkbox"/> No





<b>A</b>	<b>Identification and reporting of transactions to government authorities</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>B</b>	<b>Examples of different forms of money laundering, terrorist financing and sanctions violations relevant for the types of products and services offered</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>C</b>	<b>Internal policies for controlling money laundering, terrorist financing and sanctions violations</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>D</b>	<b>New issues that occur in the market, e.g. significant regulatory actions or new regulations</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>101</b>	<b>Does the Entity provide AML, CTF &amp; Sanctions training that is targeted to specific roles, responsibilities and high risk products, services and activities?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>102</b>	<b>Does the Entity provide customized training for AML, CTF and Sanctions staff?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

### ***VII. Contact Details***

<b>103</b>	<b>Name of MLRO</b>	
<b>104</b>	<b>Title</b>	
<b>105</b>	<b>Address</b>	
<b>106</b>	<b>E-mail</b>	
<b>107</b>	<b>Phone number</b>	
<b>108</b>	<b>Fax Number</b>	

***VIII. We hereby confirm that the statements given above are true and correct***



109	<b>Name</b>	
110	<b>Title</b>	
111	<b>Address</b>	
112	<b>E-mail</b>	
113	<b>Phone number</b>	
114	<b>Fax Number</b>	
115	<b>Date and Authorized Signature</b>	