

## Anti-Money Laundering Questionnaire

*Additional information can be supplied at the end of the questionnaire.*

### I. General Information

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1. Legal Name of Financial Institution (FI) : .....
2. Registered Office Address : .....
3. Registration/License No : .....
4. Tax Identification No .....
5. FATCA Status: .....
6. Global Intermediary Identification Number (GIIN): .....

### II. Ownership Structure

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1. Is your FI publicly owned? YES  NO
2. Is your FI listed on any stock exchange? YES  NO   
 If "YES", which one(s)?  
 .....
3. Please provide a list of the beneficial owners, who own, control or have power to vote for 10 pct or more of any class of voting shares; or of the 10 largest shareholders, if no owner has greater than 10 pct.  
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### III. Regulatory Information

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1. Please identify the regulatory authority that supervises your FI : .....
2. Has your country established laws designed to prevent Money Laundering and terrorist financing activities? YES  NO
3. Does your FI adhere to the Anti-Money Laundering and special terrorist financing recommendations developed by the Financial Action Task Force (FATF)? YES  NO
4. Has your FI been reviewed by any government authority for compliance with Anti-Money Laundering laws and regulations in the last five years? YES  NO   
 If "YES", please explain the reason and by which government authority?  
 .....  
 .....

5. Has your institution ever been subject to supervisory or criminal punishment caused by AML and CTF matters? YES  NO   
 If yes, please provide reason analyses, measures taken to compensate and the effects.

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**IV. General AML Policies, Practices and Procedures**

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1. Is the AML compliance program approved by the FI's board or a senior committee? YES  NO

2. Does the FI have a legal and regulatory compliance program that includes a designated officer, who is responsible for coordinating and overseeing the AML framework? YES  NO

3. Does your institution have specially designated department and staff responsible for coordinating and overseeing the AML program? YES  NO

4. Has the FI developed written policies documenting the processes that are in place to prevent, detect and report suspicious transactions? YES  NO   
 If "NO", when does your FI plan to introduce it? .....

5. In addition to inspections by the government supervisors/regulators, does the FI have an internal audit function or other independent third party that assesses AML policies and practices on a regular basis? YES  NO

6. Does the FI have a policy prohibiting accounts/relationships with shell banks? (A shell bank is defined as a bank incorporated in a jurisdiction in which it has no physical presence and which is unaffiliated with a regulated financial group and which is not subject to inspection by the respective banking authorities.) YES  NO

7. Does the FI have policies to reasonably ensure that they will not conduct transactions with or on behalf of shell banks through any of its accounts or products? YES  NO

8. Does the FI have policies covering relationships with Politically Exposed Persons (PEP's), their family and close associates? YES  NO

9. Does the FI have record retention procedures that comply with applicable laws? YES  NO   
 .....years

10. Are the FI's AML policies and practices being applied to all Branches and subsidiaries of the FI both in the home country and in locations outside of that jurisdiction? YES  NO

**V. Risk Assessment**

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|----|---|------------------------------|-----------------------------|
| 1. | Does the FI have a risk-based assessment of its customer base and their transactions?   | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 2. | Does the FI determine the appropriate level of enhanced due diligence necessary for those categories of customers and transactions that the FI has reason to believe pose a heightened risk of illicit activities at or through the FI? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 3. | Does your institution take measures to identify customers when they use electronic banking services like Telephone Banking, Internet Banking, ATM and other electronic service facilities?  | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

**VI. Know Your Customer, Due Diligence and Enhanced Due Diligence**

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|----|--|------------------------------|-----------------------------|
| 1. | Has the FI implemented processes for the identification of those customers, on whose behalf it maintains or operates accounts or conducts transactions?        | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 2. | Does the FI have a requirement to collect information regarding its customers' business activities?  | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 3. | Does the FI assess its FI customers' AML policies or practices?  | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 4. | Does the FI have a process to review and, where appropriate, update customer information relating to high risk client information?                             | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 5. | Does the FI have procedures to establish a record for each new customer noting their respective identification documents and 'Know Your Customer' information? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 6. | Does the FI provide payable through accounts* to correspondent banks?  | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

If "Yes",

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|----|---|------------------------------|-----------------------------|
| a. | Does the FI perform adequate due diligence on third parties allowed to transact business on the accounts and ensure that the relevant customer identification data will be provided upon request. | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
|----|---|------------------------------|-----------------------------|

b. Please confirm that the account of the FI with ICBC Turkey –if any– is and will not be used in connection with any payable through account or service that the FI offers to its clients

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|----|---|------------------------------|-----------------------------|
| 7. | Does the FI complete a risk-based assessment to understand the normal and expected transactions of its customers? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 8. | Does your institution open anonymous accounts for customers?  | YES <input type="checkbox"/> | NO <input type="checkbox"/> |



**VII. Reportable Transactions and Prevention and Detection of Transactions with Illegally Obtained Funds**

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|----|--|------------------------------|-----------------------------|
| 1. | Does the FI have policies or practices for the identification and reporting of transactions that are required to be reported to the authorities?             | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 2. | Where cash transaction reporting is mandatory, does the FI have procedures to identify transactions structured to avoid such obligations?                    | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 3. | Does the FI screen customers and transactions against lists of persons, entities or countries issued by government/competent authorities?                    | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 4. | Has your institution applied effective measures to prohibit any trade with entities or individuals defined by blacklist (UN, EU, OFAC, etc.)?                | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 5. | Does the FI have policies to reasonably ensure that it only operates with correspondent banks that possess licenses to operate in their countries of origin? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 6. | Does FI adhere to the Wolfsberg Transparency Principles and the appropriate usage of the SWIFT MT 202/202COV and MT 205/205COV message formats?              | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

**VIII. Transaction Monitoring**

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|----|---|------------------------------|-----------------------------|
| 1. | Does the FI have a monitoring program for unusual and potentially suspicious activity that covers funds transfers and monetary instruments such as travelers checks, money orders, etc? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
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**IX. AML Training**

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|----|--|------------------------------|-----------------------------|
| 1. | Does the FI provide AML training to relevant employees that includes:  | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
|    | <ul style="list-style-type: none"><li>• Identification and reporting of transactions that must be reported to government authorities.</li><li>• Examples of different forms of money laundering involving the FI's products and services.</li><li>• Internal policies to prevent money laundering.</li></ul> |                              |                             |
| 2. | Does the FI retain records of its training sessions including attendance records and relevant training materials used?   | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 3. | Does the FI communicate new AML related laws or changes to existing AML related policies or practices to relevant employees?   | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 4. | Does the FI employ third parties to carry out some of the functions of the FI?   | YES <input type="checkbox"/> | NO <input type="checkbox"/> |



5. If the answer to question IX / 4 is "YES", does the FI provide AML training to relevant third parties that includes: YES  NO

- Identification and reporting of transactions that must be reported to government authorities.
- Examples of different forms of money laundering involving the FI's products and services.
- Internal policies to prevent money laundering.

Space for additional information:  
(Please indicate which question the information is referring to)

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I/We, on behalf of "....." confirm that, I/we am/are authorized to complete and sign this document and the above information is accurate, complete and correct in all material respects and contains no untrue or misleading statement and reflective of our Financial Institution's Anti-Money Laundering and Know Your Customers policies, procedures and program.

Place and Date : .....

Full Name(s) : .....

Title(s) : .....

Signature(s) : .....

THANK YOU FOR YOUR COOPERATION

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- Questions referring to Financial Institution shall be considered by including all domestic and overseas branches, subsidiaries and affiliates in addition to the Head Office.
  - For the purpose of the Questionnaire, "physical presence" means a place of business located at a fixed address, in a country in which the bank is authorized to conduct banking activities; and where the bank employs individuals full time and maintains operating records related to banking activities; and where the bank is subject to inspection by the respective banking authority, which licensed the bank to conduct banking activities.
  - **\*Payable Through Account:** The customers of the Financial Institutions or other third parties have direct access to the services provided under the correspondent banking relationship.