**[Fillable Form]**

**ANTI - MONEY LAUNDERING & COMBATING FINANCING OF TERRORISM QUESTIONNAIRE**

As per BFIU Circular 26 dated 16th June 2020

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| **A. BASIC INFORMATION** | | |
| 1. | Name of the Institution : | |
| 2. | Registered Address : | |
| 3. | Website Address : | |
| 4. | Principal Business Activities : | |
| 5. | Regulatory Authority : | |
| 6. | Operational Status :  • Does your Bank maintain a physical presence in the licensing country? | Yes No |

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| **B . OWNERSHIP / MANAGEMENT** | | |
| 7. | Is your institution listed in any stock exchange?  If so, which stock exchange? | Yes No |
| 8. | If ‘’No’’ to Q7, please provide a list of the major shareholders holding more than 10% shares in your institution. |  |

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| **C. ANTI-MONEY LAUNDERING AND TERRORIST FINANCING CONTROLS** | | | | |
| If you answer “no” to any question, additional information can be supplied at the end of the questionnaire. | | | | |
| **I. General AML & CFT Policies, Practices and Procedures:** | | | | |
| 9. | Does your institution have policies and procedures approved by your institution’s board or senior management to prevent money laundering and Combat Financing of Terrorism? | | | Yes No |
| 10. | Does your institution have a legal and regulatory compliance program that includes a designated officer that is responsible for coordinating and overseeing the AML/CFT framework? | | | Yes No |
| 11. | Has your institution developed written policies documenting the processes that they have in place to prevent, detect and report suspicious transactions? | | | Yes No |
| 12. | Does your institution 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.)* | | | Yes No |
| 13. | Does your institution permit the opening of anonymous or numbered accounts by customers? | | | Yes No |
| 14. | Does your institution 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 |
| 15. | Does your institution have policies covering relationships with Politically Exposed Persons (PEP’s), their family and close associates? | | | Yes No |
| 16. | Does your institution have policies and procedures that require keeping all the records related to customer identification and their transactions?  If ‘’Yes’’, for how long? | | | Yes No |
| **II. Risk Assessment** | | | | |
| 17. | Does your institution have a risk-based assessment of its customer base and their transactions? | | Yes No | |
| 18. | Does your institution 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 No | |
| **III. Know Your Customer, Due Diligence and Enhanced Due Diligence** | | | | |
| 19. | Has your institution implemented processes for the identification of those customers on whose behalf it maintains or operates accounts or conducts transactions? | | Yes No | |
| 20. | Does your institution have a requirement to collect information regarding its customers’ business activities? | | Yes No | |
| 21. | Does your institution have a process to review and, where appropriate, update customer information relating to high risk client information? | | Yes No | |
| 22. | Does your institution have procedures to establish a record for each new customer noting their respective identification documents and ‘Know Your Customer’ information? | | Yes No | |
| 23. | Does your institution complete a risk-based assessment to understand the normal and expected transactions of its customers? | | Yes No | |
| **IV. Reportable Transactions for Prevention and Detection of ML/TF** | | | | |
| 24. | Does your institution have policies or practices for the identification and reporting of transactions that are required to be reported to the authorities? | | Yes No | |
| 25. | Where cash transaction reporting is mandatory, does your institution have procedures to identify transactions structured to avoid such obligations? | | Yes No | |
| 26. | Does your institution screen customers and transactions against lists of persons, entities or countries issued by government/competent authorities or under the UN security Council Resolution? | | Yes No | |
| 27. | Does your institution have policies to reasonably ensure that it only operates with correspondent banks that possess licenses to operate in their countries of origin? | | Yes No | |
| **V. Transaction Monitoring** | | | | |
| 28. | Does your institution 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 No | | |
| **VI. AML Training** | | | | |
| 29. | Does your institution provide AML& CFT training to relevant employees of your organisation? | Yes No | | |
| 30. | Does your institution communicate new AML related laws or changes to existing AML related policies or practices to relevant employees? | Yes No | | |
| 31. | Does your institution provide AML training to relevant third parties if they are employed to carry out some of the functions of your organization? | Yes No | | |

**Space for additional information:**

*(Please indicate which question the information is referring to.)*

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| **D. GENERAL** | | |
| 32. | Does the responses provided in this Declaration applies to the following entities:  · Head Office and all domestic branches  · Overseas branches  · Domestic subsidiaries  · Overseas subsidiaries | Yes No  Yes No  Yes No  Yes No |
|  | If the response to any of the above is ‘’No’’, please provide a list of the branches and /or subsidiaries that are excluded, including the name of the institution, location and contact details. | |

I, the undersigned, confirm to the best of my knowledge that the information provided in this questionnaire is current, accurate and representative of the anti-money laundering and anti-terrorist financing policies and procedures that are established in my institution.

I also confirm that I am authorized to complete this questionnaire on behalf of my institution.

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| Signature | : |  |
| Name | : |  |
| Designation | : |  |
| Date | : |  |
| Contact No | : |  |
| Email | : |  |