



KCB

Making the
Difference

ANTI-MONEY LAUNDERING

KNOW YOUR CUSTOMER (KYC) QUESTIONNAIRE

I. BIOGRAPHICAL INFORMATION

Institution Name:

Registration No.:

License No.:

Website

Swift Code

FATCA GIIN

Country of
Incorporation

Name of Regulator

Registered address (Head Office):

Tel No: Fax No.:

Email: Website:

Physical Address of Head Office / Principal Place of Business:

II OWNERSHIP STRUCTURE

- 1. Are you publicly owned: yes no
- 2. Are you listed on any stock exchange: yes no

3. If listed on a stock exchange, which

If not listed, please attach a list indicating names and contact addresses of the beneficial owners of the institution (including their nominees, if their shares are held by nominees) who own, control or have power to vote for 25 percent or more of any class of voting securities or other voting interests; or of the 10 largest shareholders if no owner has greater than 25%.

(Include attachments if necessary)

Name	% Ownership	Contact Address

4. Please attach a list indicating names and contact addresses of the executive and non-executive directors of the main Board of Directors.

(Include attachments if necessary)

Name	Contact Address

5. Please attach a list indicating names of the Senior Management Committee (Executive Management)

(Include attachments if necessary)

III. BUSINESS DETAILS

1. List your major business activities

2. What is the purpose of maintaining relationship with our Bank

3. Does your Institution maintain correspondent relationships with any banks/Financial institutions incorporated/located in sanctioned countries? If yes please provide names of such banks/financial institutions.

4. Are the shares of your institution issued as bearer shares?
Yes No

Bearer shares refers to shares owned by the person who holds the physical share certificate, and is transferable by delivery)

- 5 Does your institution have policies covering Code of ethical conduct to maintain zero tolerance for all forms of corruption, bribery and unethical business practice?
Yes No

IV THE ANTI-MONEY LAUNDERING REGIME OF THE FINANCIAL INSTITUTION

1. Do you have written Know-Your-Customer (KYC) and Anti-Money Laundering (AML) Policies? Yes No

If no, please explain why not:

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2. Does your institution have a formal/independent Anti-Money Laundering Compliance Function with written policy, controls and procedures designed to prevent and report money laundering / terrorist financing activities??
Yes No

If no, please explain why not:

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3. Has your Institution appointed a senior officer responsible for your institution's AML program? Yes No

If yes, please provide the following information:

Name:
Title:
Mailing Address:
Telephone Number:
email address:

4. Has the country of registration of your Head Office / or your Principal Place of Business established laws/regulations concerning AML/KYC? Yes No

Please indicate the relevant law(s) here below:

Country	Regulatory Authority	Name of Law / Regulation

5. Does your country's relevant regulatory body require your institution to be subject to such laws/regulations, and to have a process for combating money laundering and terrorist financing? Yes No

If no, please explain why not:

6. Do you have foreign branches and / or subsidiaries? Yes No

- If yes, are these branches and / or subsidiaries subject to the anti-money laundering laws applicable to your head office? Yes No
- If no, please provide the regulatory authorities and relevant regulations for each foreign branch / subsidiary here below: ((Include attachments if necessary))

Country	Regulatory Authority	Name of Law

7. Do you verify the identity of customers including 'walk-in customers' prior to providing value transfer services? (such as telegraphic transfers, Bankers cheques or trade transactions)
Yes No

If no, please explain why not:

8. Do you conduct 'Name Matching' (against lists of suspected terrorists, e.g. UN 1267 committee list, US Treasury OFAC SDN list) before opening new customer accounts? Yes No

If no, please explain why not:

If yes, which lists are used to conduct the 'Name Matching' exercise?

9. List the KYC procedures you follow before you open a customer account.

(Include attachments if necessary)

10. Do you keep a complete record off all transactions done with walk-in and other customers together with identification documentation for future reference?

Yes No

If yes, what is the safe-keeping period?

If no, please explain why not:

11. Do you keep a copy of ALL customers' identification documents on file for future reference and for how long?

Yes No If yes, for years

If no, provide reasons:

12. Do you offer accounts or services to anonymous customers, (i.e. without obtaining and recording their identification?)

Yes No

If yes, provide detail of such circumstances:

13. Do you have any active anonymous accounts (see definition of anonymous in (12.) above) in your institution?

Yes No

If yes, provide detail of such circumstances:

14. Does your Institution provide banking services to customers determined to be high risk, including but not limited to:

- | | | |
|---|------------------------------|-----------------------------|
| ▪ Shell Banks | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| ▪ Offshore Banks* | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| ▪ Entities in high risk jurisdictions
(e.g. NCCT's as defined by FATF) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

*(The "term off-shore banks" means bank's licensed to conduct banking activities, where, as a condition of the license, the licensed entity is prohibited from conducting banking activities with the citizens of, or with the local currency of, the country which issued the license.)

If yes, provide detail of such circumstances:

15. Does your institution have an automated Information System that is used to:
- i. Identify transactions (automated or not) that are over a certain limit?
Yes No

 - ii. Monitor for related or split transactions (automated or not) carried out over a period of time, which if considered together would amount to significant or "over-limit" amounts? Yes No

If you have answered no to any of the above, provide detail of how such transactions are monitored:

(Include attachments if necessary)

16. Describe any monitoring additional to that stated in (15.) above that you conduct on transactions to ensure that your institution is not being used as a conduit for money laundering or terrorist financing.

(Include attachments if necessary)

17. Do you record the names and addresses of remitters and the reasons for any outward remittance of funds?
yes no

If no, provide detail of what is recorded:

18. a). For outward remittances, do you record the names and addresses of the beneficiaries and the purpose of funds? Yes No

b.) For incoming funds transfers, do you record the names and addresses of the beneficiaries and the purpose of funds? Yes No

If you have answered no to any of the above, provide detail of what is recorded in each case:

19. Does your Institution require your internal auditor to review your KYC and AML policies and procedures to ascertain if they are complied with?
Yes No

If yes, state the date of the last review and findings:

20. Does your Institution you require your external auditor to review your KYC and AML policies and procedures to ascertain if they are complied with?
Yes No

If yes, state name of the audit firm, date of the last review and findings:

21. How often do you provide your employees with anti-money laundering training and to whom is the training provided?

Declaration

I certify that to the best of my knowledge, the information provided in this questionnaire is current, accurate, and reflective of my institution's policies to combat money laundering and financing of terrorism.

I further confirm and certify that I am duly authorized to complete this document.

Name: _____

Signature: _____

Designation: _____

Contact detail: _____

Date: _____