



**Anti Money Laundering Questionnaire
&
Know Your Customer Questionnaire**

It is Union Bank UK Plc's policy to obtain information from all our correspondents relative to their anti-money laundering/anti-terrorism controls. Your cooperation in completing this questionnaire is greatly appreciated.

| Section 1 : Corporate Information | | |
|---|--|---|
| Name of Institution | | |
| Address of Institution | | |
| Client Identification Number <i>To be completed by UBUK employee</i> | | |
| Please check the primary business activities of the bank | | <input type="checkbox"/> Personal Banking <input type="checkbox"/> Corporate Banking <input type="checkbox"/> Correspondent Banking <input type="checkbox"/> Trade Finance <input type="checkbox"/> Investments <input type="checkbox"/> Insurance <input type="checkbox"/> Private Banking Other: |
| Is the bank situated in a FATF member country? (if no, is the country is an observer or associate member of FATF? Yes <input type="checkbox"/> No <input type="checkbox"/>) | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| i. | Total number of domestic branches and subsidiaries | Branches: Subsidiaries: |
| ii. | Total number of international branches and subsidiaries. | Branches: Subsidiaries: |
| iii. | Total # of employees | |
| iv. | Net assets of the bank | |
| v. | Overall Size/Ranking (e.g. 1 st , 2 nd 3 rd , 4 th ...largest bank in the country) | |
| vi. | List of the key market locations (i.e. jurisdictions that you serve) if any | |
| Please provide a list of your correspondent banking relationships. | | |
| Name & contact details of Head of AML Compliance: | | |

| Section 2 : AML Laws | | | |
|----------------------|---|------------------------------|-----------------------------|
| 1. | Has the country in which you are located established laws designed to prevent money laundering? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. | Has the country in which you are located established laws designed to prevent terrorist financing? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. | Has the country in which you are located established a central reporting agency for the purpose of collecting and assessing suspicious transaction reports? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. | Name of the Entity: | | |
| 4. | Are your KYC & AML policies & procedures subject to audit by your regulatory body? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Section 3 of 6: Client Due Diligence

| | | | |
|-----|---|------------------------------|-----------------------------|
| 1. | Is your financial institution's AML compliance program approved by your board or a senior committee? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. | Has your institution implemented written policies and procedures on KYC? If the answer is yes, please proceed to question 4 | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. | If the answer is no, please explain why not. Is your institution taking steps to implement written KYC policies? When will the policies be implemented? | | |
| 4. | Has your institution implemented systems for the identification of its customers, including customer information in the case of recorded transactions, account opening, one-off transactions (i.e. walk-in clients) etc. <i>(for example; name, nationality, street address, telephone number, occupation, age/ date of birth, number and type of valid official identification, as well as the name of the country/state that issued it)?</i> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5. | Does your financial institution initiate/process transactions on behalf of non-clients (i.e. clients that conduct one-off transactions)? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 6. | Does your institution have a requirement to collect information regarding its customers' business activities? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 7. | Does your institution confirm the existence of corporations or entities and beneficial ownership via independent source documents? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 8. | Does your financial institution have policies to reasonably ensure that it only operates with correspondent banks that possess licenses to operate in the country they are located in? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 9. | Does your institution have procedures to establish a record for each customer noting their respective identification documents and Know Your Customer information collected at account opening? How often is the due diligence information for existing customers required: _____ | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 10. | Does your institution take steps to understand the normal and expected transactions of your customers based on your risk assessment of your customers? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 11. | Does your institution open or maintain anonymous accounts or numbered accounts? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 12. | Does your financial institution have policies that cover relationships with politically exposed persons (i.e. PEPs), their families and close associates? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 13. | Does your institution employ enhanced due diligence for high risk clients such as Politically Exposed Persons, Correspondent Banks, Money Service Businesses? Who signs off new high risk customers (including PEP): _____ | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 14. | Has your institution implemented procedures related to record retention pursuant to applicable law? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 15. | Does your institution have any Shell Bank Involvement? (A Shell Bank is a financial institution that does not have a physical presence in any country) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 16. | Is your external auditor required to review your KYC & AML policies & procedures to ascertain that rules and regulations are fully complied with? When did the last audit take place: _____ | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 17. | Do you have independent AML Compliance function? If no, provide reasons | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

| | | | |
|----|---|------------------------------|-----------------------------|
| 8. | Do you require walk-in customers to produce identification documents for reference and verify before providing any service? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 9. | Do you offer Bureau de Change service to your customer and the general public? Please provide details of the procedures in place, particularly in respect of non-customers: _____ _____ | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Section 4: Transaction Monitoring

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|-----|--|------------------------------|-----------------------------|
| 1. | Has your institution developed written policies documenting the processes to prevent, detect and report suspicious transactions that have been approved by senior management? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. | Does your institution have policies or practices for the identification and reporting of transactions that are required to be reported to the authorities? How many disclosures for suspected money laundering in the past 12 months (as opposed to routine reporting of transactions above a required amount) _____ | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. | Does your institution rely on automated processes in order to detect unusual activity related to money laundering? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. | Does your institution have a monitoring program for suspicious or unusual activity? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5. | Is your financial institution required to report large cash transactions? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 6. | Does your institution screen your customer database against proscribed lists to ensure that it is not providing financial services to a listed person or entity? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 7. | Is this client screening process completed through an automated system? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 8. | If the client screening process is completed manually, please provide the frequency in which the screening is completed. | | |
| 9. | Does your institution screen transactions (e.g. wire payment) to ensure that financial services are not facilitated on behalf of, or in favour of a listed individual/entity/country? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 10. | Is the screening process for question 9 automated? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 11. | Do you refuse to process an inward remittance if the source of funds is not clear? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 12. | Do you have any arrangements in place relating to profiling of countries with which your customers conduct business? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 13. | Do you maintain a complete record of all transactions conducted on behalf of walk-in customers together with customers' identification for future reference? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 14. | Are all cash transactions reported to Compliance daily or only those transactions over a certain limit? Please mention any certain limit _____ | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Section 5 of 6: Training and Audit

| | | | |
|----|--|--------------------------------------|-----------------------------------|
| 1. | <u>DOES YOUR INSTITUTION HAVE AN EMPLOYEE-TRAINING PROGRAM TO TEACH EMPLOYEES ABOUT MONEY LAUNDERING/TERRORIST FINANCING AND TO ASSIST THEM IN IDENTIFYING/REPORTING SUSPICIOUS ACTIVITIES?</u> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. | <u>HOW OFTEN DO YOU TRAIN YOUR EMPLOYEES?</u> | Half Yearly <input type="checkbox"/> | Annually <input type="checkbox"/> |
| 3. | <u>DOES YOUR TRAINING PROGRAM INCLUDE PROVIDING TRAINING TO SENIOR MANAGEMENT, INTERNAL DIRECTORS AND NEDS?</u> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. | Does your institution have an established audit and compliance review function to test the adequacy of your Anti-Money Laundering/Terrorist Financing policies and programs? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5. | Does your financial institution 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"/> |

Section 6 of 6: Compliance with Regulatory Requirements

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|----|---|------------------------------|-----------------------------|
| 1. | <u>IS YOUR INSTITUTION COMPLIANT WITH THE ANTI-MONEY LAUNDERING LAWS/TERRORIST FINANCING LAWS OF THE JURISDICTION IN WHICH YOU OPERATE?</u> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. | Within the past 5 years, has your institution been subject to civil or criminal penalties stemming from deficiencies in your AML/ATF program? If the answer is yes, please provide a detailed explanation on the penalty and the measures that your institution has undertaken to improve matters. (Use separate sheet and attach with this questionnaire) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

I confirm that the above information is current, accurate and reflective of my institution's Know Your Customer/Anti-Money Laundering policies.

Name:

Signature:

Position:

Date:

Shareholding and Management Information on Correspondent Bank

| | |
|--|--|
| Client name and address | |
| Country and year of incorporation | |
| Name of regulatory authority | |

List of All Owners with Up to 5% Ownership Interest

| Name | Address | % Ownership |
|-------------|----------------|--------------------|
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Executive Management (Those involved in policy making decisions and day-to-day operations)

| Name | Address | Position |
|-------------|----------------|-----------------|
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