

Allied Bank Limited

Anti-Money Laundering & Countering the Financing of Terrorism (AML/CFT) Questionnaire

To comply with Bank's obligation as set down by AML/KYC/CFT Laws of Federal Government of Pakistan as well as of the State Bank of Pakistan (Central Bank), we kindly require all the Correspondent Partners to fill in the AML/CFT Questionnaire below:

Section: I

Corporate Information	
Full Legal Institution name	
Trading name(s) used (if different of the above)	
Principal Place of Business (Address)	
Full Address of the Registered Office	
Identification number of Institution	
Date of Incorporation	
City & Country of Incorporation	
External Auditors	
FATCA GIIN number	
Taxation number	
SWIFT/ BIC Code	
Name of Legal Representative	
Website Address	
Telephone number	
Number of Branches: → Local → Foreign	
Number of Subsidiaries/ Affiliates, if any → Local → Foreign	
Total number of Employees	
Contact Person Detail: → Name & Title → Telephone Number → Email Address → Mailing Address	

Section: II

Regulatory Status	
1) License	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, indicate: Name of the Regulatory Body and Website: → License Number: → Issuing Date: → Expiry Date:
2) Is your license subject to any type of restriction?	Yes <input type="checkbox"/> No <input type="checkbox"/>
3) Is your entity subject to supervision and control concerning the Anti Money Laundering and Counter-Financing Terrorism?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, indicate: Name of the Regulatory Authority and website:

Section: III

Purpose of Relationship	
4) Please state the purpose of establishing/ maintaining a relationship with Allied Bank?	
5) Expected business volume (Overall per annum):	
6) Do you have other accounts/ relationships in Pakistan? <i>If YES please provide details</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Section: IV

Ownership and Management Information	
7) What is the legal form of your Institution?	
8) Shareholder structure	State Owned Company Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please state: The percentage (%): Country of ownership: Private Company Yes <input type="checkbox"/> No <input type="checkbox"/>
9) Is your Institution publicly listed?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes:

	→ Name of stock exchange (s): → Country of stock exchange (s): → Symbol on which shares are traded:																				
10) Kingly list below all the individuals and entities that own 5% or more of shares of your Institution. <i>(Please add more rows, if necessary.)</i>																					
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 45%;">Full Name</th> <th style="width: 15%;">Ownership interest (%)</th> <th style="width: 20%;">Date of Birth</th> <th style="width: 20%;">Nationality</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>		Full Name	Ownership interest (%)	Date of Birth	Nationality																
Full Name	Ownership interest (%)	Date of Birth	Nationality																		
Have there any significant changes in ownership over last five years? If yes, please provide details:	Yes <input type="checkbox"/> No <input type="checkbox"/>																				
Are there any Politically Exposed Persons (PEP) among your Institution's ownership structure and executive management? If yes, please provide details <i>(name & role):</i> <i>(Politically Exposed Persons (PEPs) are individuals who are or have been entrusted with prominent public function, for example Heads of State or Government, Senior Politicians, Government Servants, Judicial or Military Officials, etc. as defined in FATF 40 Recommendations.)</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>																				

Section: V

Customer Base	YES	NO
Do you have customers who operate in the following areas:		
Retail customers	<input type="checkbox"/>	<input type="checkbox"/>
Corporate customers	<input type="checkbox"/>	<input type="checkbox"/>
Government/Supranational	<input type="checkbox"/>	<input type="checkbox"/>
Non-Banks Financial Institutions	<input type="checkbox"/>	<input type="checkbox"/>
Private Banking	<input type="checkbox"/>	<input type="checkbox"/>
Correspondent Banks	<input type="checkbox"/>	<input type="checkbox"/>
Money Service Business (e.g. Currency Exchange Houses, Money Remitters, Cases de Cambio, Foreign Exchange Providers)	<input type="checkbox"/>	<input type="checkbox"/>
Gaming, Casinos or Gambling	<input type="checkbox"/>	<input type="checkbox"/>

Arms and Munitions	<input type="checkbox"/>	<input type="checkbox"/>
Atomic Power	<input type="checkbox"/>	<input type="checkbox"/>
Adult Entertainment Industry	<input type="checkbox"/>	<input type="checkbox"/>
Jewellery/ Precious Metal Sales	<input type="checkbox"/>	<input type="checkbox"/>
Charitable Foundations and Non-Governmental Organizations	<input type="checkbox"/>	<input type="checkbox"/>

Section: VI

Customer Location (s)	
11) Are more than 10% of your customers located in a country other than where you are domiciled?	Yes <input type="checkbox"/> No <input type="checkbox"/>
12) If Yes to above, please list top 3 country locations of these customers:	

Section: VII

Type of Products and Services Offered	
Banking Services	<input type="checkbox"/> Mobile Banking <input type="checkbox"/> Online Banking
Banking Products	<input type="checkbox"/> Loans
	<input type="checkbox"/> Credit Cards
	<input type="checkbox"/> Bonds
	<input type="checkbox"/> Money markets
	<input type="checkbox"/> Syndicated loans
Cash Services	<input type="checkbox"/> Bulk cash activities
	<input type="checkbox"/> Cash management services, including deposit accounts
	<input type="checkbox"/> Cash letters/cheque clearings
	<input type="checkbox"/> International funds transfers
Market Products	<input type="checkbox"/> Foreign currency dealings
	<input type="checkbox"/> Investment advisers/investment banking
	<input type="checkbox"/> Overnight investment accounts (sweep accounts)
	<input type="checkbox"/> International fund transfers

	<input type="checkbox"/> Insurance
	<input type="checkbox"/> Islamic Banking
	<input type="checkbox"/> Derivatives and similar instruments
Trade Finance	<input type="checkbox"/> Documentary collection
	<input type="checkbox"/> Letters of credit
	<input type="checkbox"/> Guarantees
	<input type="checkbox"/> Standby L/C

Section: VIII

AML Compliance Program	YES	NO
13) Is the Institution based in a FATF-member country?	<input type="checkbox"/>	<input type="checkbox"/>
14) Does your country adhere to the anti-money laundering recommendations and special terrorist financing recommendations developed by the Financial Action Task Force (FATF) or its associated bodies/ organizations?	<input type="checkbox"/>	<input type="checkbox"/>
15) If your country is not a member of the FATF, please provide name of the comparable organization (e.g. Asia Pacific Group – APG on money laundering etc.) to which your country is associated. _____	<input type="checkbox"/>	<input type="checkbox"/>

Section: IX

General AML Policies, Practices & Procedures	YES	NO
16) Has your country established laws to combat money laundering and financing of terrorism according to FATF laid down standards? <i>If yes, please list the names/ references of your country's relevant laws:</i>	<input type="checkbox"/>	<input type="checkbox"/>
17) Does your Institution have policies and procedures approved by your Institution's board or senior management to prevent money laundering and terrorist financing?	<input type="checkbox"/>	<input type="checkbox"/>
18) Does anti-money laundering policy of your Institution adhere to local laws/ regulations of country?	<input type="checkbox"/>	<input type="checkbox"/>
19) Does your Institution have a legal and regulatory compliance program that includes a designated officer who is responsible for coordinating and overseeing the AML/CFT framework? If yes, provide the following information: → Name: → Title:	<input type="checkbox"/>	<input type="checkbox"/>

→ Mailing address: → Telephone number:		
20) Has your Institution developed written policies documenting the processes to prevent, detect and report suspicious transactions?	<input type="checkbox"/>	<input type="checkbox"/>
21) Does your Institution maintain relationships with 'offshore-corporates'?	<input type="checkbox"/>	<input type="checkbox"/>
22) Does your Institution have a policy prohibiting accounts/relationships with shell banks? (<i>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.</i>)		
23) Does your Institution have policies to reasonably ensure that it will not conduct transactions with or on behalf of shell banks through any of its accounts or products?	<input type="checkbox"/>	<input type="checkbox"/>
24) Does your Institution permit the opening of anonymous or numbered accounts by customers?	<input type="checkbox"/>	<input type="checkbox"/>
25) Does your Institution have policies covering relationships with Politically Exposed Persons (PEP's), their family and close associates?	<input type="checkbox"/>	<input type="checkbox"/>
26) Besides inspections by government supervisors/ regulators, does your Institution have an independent internal audit function that assesses/ tests AML policies on a regular basis?	<input type="checkbox"/>	<input type="checkbox"/>
27) 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? _____	<input type="checkbox"/>	<input type="checkbox"/>
28) Are the Institution's AML policies and practices being applied to all branches and subsidiaries of the Institution both in the home country and in locations outside of that jurisdiction?		
29) Within the past 5 years, has your Institution been subject to civil or criminal penalties stemming from deficiencies in your AML/ CFT program? If yes, please provide a detailed explanation on the penalty and the measures that your Institution has undertaken to improve matters.	<input type="checkbox"/>	<input type="checkbox"/>

Section: X

Risk Assessment	YES	NO
30) Does your Institution have a risk-based assessment of its customer base and their transactions?	<input type="checkbox"/>	<input type="checkbox"/>
31) Does your Institution determine the appropriate level of enhanced due diligence necessary for those categories of customers and transactions that have reason(s) to pose a heightened risk of illicit activities at or through the FI?	<input type="checkbox"/>	<input type="checkbox"/>

Section: XI

Know Your Customer, Due Diligence/ Enhanced Due Diligence	YES	NO
32) Does your Institution conduct due-diligence of its customers including their ownership structure on an on-going basis?	<input type="checkbox"/>	<input type="checkbox"/>
33) Does your Institution have procedures to obtain record for each customer regarding their respective identification documents, know your customer data at the time of account opening?	<input type="checkbox"/>	<input type="checkbox"/>
34) Has your Institution implemented processes for the identification of Beneficial Ownership (<i>those customers on whose behalf it maintains or operates accounts or conducts transactions</i>)?	<input type="checkbox"/>	<input type="checkbox"/>
35) Does your Institution have a requirement to collect information regarding its customers' business activities?	<input type="checkbox"/>	<input type="checkbox"/>
36) Does your Institution have a process to review and, where appropriate, update customer information for all customers? How frequently is KYC information updated? _____	<input type="checkbox"/>	<input type="checkbox"/>
37) Do you apply the customer due diligence measures (CDD) on Institutions to which you offer Correspondent banking services in accordance with the Wolfsberg principles for Correspondent Banks?	<input type="checkbox"/>	<input type="checkbox"/>
38) Does your Institution complete a risk-based assessment to understand the normal and expected transactions of its customers?	<input type="checkbox"/>	<input type="checkbox"/>

Section: XII

Transaction Monitoring & Reporting	YES	NO
39) Does your Institution have policies or practices for the identification and reporting of transactions that are required to be reported to the authorities?	<input type="checkbox"/>	<input type="checkbox"/>
40) Where cash transaction reporting is mandatory, does your Institution have procedures to identify transactions structured to avoid such obligations?	<input type="checkbox"/>	<input type="checkbox"/>
41) Does your Institution screen customers and transactions against lists of persons, entities or countries issued by government/ competent authorities?	<input type="checkbox"/>	<input type="checkbox"/>
42) 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?	<input type="checkbox"/>	<input type="checkbox"/>
43) Does your Institution have a monitoring program for unusual and potentially suspicious activity that covers funds transfers and monetary instruments such as traveler's cheques, money orders, etc.?	<input type="checkbox"/>	<input type="checkbox"/>
44) Do you adhere to the Wolfsberg Transparency Process and the	<input type="checkbox"/>	<input type="checkbox"/>

appropriate use of the SWIFT MT202/ 202COV and MT205/ 205COV message formats?		
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Section: XIII

Nested Accounts and Payable Through Accounts	YES	NO
45) Does your Institution offer payable through account? <i>(These are accounts of the Correspondent Bank that are used directly by your customers to conduct commercial operations or any other form of self-employed).</i>	<input type="checkbox"/>	<input type="checkbox"/>
46) Do you provide undisclosed Nested/ Downstream Correspondent bank accounts? <i>(Nested accounts occur when a financial Institution accesses the financial system in another country by operating through a correspondent banking account belonging to another financial Institution).</i>	<input type="checkbox"/>	<input type="checkbox"/>

Section: XIV

Correspondent Banking Relationship	YES	NO
47) Does your institution as a policy obtain sufficient information to gain an understanding of your correspondent business, reputation and regulatory history?	<input type="checkbox"/>	<input type="checkbox"/>
48) Are all new correspondent relationships approved by the Senior Management of your Institution?	<input type="checkbox"/>	<input type="checkbox"/>
49) Does your institution obtain and assess your correspondent's AML policies, and/or information regarding related SOPs or practices?	<input type="checkbox"/>	<input type="checkbox"/>
50) Has your Institution established procedures regarding an ongoing monitoring of activities conducted through correspondent accounts?	<input type="checkbox"/>	<input type="checkbox"/>
51) How many correspondents does your Institution have? <i>(Please attach a list, if possible.)</i>		
52) Does your institution have a policy to reasonably ensure that it only deals with correspondent banks that hold license to operate in their respective country of origin?	<input type="checkbox"/>	<input type="checkbox"/>
53) Does your Institution have policies to reasonably ensure that your correspondent banks will not conduct transactions on behalf of shell banks?	<input type="checkbox"/>	<input type="checkbox"/>

Section: XV

AML Training	YES	NO
54) Do you provide AML/TF/Sanctions Embargoes training to relevant employees that includes: → Identification and reporting of transactions that must be reported to		

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61) Do all transactions undergo economic sanctions screening? If yes, what is the frequency of the screening? <input type="checkbox"/> Real Time <input type="checkbox"/> Daily/ Nightly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other If other, please explain:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have a presence in any sanctioned jurisdiction? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please indicate which one (s): <ul style="list-style-type: none"> ▪ Burma/ Myanmar <input type="checkbox"/> ▪ Crimea Region <input type="checkbox"/> ▪ Cuba <input type="checkbox"/> ▪ Iran <input type="checkbox"/> ▪ North Korea <input type="checkbox"/> ▪ Sudan <input type="checkbox"/> ▪ South Sudan <input type="checkbox"/> ▪ Syria <input type="checkbox"/> 	

Space for Additional Information:

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

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General			
62) Do the responses provided in this statement apply to the following entities:			
Parent	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Head office & domestic branches	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Domestic subsidiaries	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Foreign branches	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Foreign subsidiaries	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>

Checklist	
Please ensure that the following documents are attached:	<input type="checkbox"/>
i. Banking License of your Institution	<input type="checkbox"/>
ii. Certificate of Incorporation (or jurisdictional equivalent)	<input type="checkbox"/>

iii. Memorandum & Articles of Association	<input type="checkbox"/>
iv. Organization Chart	<input type="checkbox"/>
v. Evidence of any name changes for your Institution covering the previous 10 years	<input type="checkbox"/>
vi. AML/ Compliance Policy	<input type="checkbox"/>
vii. Top level management structure and full name, position and date of birth details of your Institution's directors and Chief Executive Officer/s or equivalent	<input type="checkbox"/>
viii. Appointment of Compliance officer	<input type="checkbox"/>
ix. C.V. of Compliance officer	<input type="checkbox"/>
x. Tax returns filed for the last year	<input type="checkbox"/>
xi. External Audit Report on AML	<input type="checkbox"/>
xii. Other relevant information	<input type="checkbox"/>

Confirmation and Authorization

I confirm that in completing and signing this form, I am authorized to provide the above responses on behalf (Name of your Institution)

Name:

Position:

Address:

E-mail:

Signature:

Institution Stamp

Date:

Thank you very much for your Cooperation.