

Correspondent Account Anti Money Laundering Questionnaire

1. Institution Information

Financial Institution Name	
Country Jurisdiction	
Regulatory Authority	

Anti Money Laundering (AML) Controls and Assessment

I. General AML Policies, Practices and Procedures	
1. Is your AML compliance program approved by your institution's board or a senior committee?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Does your institution have a legal and regulatory compliance program that includes a designated officer that is responsible for coordinating and overseeing the AML framework?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Does your institution have written policies documenting the processes that have been put in place to prevent, detect and report suspicious transactions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Does your institution have an internal audit function or other independent third party that assesses AML policies and practices on a regular basis? If yes, how frequently are these audits/tests conducted (i.e. quarterly, annually)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Does your institution have a policy prohibiting accounts/relationships with shell financial institution? <i>(A shell financial institution is defined as a FI incorporated in a jurisdiction in which it has no physical presence and which is unaffiliated with a regulated financial group.)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Does your institution have policies to reasonable ensure that they will not conduct transactions with or on behalf of shell FIs through any of its accounts or products?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Does your institution have policies covering relationships with Politically Exposed Persons (PEP's), their family and close associates?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Does your institution have record retention procedures that comply with applicable law?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Are your institution's AML policies and practices being applied to all your branches and subsidiaries both in your home country and in locations outside of that jurisdiction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
II. Risk Assessment	
10. Does your institution have a risk-based assessment of your customer base and their transactions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Does your institution determine the appropriate level of enhanced and ongoing due diligence necessary for those categories of customers and transactions that your institution has reason to believe pose a heightened risk of illicit activities at or through your institution?	<input type="checkbox"/> Yes <input type="checkbox"/> No
III. Know Your Customer, Due Diligence and Enhanced Due Diligence	
12. Has your institution implemented processes for the identification of all those customers including the connected persons and beneficial owners of non-individual customers on whose behalf your institution maintains or operates accounts or conducts transaction?	<input type="checkbox"/> Yes <input type="checkbox"/> No

13. Does your institution have a requirement to collect information regarding your customer's business activities/source of funds?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
14. Does your institution assess financial institution customers' AML/KYC policies or practices?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
15. Does your institution have a process to review and, where appropriate, update customer information relating to high risk client information?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
16. Does your institution have procedures to establish a record for each new customer noting their respective identification documents and 'Know Your Customer' information?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
17. Does your institution complete a risk-based assessment to understand the normal and expected transactions of your customers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
IV. Reportable Transactions and Prevention and Detection of Transactions with Illegally Obtained Funds		
18. 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"/> yes	<input type="checkbox"/> no
19. Where cash transaction reporting is mandatory, does your institution have procedures to identify transactions structured to avoid such obligation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
20. Does your institution screen customers and transactions against lists of persons, entities or countries issued by government/competent authorities as part of account opening process and periodically check customer base against the lists?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
21. Does your institution have policies to reasonably ensure that it only operates with correspondent financial institutions that possess licenses to operate in their countries of origin?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
V. Transaction Monitoring		
22. Does your institution have a monitoring program for unusual and potentially suspicious activity?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
VI. AML Training		
23. Does your institution provide AML training to relevant employees that includes: <ul style="list-style-type: none"> • identification and reporting of transactions that must be reported to government authorities, • examples of different forms of money laundering involving your products and services • internal policies to prevent money laundering 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
24. Does your institution retain records of its training sessions including attendance records and relevant training materials used?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
25. Does your institution have policies to communicate new AML related laws or changes to existing AML related policies or practices to relevant employees?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
26. Does your institution employ third parties to carry out some of the functions of your institution?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, does your institution provide AML training to relevant third parties that includes: <ul style="list-style-type: none"> • identification and reporting of transactions that must be reported to government authorities, • examples of different forms of money laundering involving your products and services • internal policies to prevent money laundering 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
VII. Regulatory Action		
27. Has your institution or parent bank been the subject of any money laundering or terrorist financing-related proceedings, investigations, sanctions, punitive actions indictment, had fines, conviction or civil enforcement action imposed on your institution or parent bank by a regulator or law enforcement body	<input type="checkbox"/> Yes	<input type="checkbox"/> No

during the last five years?	
28. Has your institution, to your knowledge, been the subject to any investigation, indictment, penalty, fine, conviction or civil enforcement action related to terrorism financing in the past five years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If the answer to any of the questions from VII. are yes, please provide short description:	

Space for additional information if answer is 'No' for any question above, except VII:
(Please indicate which question the information is referring to.)

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<p>Certification Questionnaire completed by (duly authorized officer of institution)</p> <p>The undersigned certifies that the aforementioned questionnaire was answered considering the existing internal controls of the subject financial institution, and further present an accurate representation of the existing state of the institution's AML, CFT and KYC internal controls and financial service activities.</p> <p>Name: _____</p> <p>Position: _____</p> <p>Email: _____</p> <p>Date : _____</p> <p>Signature: _____</p>
