

Date:

**Anti Money Laundering Questionnaire**

*(Required to be obtained from all Correspondent Banking Relationships)*

To: \_\_\_\_\_

To comply with Saudi Arabia’s regulatory standards in establishing and or maintain a correspondent relationship (with an account or on transactional basis), we request you to please provide us this questionnaire. Documents required with this questionnaire are:

- Latest Annual Report/financials
- Copies of: Certificate of Incorporation, Articles of Association and Banking License
- Copy of banks AML Policy
- Authorized Signatory Booklet

**Section I – General Information & Ownerships**

Name of the Organization	
Name of the Regulator	
Type of Organization (i.e.; Public Limited Company, LLC, etc....)	
Registered Office Address	
Date of Incorporation	
Country of Incorporation	
Banking License Number	Kindly provide a copy
Organization listed on a Recognized Stock Exchange	

Names of Board of Directors	Kindly attach
Ownership Structure (if more than 20% owned by an individual or company please provide name, and Nationality)	Kindly attach

***Section II***

***Prevention of Money Laundering and Combating Terrorist Financing***

Is Money laundering a criminal offence in your country?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there Specific laws and/ or regulations in place covering Anti-Money Laundering in line with FATF recommendation on Anti-Money Laundering?	<input type="checkbox"/> Yes <input type="checkbox"/> No
The above regulations requires to:  Have effective controls in place to prevent and identify the proceeds of money laundering through your system?  Report any suspicious transactions to a Law Enforcement Agency or other Agency designed for that purpose?	<input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Yes <input type="checkbox"/> No
Are there Law and regulations in your jurisdiction which prohibit  Opening or maintenance of anonymous or accounts?  Conducting business with shell banks (i.e., banks with no physical presence in any jurisdiction)?	<input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Yes <input type="checkbox"/> No
Has the regulator published guidance note and policies to combat money laundering and terrorist financing?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Has the regulator published details of individuals or organizations suspected of money laundering and / or terrorist activities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the regulator undertake monitoring visits, on a regular basis, to assess anti-money laundering and anti-terrorist financing policies and procedures?	<input type="checkbox"/> Yes <input type="checkbox"/> No

### ***Section III***

#### **Internal Measures & Control**

Does your organization have branches/ subsidiaries incorporated in other jurisdictions, which are controlled by other local regulations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your organization have written policies and procedures approved by the board of directors or a committee of the board to combat Money Laundering and Terrorist Financing, including the identification of customers and confirming the legitimacy of their business?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, are these policies and procedures sufficient to meet the AML regulations and international best practice guidelines?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your organization have an established Audit and/ or Compliance function to monitor and review the effectiveness of AML policies and procedures?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your organization have an established method of reporting suspicious activities/ transactions to the appropriate regulators/ law enforcement agency?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are the AML and the Combating Terrorist Financing (CTF) policies of the jurisdiction applied to the head office, overseas branches and majority owned subsidiaries?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Does your organization maintain a complete record of customers and account beneficiaries' identification, transaction history, correspondence etc., for a specified period of time?	<input type="checkbox"/> Yes <input type="checkbox"/> No
specify period of retention? For Customers and account beneficiaries' identifications, Transactions history, correspondences, records..... etc	<input type="checkbox"/> Up to 5 years <input type="checkbox"/> Up to 10 years <input type="checkbox"/> Forever
Does your KYC process extend to relationships with other banks?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your organization 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)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your organization 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your organization currently maintain any accounts in fictitious names/ shell banks?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your organization ensure that all possible measures are taken on an on-going basis to obtain information about the identity of the customers to ensure legitimate activities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your organization have a policy of protecting employees, if they report, in good faith, any suspicious activities/ transactions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has your organization been prosecuted, fines by your regulator for failure to comply with stipulated Anti-Money Laundering laws and regulations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your organization have policies covering relationships with Politically Exposed Persons (PEP's), their family and close associates?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your organization have a risk-based assessment of its customer base and their transactions?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Does your organization determine the appropriate level of enhanced due diligence necessary for those categories of customers and transactions that the organization has reasons to believe pose a heightened risk of illicit activities at or through the organization?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has your organization implemented processes for the identification of those customers on whose behalf it maintains or operates accounts or conducts transactions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your organization assess its organization customers' AML policies or practices?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your organization 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
Does your organization 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
Does your organization complete a risk-based assessment to understand the normal and expected transactions of its customers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Where cash transaction reporting is mandatory, does your organization have procedures to identify transactions structured to avoid such obligations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your organization screen customers and transactions against lists of persons, entities or countries issued by government/competent authorities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your organization 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"/> Yes <input type="checkbox"/> No
Does your organization ensure that the operation of the account is restricted to dealings among correspondent banks only and that such accounts should not be used or treated as a current account?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your organization allow third parties to directly or indirectly use your account(s) with Alinma Bank, i.e. in the form of "payable through" accounts?	<input type="checkbox"/> Yes <input type="checkbox"/> No

<p>Does your organization provide AML training to relevant employees that includes:</p> <ul style="list-style-type: none"> <li>• Identification and reporting of transactions that must be reported to government authorities.</li> <li>• Examples of different forms of money laundering involving the organization’s products and services.</li> <li>• Internal policies to prevent money laundering.</li> </ul>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Does your organization retain records of its training sessions including attendance records and relevant training materials used?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Does your organization communicate new AML related laws or changes to existing AML related policies or practices to relevant employees?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Does your organization employ third parties to carry out some of the functions of the organization?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Pursuant to the Foreign Account Tax Compliance Act (FATCA) implementation in 2014 and further to our preparation to be fully complied with this act, we kindly request you to inform us whether your good bank along with its subsidiaries intends to be FATCA compliant or not.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

Space for additional information:

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

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***Section VI***

***Compliance Officer Details***

Contact Details of your Anti-Money Laundering Reporting Officer and Compliance Officer:		
Name		
Title		
Address		
Email		
Telephone		
Fax		

**We hereby Confirm that the statements given above are true and correct**

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Authorized Signature