

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 provide us with the responses of this questionnaire. Along with the below required documents:

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

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	
Organization listed on a Recognized Stock Exchange	Provide us with link:
Board of Directors	(Full Name- ID number- DoB)
Ownership Structure (if more than 20% owned by an individual or company	(Full Name - Nationality)

Section II

Prevention of Money Laundering and Combating Terrorist Financing

1. Is Money laundering a criminal offence in your country?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. 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
3. 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
4. Are there Law and regulations in your jurisdiction which prohibit Opening or maintaining 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
5. Has the regulator published guidance note and policies to combat money laundering and terrorist financing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. 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
7. 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

<p>8. If you answer the above question by Yes,</p> <ul style="list-style-type: none"> • How frequently occurred? • Was there any Regulatory observation? 	
<p>9. Does your organization provide banknotes services?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>10. If Yes, please describe what additional due diligence your organization conducts on banknotes services:</p>	

<p><i>Section III</i> Internal Measures & Control</p>

<p>1. Does your organization have branches/ subsidiaries incorporated in other jurisdictions, which are controlled by other local regulations? If yes, how many and In which countries?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>2. 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?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>3. If yes, are these policies and procedures sufficient to meet the AML regulations and international best practice guidelines?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>4. Does your organization have an established Audit and/ or Compliance function to monitor and review the effectiveness of AML policies and procedures?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>5. Does your organization have an established method of reporting suspicious activities/ transactions to the appropriate regulators/ law enforcement agency?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>6. Are the AML and CTF policies of the jurisdiction applied to the head office, overseas branches and majority owned subsidiaries?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

7. 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
8. 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
9. Does your KYC process extend to relationships with other banks?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. 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
11. 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
12. Does your organization currently maintain any accounts in fictitious names/ shell banks?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. 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
14. 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
15. 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
16. 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

17.	Does your organization have a risk-based assessment of its customer base and their transactions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
18.	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
19.	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
20.	Does your organization assess its organization customers' AML policies or practices?	<input type="checkbox"/> Yes <input type="checkbox"/> No
21.	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
22.	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
23.	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
24.	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
25.	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
26.	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
27.	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

<p>28. 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?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>29. Does your organization provide AML & CTF training to relevant employees that includes:</p> <ul style="list-style-type: none"> • Identification and reporting of transactions that must be reported to government authorities. • Examples of different forms of ML & TF involving the organization’s products and services. • Internal policies to prevent ML & TF. 	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>30. 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>31. 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>32. 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>33. Is your organization register with FATCA ?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>34. If yes please provide the GIIN number and the FFI registration type.</p> <p>If no, what is your intention on becoming FATCA compliant?</p>	

<p><i>Section IV</i></p> <p><i>Sanctions Program</i></p>
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1. Is your organization (directly or indirectly) owned or controlled by a Sanctioned Party?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Is a member of your organization board of directors or executive management a Sanctioned Party?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Are any affiliates of your organization (i.e. representative offices, branches, subsidiaries, etc.) organized in or operating from a Sanctioned Country?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Does your organization have clients domiciled in a Sanctioned Country?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Does your organization conduct business activities (e.g. provision of cash and/or securities custody account services, financing, correspondent banking etc.) in or involving Sanctioned Countries or with a Sanctioned Party?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. If you answered any of questions Q3, Q4 or Q5 with Yes, please answer question # 6	
<ul style="list-style-type: none"> Specify all aspects of the respective business and state the percentage of your total assets under management that is represented by this business. Specify whether there are any plans to expand or reduce business activities in or involving Sanctioned Countries, with a Sanctioned Party or to establish or withdraw affiliates in a Sanctioned Country. Specify whether and to what extent CS is or has been involved (directly or indirectly) in such business activities. 	Click here to enter text.
7. Is your organization currently being investigated for any alleged sanctions breaches, or, has your organization been fined by a regulator in the last five years with regards to sanctions?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify, including explanation regarding any negative findings: Click here to enter text. <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify: Click here to enter text.

<p>8. Has your organization established internal written policies and procedures to ensure compliance with economic sanctions and embargo requirements?</p> <p>If information is available from a public source, please provide the link.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Please state the main policies & procedures surrounding sanctions: Click here to enter text. Click here to enter text. Link to policies: http:</p>
<p>9. Has your organization established an independent compliance function which reviews and monitors sanctions related transactions and any other possible sanctions issues?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Enter any comments:</p>
<p>10. Does your organization adhere to the sanction programs enacted by UN, US, EU and UK? What other sanction programs does your organization adhere to?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If "No" to any of the below, please comment:</p>
<p style="text-align: right;">United States of America</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p style="text-align: right;">United Nations</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p style="text-align: right;">European Union</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p style="text-align: right;">United Kingdom</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p style="text-align: right;">Other programs:</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>11. Does your organization screen its client database to ensure compliance with the above (Q10) selected sanction programs your organization adheres to?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Enter any comments:</p>
<p>12. Is the screening process of the client database automated?</p> <p>If so, please name the system(s)/vendor(s):</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>System(s)/Vendor(s):</p>
<p>13. Which parties are being screened?</p>	<p><input type="checkbox"/> Account Holders <input type="checkbox"/> Beneficial Owners <input type="checkbox"/> Authorized Signers <input type="checkbox"/> Officers or Directors <input type="checkbox"/> Controlling Parties2</p>

14. How often do you screen your client database?	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other:
15. Does your organization screen transactions (e.g. wire transfers) to ensure compliance with the above (Q10) selected sanctions programs your company adheres to?	<input type="checkbox"/> Yes <input type="checkbox"/> No Enter any comments:
16. Is the screening process of the transactions automated? If so, please name the system(s)/vendor(s):	<input type="checkbox"/> Yes <input type="checkbox"/> No If so, please name the system(s)/vendor(s):
17. What types of transactions do you screen?	<input type="checkbox"/> Payments <input type="checkbox"/> Securities <input type="checkbox"/> Trade Finance <input type="checkbox"/> other:
18. What kind of transactions do you screen?	<input type="checkbox"/> all transactions <input type="checkbox"/> all outbound transactions <input type="checkbox"/> all inbound transactions <input type="checkbox"/> all domestic transactions <input type="checkbox"/> all off-shore transactions <input type="checkbox"/> other: Click here to enter text.
19. Does your organization have policies, procedures or other controls reasonably designed to prohibit and/or detect stripping, or the resubmission and/or masking, of sanctions relevant information?	<input type="checkbox"/> Yes <input type="checkbox"/> No Enter any comments:
20. Has your organization or any of its related companies have been prosecuted for failure to comply with any AML & CTF laws and regulations within the last 5 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No Enter any comments:

Space for additional information:

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

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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