



ANTI-MONEY LAUNDERING QUESTIONNAIRE

REAL ESTATE AGENT/DEALER AND BROKERS, DEALERS IN PRECIOUS METALS/STONES, ACCOUNTING AND AUDITING FIRMS AND PROFESSIONALS, TRUST, AND COMPANY SERVICE PROVIDERS & LAWYERS AND LEGAL FIRMS

1. Institutional Information

1.1 Full Legal Name of the Institution:

1.2 Full address of the registered office:

1.3 Registration / License No.: (Copy required) Date of Issue:

1.4 Legal Type :

1.5 Country of Incorporation:

1.6 Principal Business Activity:

1.7 Website address:

1.8 Are your shares publicly traded? Yes ☐ No ☐ If yes, in which stock exchange market (s) please specify below

Your institution's trading name:

1.8.1 If the answer to 1.8 (above) is 'no', then please provide us the latest list of the beneficial owners of the institution and their respective Major shareholders along with the Board of Director covering the following details (Full Name, Nationality, Date of Birth and role). Attached ☐

1.9 Are there any Political Exposed Persons (PEPS) among your institution's Ownership Structure and Executive Management? Yes ☐ No ☐

1.9.1 If the answer of 1.9 (above) is "yes" then please provide separately on your institution Letter Head the following details (name, Nationality, date of birth and role)

1.10 Principle Local Regulator

Name: Website:

2. Compliance Officer Details

2.1 Does your institution have an independent department or function to supervise the Anti-Money Laundering function? If yes, provide the following details of the Compliance Officer or equivalent responsible for coordination /monitoring compliance with AML requirement? Yes ☐ No ☐

Full Name:

Title:

Address:



Continue Compliance Officer Details

Telephone No: Email

Reporting to:

2.2 If the answer to 2.1 (above) is 'no', then is your institution taking any steps to establish the said program/function? Yes ☐ No ☐

Please specify:

3. Key Regulatory Issues

3.4 Do you follow the Law No. 20 of 2018 regarding the criminalization of money laundering and Federal Law No (7) of 2014 on combating terrorism offences and the AML/CFT Regulations outlined herein. Yes ☐ No ☐

3.5 Conduct business with shell entities (i.e. entities with no physical presence in any jurisdiction)? Yes ☐ No ☐

3.6 Maintaining relationship or dealing with customers without identifying the ultimate beneficial owner in case of entity or individual? Yes ☐ No ☐

4. KYC/CDD/AML/CFT Policies, Procedures and Controls.

4.1 Has your institution established any written Policies & Procedures systems and controls adequately address the requirements of the AML/CFT Laws to combat money laundering and financing of terrorism? If 'Yes', then please attach a copy of the same or the AML Statement. Yes ☐ No ☐

4.1.1 Does the AML/CFT policies and procedure covered all your branches Yes ☐ No ☐

4.1.2 If the answer to 4.1 is NO, then is your institution taking any steps to establish the said program Yes ☐ No ☐

Please Specify:

4.1.2 If the answer to 4.1 is YES, then please answer whether the following are part of your institution's KYC/AML/CFT policies, training, procedures and controls:

4.2 Procedure to rate your customers and products risk. Yes ☐ No ☐

4.3 A "Customer Due Diligence" process when dealing with customer and Updating customer KYC records including identification document once these are outdated. Yes ☐ No ☐

4.4 Does your Institution rely on third parties to perform Due Diligence on your Customers? Yes ☐ No ☐

4.5 Establishing **Enhanced Due Diligence** with respect to dealing with individuals, companies and institutions located in countries or dealing with business considered as High Risk Yes ☐ No ☐

4.6 Identification of each beneficial owner, including ownership and control structure of the customer, where applicable and to verifying the legitimacy of your customer's source of wealth & their businesses. Yes ☐ No ☐

4.7 Screening customers and employees against the names appearing in relevant regulatory blacklist? Yes ☐ No ☐
If yes, Please specify the lists: OFAC SDN ☐ , EU ☐ , UN ☐ , UAE ☐ , UK ☐ Others:

4.8 Does your institution monitor and report suspicious transactions in accordance with applicable regulations? Yes ☐ No ☐



4.10 Policies covering relationships with Politically Exposed Persons (PEP) Yes ☐ No ☐

4.11 Obtaining Senior Management approval while dealing with PEPs. Yes ☐ No ☐

5. Record Retention and Training

5.1 Does your institution have Procedures for record retention related to customer's transactions? Yes ☐ No ☐
If 'yes', please specify the records retention period.
5 years ☐ 10 years ☐ Other (please specify) ☐

5.2 Does your institution provide periodic AML training to all relevant employees on a regular basis and you communicate new AML related laws or changes to them? Yes ☐ No ☐

5.2.2 Please specify below, how frequently is the training required?

Monthly ☐ Quarterly ☐ Annually ☐ Other (please specify)

6. Audit Details

6.1 Does your institution have an independent internal audit function or other independent third party that assesses AML policies and practices on a regular basis? If 'yes', please specify below who performs such assessment. Yes ☐ No ☐

6.2 Please provide the name of your external auditor and the date of your most recent external audit review along with the latest Annual report.

Name Date

7. Questionnaire completed by (duly authorized officer of institution)

I confirm that, to the best of my knowledge, the above information is current, accurate and reflective of my institution's Anti-Money Laundering policies.

Full Name	<input type="text"/>		
Title	<input type="text"/>	Contact Number	<input type="text"/>
Email Address	<input type="text"/>	Mailing Address	<input type="text"/>
Signature	<input type="text"/>	City /Country	<input type="text"/>
		Date	<input type="text"/>

UNDERTAKING

Name of Entity:

Dear Sir,

We hereby certify that our Institution maintains customer screening and monitoring and related due diligence procedures that are designed to prevent doing business with entities and individuals which engage in illegal activity. In the case of corporations or similar entities, these procedures apply to individuals that control such corporations or similar entities. All officers and staff of our Institution are aware of these procedures, follow them closely, and there is an adequate compliance supervision process in place. We maintain written records documenting compliance with such procedures. We also require that all correspondent banks with which we do business maintain procedures for such purpose. In addition, we certify and confirm that our account with CBD will not be used by third parties to conduct activities or transactions for their own account.

Regards,

Name		Name	
Title		Title	
Date		Date	
Authorized Signature		Authorized Signature	