



Anti-Money Laundering (AML and CDD Declaration Form)

Name of Institution	
Registration Number	
Commercial Registration	
Commercial Registration Expiry Date	
Office Address	
Core/Main Business:	

AML- Anti- Money Laundering

1.	Is the Financial Institution required to comply with Anti-Money Laundering ("AML"), Combating Terrorist Financing ("CTF"), KYC and regulations issued by your regulatory? If yes , please specify the authority that regulate your institution regarding AML and CTF:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2.	Has the financial institution developed written Anti-Money Laundering (AML), Combating Terrorist Financing (CTF) and Know-Your-Client (KYC) policies approved by its BoD's or Senior Committee level?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3	Dose the financial institution ensure updating its AML/CTF policies and procedures?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
4	Does the financial institution incorporate FATCA 40 plus 9 recommendations and its operations are subject to AML/CTF requirements?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
5	Does your AML/CTF/ KYC applies to all your branches and affiliates	<input type="checkbox"/> YES	<input type="checkbox"/> NO
6	Dose the financial institution developed a compliance program which includes a designated officer responsible for coordinating and overseeing AML/CTF?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

	<p>If yes, please note down the name of designated officer , address and contact number</p> <p>Officer Name : Address: Office number Email</p>	
7	Dose the Financial institution have policies and procedures covering relations with PEP's, families and close associations?	<input type="checkbox"/> YES <input type="checkbox"/> NO
8	Dose the Financial institution have policies to ensure that it will not conduct transactions with shell banks?	<input type="checkbox"/> YES <input type="checkbox"/> NO
9	Is the financial institution required by regulation to report suspicious activities to a government body?	<input type="checkbox"/> YES <input type="checkbox"/> NO
10	Are the Financial Institutions AML policies and practices being applied to all branches and subsidiaries of the FI both in the home country and in location out-side of that jurisdiction	<input type="checkbox"/> YES <input type="checkbox"/> NO
11	Does your institution train its staff on KYC/CTF and AML policies and procedures?	<input type="checkbox"/> YES <input type="checkbox"/> NO

Risk Assessment

1	Dose the financial institution have a risk -based assessment of your customer and their transactions	<input type="checkbox"/> YES <input type="checkbox"/> NO
2	Does your financial institution have an Internal audit function or any third party audit body who independently ensure effectiveness of its Compliance and AML functions	<input type="checkbox"/> YES <input type="checkbox"/> NO
3	Does your Financial institution apply enhanced due diligence in connection with higher risk clients	<input type="checkbox"/> YES <input type="checkbox"/> NO

KYC, Know Your Customer

1	<p>Is the Financial Institution listed on a Stock Exchange?</p> <p>If yes, please provide the name of the Stock Exchange</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
2	Dose the financial institution developed a process to reasonably ensure correctness of client's information for whom you maintain, operate or conduct business with?	<input type="checkbox"/> YES <input type="checkbox"/> NO
3	Dose your financial institution conduct on-going due diligence throughout the relationship to ensure updated customer file?	<input type="checkbox"/> YES <input type="checkbox"/> NO
4	<p>Does your financial institution maintain a record keeping system?</p> <p>How long does the institution keep records of customer and account beneficiaries' identification, transaction history?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO

5	Please list the names of your principal shareholders and their ownership percentage (who own at least minimum 15% shares)	
6	Dose the institution have a monitoring system for unusual and suspicious trading activities	<input type="checkbox"/> YES <input type="checkbox"/> NO
7	Are your staff trained regularly and updated for AML/CTF, and KYC?	

FATCA, Foreign Account Tax Compliance Act

1	Is your financial institution registered with the IRA and in compliance with Foreign Account Tax Compliance Act "FATCA" requirements, If yes please provide your GIIN or any other prove of your registration	<input type="checkbox"/> YES <input type="checkbox"/> NO
2	Is an American company registered or incorporated in the United States?	<input type="checkbox"/> YES <input type="checkbox"/> NO
3	Does the company have to give instructions to transfer any fixed amount to an account in the United States If yes, please provide details	<input type="checkbox"/> YES <input type="checkbox"/> NO

Legal/ Compliance Name:

Signature

Company Stamp