



**ANTI-MONEY LAUNDERING QUESTIONNAIRE**

<b>1. General Information:</b>		
Full name of institution:		
Type of financial institution: (Fund Manager, Insurance Company, Broker etc.)		
Address of institution:		
Telephone number:		
Facsimile number:		
Website address:		
<b>2. Introduction :</b>		
Known personally to:	Yrs/Months:	
Referred by:	Related to:	
Solicited based on recommendation from:		
<b>3. Sours of Income:</b>		
<b>4. Financial Information ( for year ending):</b>		
Estimated total Net worth :		
Estimated Annual Income:		
<b>5. Are the major shareholder/ any partner / proprietor employed in a politically sensitive position? *</b> {a senior military, government or political official of any country? A senior executive of a state-owned corporation, or an immediate family member or close associate of such a person? }		
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not Sure <input type="checkbox"/>
If 'YES' or 'NOT SURE' please provide below any known details		



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**Addition Information (to be filled by institution investors)** Please tick appropriate Column

St.		Yes	No
1	Has your country established laws designed to prevent money laundering? ( <b>applicable of non-Omani entities</b> )		
2	Is your institution subject to such laws?		
3	Has your institution establish written policies and implemented internal procedures and controls to combat money laundering?		
4	Do you apply the policies, procedures and controls to your foreign branches and majority owned subsidiaries?		
5	Does your institution have a training program for employees to teach them about their ant-money laundering responsibilities and to assist them in identifying any suspicious activities?		
6	Are there documented procedures at your institution for reporting suspicious activities and transactions to the appropriate authorities?		
7	Does your institution have established policies and procedures to ensure that reasonable measure are taken to obtain information about the true identity of customers and are these records retained for a specified period of time?		
8	Does your institution have a policy of not opening accounts for a bank that does not have a physical presence in any country?		
9	Does your institution have a policy of not opening account for individuals or entities listed on one of the following sanctions lists OFAC/EU/UN?		

<b>Questionnaire complete by:</b>	:	
Name	:	
Department	:	
Date	:	
Signed	:	
Position	:	
<i>The information supplied is correct to the best of my knowledge</i>		
Signature& Date	:	

**NOTIFICATION;** KINDLY ASSURE THAT **BOARD RESOLUTION** AUTHORIZING THE SIGNATORY IS OBTAINED AND ATTACHED IN THE ACCOUNT OPENING FORM.