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| **ANTI-MONEY LAUNDERING, COMBATING THE FINANCING OF TERRORISM & COUNTERING PROLIFERATION FINANCING**  **(AML/ CFT/ CPF) QUESTIONNAIRE** |
| In order to comply with the Regulator i.e., **State Bank of Pakistan**, ABL requires all the Correspondent Relationships to complete the **AML/CFT/CPF Questionnaire**. Kindly write “N/A” in case any of the questions below is Not Applicable to your Institution. |

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| 1. **General Information** | |
| 1. Full Legal Name |  |
| 1. Trading name(s) used *(if different from above)* |  |
| 1. Website Address – *(also share relevant BIC Code if applicable)* |  |
| 1. Branches | **Local:**  **Foreign:**  Jurisdiction (s) of foreign branches:  *(Please attach separate list, if required)* |
| 1. Subsidiaries/ Affiliates *(if applicable)* | **Local:**  **Foreign:**  Jurisdiction (s) of foreign subsidiaries/ affiliates: *(Please attach separate list, if required)* |
| 1. Number of employees |  |
| 1. Purpose of the Account/ Service |  |
| 1. Credit Ratings *(if applicable)* |  |
| 1. Expected business with ABL (per annum):   *(Please mention anticipated home remittance business with ABL)* | **Number of Transactions:**  **Business Volume (In PKR):** |
| 1. Contact Person Detail: | **Name & Title:**  **Telephone Number:**  **Email Address:** |

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| 1. **Ownership Information** | | | | | | | | | |
| 1. Select type of ownership from below: 2. Publicly Traded *(25% of shares publicly traded)* | | | | | Yes  No  If yes, mention the exchange traded on and ticker symbol: | | | | |
| 1. Member Owned/ Mutual | | | | | Yes  No | | | | |
| 1. Government or State Owned by 25% or more | | | | | Yes  No | | | | |
| 1. Privately Owned | | | | | Yes  No | | | | |
| 1. Full details of **Natural Person(s)** directly holding 10% or more shares in the Institution.   *(Add more rows, if necessary.)* | | | | | | | | | |
| **Full Name** | | **Shareholding (%)** | | **Identity / Passport Numbers** | | **Date of Birth** | | **Nationality** | |
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| 1. If any of the owner(s) is a **Legal Entity** directly holding 10% or more shares in the Institution, please provide below details: *(Add more rows, if necessary.)* | | | | | | | | | |
| **Legal Entity Full Name** | **Share-holding (%)** | **Registration Number** | **Full Name of Ultimate Beneficial Owners *(Natural Persons)* holding 20% or more shares in legal entity** | | | **Identity Numbers of UBOs** | **Date of Birth of UBOs** | | **Nationality of UBOs** |
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| 1. **KYC/ AML Policies, Practices & Procedures** | |
| 1. Have there any material changes i.e., change in management, change in ownership, change in name, change in structure and change of business focus w.r.t. geographic area etc. in past year? | Yes  No  If ‘Yes’, please provide details: |
| 1. Is there any Politically Exposed Person (PEP)\* among your Institution’s Ownership, Board of Directors or Senior Management?   *(\*Politically Exposed Persons (PEPs) are individuals who are or have been entrusted with prominent public function, for example Heads of State or Government, Senior Politicians, Government Servants, Judicial or Military Officials, etc. as defined in FATF 40 Recommendations.)* | Yes  No  If ‘Yes’, please provide below details:   1. *Name:* 2. *Role in Institution:* 3. *Position as PEP:* 4. *Sources of Wealth:* |
| 1. Have your Institution/ Owners/ Board of Directors/ Senior Management been the subject of any money laundering or terrorist financing related legal proceedings, investigations, sanctions, punitive actions or had fines, conviction or civil enforcement action imposed on the Institution by a regulator or law enforcement body? | Yes  No  If ‘Yes’, please provide description: |
| 1. Does your correspondent relationships (partners) have any presence in FATF “Other Monitored Jurisdictions”, or any jurisdiction having material sanctions imposed by UN, EU & OFAC? | Yes  No  If ‘Yes’, enumerate EDD measures taken while dealing in such jurisdictions: |
| 1. Does your Institution adhere to FATF & US-OFAC? | Yes  No |
| 1. Does your Institution have a process for **Risk Rating Countries**, it does business with based on AML/CFT/CPF related factors?   If ‘Yes’;   1. Frequency of Risk Categorization e.g., Monthly, Quarterly, Bi-Annually or Annually etc. 2. Whether the procedure / methodology is documented in institution's policies & procedures? | Yes  No  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Yes  No |
| 1. Does your institution have effective controls and measures to assess & prevent Proliferation Financing?   *“****Proliferation Financing****” refers to: the act of providing funds or financial services which are used, in whole or in part, for the manufacture, acquisition, possession, development, export, trans-shipment, brokering, transport, transfer, stockpiling or use of nuclear, chemical or biological weapons and their means of delivery and related materials (including both technologies and dual use goods used for non-legitimate purposes), in contravention of national laws or, where applicable, international obligations.* | Yes  No  If ‘Yes’, define briefly: |
| 1. Does your Compliance / AML Policy have detailed instructions / procedures & address the following: 2. Name & Transaction screening process/mechanism. 3. Payable through Accounts. 4. Due diligence measures while maintaining Relationships with High-Risk Customers:    * Politically exposed persons (PEPs)    * Shell banks    * Non-government & Charitable organizations    * Partners maintaining presence in FATF “other monitored jurisdictions”, or any jurisdiction having material sanctions imposed by UN, EU & OFAC. | Yes  No  If ‘No’, please provide details: |
| 1. Do you have other correspondent accounts/ relationships in Pakistan? | Yes  No  If ‘Yes’, please provide details: |
| 1. Does your Institution have a significant (10% or more) offshore customer base, either by number of customers or by revenues? *(Where off- shore means not domiciled in the jurisdiction where services are being provided)?* | Yes  No  If ‘Yes’, provide details of the country and percentage: |
| 1. **Name Screening:** | |
| 1. When on-boarding customer, does your institution performs name screening of the Natural Person(s), Legal Person(s) & UBOs? | Yes  No |
| 1. When originating payments, does your institution performs name screening of originator & beneficiary? | Yes  No |
| 1. Is name screening process automated? | Yes  No |
| 1. Mention the name screening software, if automated. |  |
| 1. If automated, whether the screening system is purchased from a vendor or developed in-house? |  |
| 1. If screening system is developed in-house, what is the frequency for updating the sanctioned lists? |  |
| 1. Elaborate the process of name screening, if manual. |  |
| 1. **Transaction Monitoring:** | |
| 1. Is the transaction monitoring process automated? | Yes  No |
| 1. Mention the name of transaction monitoring software, if automated. |  |
| 1. If automated, whether the system is purchased from a vendor or developed in-house? |  |
| 1. If transaction monitoring system is developed in-house, what is the total number of scenarios deployed & when was the Transaction Monitoring application last calibrated? |  |
| 1. Elaborate the process of transaction monitoring, if manual |  |
| 1. How many full-time employees are in the Institution's AML, CTF & Sanctions Compliance Department? |  |

**Space for Additional Information:**

*(Please indicate the related question for which information is referring to)*

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| 1. **Checklist Documents:** | | | |
| **Sr. #** | **Document** | **Yes** | **No** |
| 1 | Certificate of Incorporation/ Registration/ Commencement. |  |  |
| 2 | License issued by the Regulator/ Commercial License. |  |  |
| 3 | AML/ KYC/ CPF Compliance Policy. |  |  |
| 4 | Memorandum and Articles of Association. *(if applicable)* |  |  |
| 5 | Audited Annual Report/ Financial Statements. |  |  |
| 6 | USA Patriot Act Certification. *(for Banks only)* |  |  |
| 7 | W8-Ben-E/ W9 Form. *(whichever is applicable)* |  |  |
| 8 | List of Board of Directors, Senior Management/ CEO/ President & Ultimate Beneficial Owners etc. |  |  |
| 9 | Valid Identity Documents of all Board of Directors, Senior Management/ CEO/ President & Ultimate Beneficial Owners etc. |  |  |

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| 1. **Confirmation and Authorization:** | | | | |
| I confirm that in completing and signing this form, I am authorized to provide the above responses on | | | | |
| behalf of |  | | *(Name of your Institution)* | |
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| **Name:** | |  | |  |
| **Position:** | |  | |  |
| **Date:** | |  | |  |
| **Signature and Stamp:** | |  | |  |
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