

SONERI BANK LIMITED



From:

Soneri Bank Limited

Compliance & Control Group

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Karachi

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www.soneribank.com

To:

[Bank Name]

[Address]

Date:

Subject: Due Diligence Documentation: Anti-Money Laundering Questionnaire

Dear Sir or Madam,

In the financial industry we are very familiar with the terms, **KYC, CDD & AML**, as we are all confronted with stricter and changing regulations in the global financial industry. Soneri Bank Limited (SBL) is committed to maintaining the highest standards of business integrity in our policies and operations and is therefore verifying and - where necessary - updating all client documentation and files. We request your cooperation through the completion of the enclosed questionnaire.

This questionnaire prepared which represents standard questions that could be shared by a financial institution and has been designed to provide an overview of the AML policies and practices in place within a financial institution.

We appreciate your response and return of this questionnaire at your earliest convenience. Please make sure to initial each page and provide a full signature on the final page of the questionnaire upon completion. We will require an originally signed copy of the questionnaire upon completion. For information or questions about this questionnaire, please get in touch with your Soneri Bank contact. Please also **send the copy of your KYC/AML/CDD policy** for our record to full fill our regulatory requirement.

Soneri Bank strongly believes that a solid reputation based on integrity and trust is our 'license to operate'. We rely on our partnership with you and therefore we count on your support to the above request. We look forward to continue working with you and are confident that together we can aim for a continued cooperation to realize our mutual ambitions; making more possible.

Best regards.

QUESTIONNAIRE

Section I – General Information

Legal Name <i>(With name of country)</i>		
Legal Form		
Principal Place of Business		
Registered Address		
Mailing Address		
Date Established		
Registered at		Place of your registration and registration number if applicable.
Banking Licence		Please state the issuing date, the issuing authority and the number of your banking licence if applicable.
FATCA Status:		
GIIN No. & Registration Date		
Listed at		Please state the stock exchanges where you are listed (the major exchange is sufficient).
Website		Please state your internet address.

Section II – Ownership & Management Information

Ownership Details/ Shareholders	<input type="checkbox"/> listing attached or <input type="checkbox"/> website
Members of the Board of Directors	<input type="checkbox"/> listing attached or <input type="checkbox"/> website
Detail of Major Share Holders	

Do you publish financial statement and relevant information? Yearly, half Yearly & quarterly basis.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> website	Please state the source of information or attach the latest financial statement and equal information.
What about your branches network	<input type="checkbox"/> Local <input type="checkbox"/> Foreign	Please mention the number of branches (local & foreign) and in case of foreign branches mention the name city & country where it is situated
What are your major business activities		
What is the name of the Central Bank/supervisor/regulatory body responsible for monitoring/supervision of your bank		
Who is your External Auditors		

**Section III
Prevention of Money Laundering and Combating Terrorist Financing**

Sub-Section A – General Requirements

Is your good institution supervised by a national authority?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name of the Regulator:
Is the supervision carried out with special regard to the prevention of money laundering and combating terrorist financing?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is money laundering considered as a crime in your legislation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is terrorist financing considered as a crime in your legislation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you comply with the recommendations / observation of the FATF or with similar standards?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you audited in terms of testing the adequacy of your anti-money laundering procedures and policies by internal / external audit on a regular basis?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Sub-Section B – Internal Measures I

If any person is appointed by your institution to monitor Anti Money Laundering arrangement.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please state the contact details:	
Full Name & Designation	
Address	

e-mail	
Do you have account opening procedures (customer due diligence policy) in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have internal measures/ policies for the prevention of money laundering and terrorist financing in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the compliance with the measures/ policies checked regularly by	
Internal Audit?	<input type="checkbox"/> Yes <input type="checkbox"/> No
External Audit?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have written anti-money laundering procedures and policies which include at least:	
• The identification of the true identity of all customers prior to establishing a business relationship?	<input type="checkbox"/> Yes <input type="checkbox"/> No
• The verification of beneficial owners of funds?	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Staff training in terms of AML which is carried out on a regular basis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
• An employee training program to educate employees in the ways of preventing money laundering transactions and to assist them in identifying suspicious transactions, which is carried out on a regular basis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your regulator require the recognition of the true identity of customers and the origin of their funds?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your customer identification program designed to obtain and verify information regarding your customer's true identity, source of funds, economic activities and the nature of anticipated transactional activities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your customer identification program designed on a risk approach requiring enhanced due diligence on the appropriate risk level for countries/ territories or special customer groups (e.g. PEPs)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your monitoring program designed to facilitate the identification of suspicious transactional activities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have implemented a testing system to assess your compliance with international anti-money laundering and anti-terrorist financing policies, regulations and the relevant legislation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are your policies and directives applicable for all branches (Local/Foreign) and subsidiaries at least as a minimum standard?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sub-Section C – Others	
Does your bank employ agents to carry out some of the functions of bank and if so does the bank provide AML training to relevant agents that include identification and reporting of transactions that must be reported	<input type="checkbox"/> Yes <input type="checkbox"/> No

to relevant authorities.	
Does your Bank have policies or practices to reasonably ensure that it only operates with correspondent banks that are properly licensed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has your institution been subject to any investigation, indictment, conviction or civil enforcement action related to money laundering and terrorism financing in the past five years. If yes please provide detail.	<input type="checkbox"/> Yes <input type="checkbox"/> No

We hereby confirm that the statements given above are true and correct:

Place & Date

**Stamp & Signature of
Financial Institution**