**KYC\_CTF\_Questionnaire**

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|  **I. *General Information regarding the Financial Institution***  |
| 1. Name of Financial Institution  |  |
| 2. City/Country  |  |
| 3. Registered Address  |  |
| 4. Registration/License Number  |  |
| 5. Contact Name  |   |
| 6. Contact Number  |  |
| 7. Email Address  |  |
| 8a. Are you/your holding company a publicly traded company? | Yes O | No O |
| 8b. If yes, which stock exchange(s) does your institution/your holding company trade on?  |  |
| 8c. What is the trading name and stock code?  |  |
| 9.Please state the names of the major shareholders (With more than 20% shares in your institution or the 10 largest shareholders if no owner owns more than 20% shares) and their share holdings.  |  |

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| ***II. Information regarding AML policies in the Financial Institution*** |
| 11a. Does your country establish laws with respect to the prevention of money laundering and financing of terrorism? | Yes O | No O |
| 11b. Is your institution subject to such laws? | Yes O | No O |
| 11c. If yes, please list down the relevant laws. |  |
| 12a. Do you have written policies, controls and procedures designed to prevent money laundering and terrorism financing? | Yes O | No O |
| 12b. If no to question 12a, are there plans to implement it in the future? | Yes O | No O |
| 12c. If yes to question 12a, are they applicable to your head office and all subsidiaries and branches? | Yes O | No O |
| 12d. If no to question 12c, please provide a list of the branches/subsidiaries that are excluded. |  |
| 12e. Does your institution have a management level officer responsible for this anti-money laundering/counter financing of terrorism (AML/CFT) program? |  |  |
| 12f. If yes, please provide the name and contact information of the relevant person. |  |

**For and on behalf of**

Signed by:

Authorised Signatory

Name

Title

Date