

*This document is based on the Wolfsberg Group Financial Crime Compliance Questionnaire (FCCQ) v1.0 of June 2018.*

The Wolfsberg Group consists of the following leading international financial institutions: Banco Santander, Bank of Tokyo-Mitsubishi UFJ, Barclays, Citigroup, Credit Suisse, Deutsche Bank, Goldman Sachs, HSBC, JP Morgan Chase, Société Générale and UBS, with the aim of developing standards for the financial services industry and related products for the "Know Your Customer", "Money Laundering" and "Terrorist Financing" guidelines. Website [www.wolfsberg-principles.com/](http://www.wolfsberg-principles.com/)

Company Name	
registered office of the company (country)	

1. Organization & Ownership Structure			
1	Full legal name		
2	Append a list of branches which are covered by this questionnaire		
3	Full Legal (Registered) Address		
4	Full Primary Business Address (if different from above)		
5	Date of Entity incorporation / establishment		
6	Select type of ownership and append an ownership chart if available		
6 a	Publicly traded (25% of the shares publicly traded)	Y <input type="checkbox"/>	N <input type="checkbox"/>
6 a1	If Y, indicate the exchange traded on and ticker symbol		

6 b	Member Owned / Mutual	Y <input type="checkbox"/>	N <input type="checkbox"/>
6 c	Government or State Owned by 25% or more	Y <input type="checkbox"/>	N <input type="checkbox"/>
6 d	Privately Owned	Y <input type="checkbox"/>	N <input type="checkbox"/>
6 d1	If Y, provide details of shareholders or ultimate beneficial owners with a holding of 10% or more		
7	% of the Entity's total shares composed of bearer shares		
8	Does the Entity, or any of its branches, operate under an Offshore Banking License (OBL) ?	Y <input type="checkbox"/>	N <input type="checkbox"/>
8 a	If Y, provide the name of the relevant branch/es which operate under an OBL		
<b>2. AGW, ATF &amp; Sanction Programs</b>			
9	Does the Entity have a programme that sets minimum AML, CTF and Sanctions standards regarding the following components:		
9 a	Appointed Officer with sufficient experience / expertise	Y <input type="checkbox"/>	N <input type="checkbox"/>
9 b	Cash Reporting	Y <input type="checkbox"/>	N <input type="checkbox"/>
9 c	CDD	Y <input type="checkbox"/>	N <input type="checkbox"/>

9 d	EDD	Y <input type="checkbox"/>	N <input type="checkbox"/>
9 e	Beneficial Ownership	Y <input type="checkbox"/>	N <input type="checkbox"/>
9 f	Independent Testing	Y <input type="checkbox"/>	N <input type="checkbox"/>
9 g	Periodic Review	Y <input type="checkbox"/>	N <input type="checkbox"/>
9 h	Policies and Procedures	Y <input type="checkbox"/>	N <input type="checkbox"/>
9 i	Risk Assessment	Y <input type="checkbox"/>	N <input type="checkbox"/>
9 j	PEP Screening	Y <input type="checkbox"/>	N <input type="checkbox"/>
9 k	Sanctions	Y <input type="checkbox"/>	N <input type="checkbox"/>
9 l	Adverse Information Screening	Y <input type="checkbox"/>	N <input type="checkbox"/>
9 m	Suspicious Activity Reporting	Y <input type="checkbox"/>	N <input type="checkbox"/>
9 n	Training and Education	Y <input type="checkbox"/>	N <input type="checkbox"/>
9 o	Transaction Monitoring	Y <input type="checkbox"/>	N <input type="checkbox"/>
10	Is the Entity's AML, CTF & Sanctions policy approved at least annually by the Board or equivalent Senior Management Committee?	Y <input type="checkbox"/>	N <input type="checkbox"/>
11	Does the Entity use third parties to carry out any components of its AML, CTF & Sanctions programme?	Y <input type="checkbox"/>	N <input type="checkbox"/>
11 a	If Y, provide further details:		

### 3. Anti Bribery & Corruption

12	Has the Entity documented policies and procedures consistent with applicable ABC regulations and requirements to [reasonably] prevent, detect and report bribery and corruption?	Y <input type="checkbox"/>	N <input type="checkbox"/>
13	Does the Entity's internal audit function or other independent third party cover ABC Policies and Procedures?	Y <input type="checkbox"/>	N <input type="checkbox"/>
14	Does the Entity provide mandatory ABC training to:		
14 a	Board and Senior Committee Management	Y <input type="checkbox"/>	N <input type="checkbox"/>
14 b	First Line of Defence	Y <input type="checkbox"/>	N <input type="checkbox"/>
14 c	Second Line of Defence	Y <input type="checkbox"/>	N <input type="checkbox"/>
14 d	Third Line of Defence	Y <input type="checkbox"/>	N <input type="checkbox"/>
14 e	Third parties to which specific compliance activities subject to ABC risk have been outsourced	Y <input type="checkbox"/>	N <input type="checkbox"/>
14 f	Non-employed workers as appropriate (contractors / consultants)	Y <input type="checkbox"/>	N <input type="checkbox"/>

## 4. Procedures & Guidelines

15	Has the Entity documented policies and procedures consistent with applicable AML, CTF & Sanctions regulations and requirements to reasonably prevent, detect and report:		
15 a	Money laundering	Y <input type="checkbox"/>	N <input type="checkbox"/>
15 b	Terrorist financing	Y <input type="checkbox"/>	N <input type="checkbox"/>
15 c	Sanction violations	Y <input type="checkbox"/>	N <input type="checkbox"/>
16	Does the Entity have procedures & policies that:		
16 a	Prohibit the opening and keeping of anonymous and fictitious named accounts	Y <input type="checkbox"/>	N <input type="checkbox"/>
16 b	Prohibit the opening and keeping of accounts for unlicensed banks and / or NBFIs	Y <input type="checkbox"/>	N <input type="checkbox"/>
16 c	Prohibit dealing with other entities that provide banking services to unlicensed banks	Y <input type="checkbox"/>	N <input type="checkbox"/>
16 d	Prohibit accounts / relationships with shell banks	Y <input type="checkbox"/>	N <input type="checkbox"/>
16 e	Prohibit dealing with another Entity that provides services to shell banks	Y <input type="checkbox"/>	N <input type="checkbox"/>
16 f	Prohibit opening and keeping of accounts for Section 311 designated entities	Y <input type="checkbox"/>	N <input type="checkbox"/>
16 g	Prohibit opening and keeping of accounts for any of unlicensed / unregulated remittance agents, exchanges houses, casa de cambio, bureaux de change or money transfer agents	Y <input type="checkbox"/>	N <input type="checkbox"/>
16 h	Assess the risks of relationships with PEPs, including their family and close associates	Y <input type="checkbox"/>	N <input type="checkbox"/>
16 i	Define escalation processes for financial crime risk issues	Y <input type="checkbox"/>	N <input type="checkbox"/>
16 j	Specify how potentially suspicious activity identified by employees is to be escalated and investigated	Y <input type="checkbox"/>	N <input type="checkbox"/>
16 k	Outline the processes regarding screening for sanctions, PEPs and negative media	Y <input type="checkbox"/>	N <input type="checkbox"/>
17	Has the Entity defined a risk tolerance statement or similar document which defines a risk boundary around their business?	Y <input type="checkbox"/>	N <input type="checkbox"/>
18	Does the Entity have a record retention procedures that comply with applicable laws?	Y <input type="checkbox"/>	N <input type="checkbox"/>
18 a	If Y, what is the retention period?	Less than 5 years <input type="checkbox"/>	5 years or more <input type="checkbox"/>

## 5. KYC, CDD & EDD

19	Does the Entity verify the identity of its customers?	Y <input type="checkbox"/>	N <input type="checkbox"/>
20	Do the Entity's policies and procedures set out when CDD must be completed, e.g. at the time of onboarding or within 30 days	Y <input type="checkbox"/>	N <input type="checkbox"/>
21	Which of the following does the Entity gather and retain when conducting CDD? Select all that apply:		
21 a	Ownership structure	Y <input type="checkbox"/>	N <input type="checkbox"/>
21 b	Customer identification	Y <input type="checkbox"/>	N <input type="checkbox"/>
21 c	Expected activity	Y <input type="checkbox"/>	N <input type="checkbox"/>
21 d	Nature of business / employment	Y <input type="checkbox"/>	N <input type="checkbox"/>
21 e	Product usage	Y <input type="checkbox"/>	N <input type="checkbox"/>
21 f	Purpose and nature of the business relationship	Y <input type="checkbox"/>	N <input type="checkbox"/>
21 g	Source of funds (invested funds)	Y <input type="checkbox"/>	N <input type="checkbox"/>
21 h	Source of wealth	Y <input type="checkbox"/>	N <input type="checkbox"/>
22	Are each of the following identified:		
22 a	Ultimate beneficial owner	Y <input type="checkbox"/>	N <input type="checkbox"/>
22 a1	Are ultimate beneficial owners verified?	Y <input type="checkbox"/>	N <input type="checkbox"/>
22 b	Authorised signatories (where applicable)	Y <input type="checkbox"/>	N <input type="checkbox"/>
22 c	Key controllers	Y <input type="checkbox"/>	N <input type="checkbox"/>
22 d	Other relevant parties		
23	Does the due diligence process result in customers receiving a risk classification?	Y <input type="checkbox"/>	N <input type="checkbox"/>
24	Does the Entity have a risk based approach to screening customers and connected parties to determine whether they are PEPs, or controlled by PEPs?	Y <input type="checkbox"/>	N <input type="checkbox"/>
25	Does the Entity have policies, procedures and processes to review and escalate potential matches from screening customers and connected parties to determine whether they are PEPs, or controlled by PEPs?	Y <input type="checkbox"/>	N <input type="checkbox"/>
26	Does the Entity have a process to review and update customer information based on:		
26 a	KYC renewal	Y <input type="checkbox"/>	N <input type="checkbox"/>
26 b	Trigger event	Y <input type="checkbox"/>	N <input type="checkbox"/>
27	From the list below, which categories of customers or industries are subject to EDD and / or are restricted, or prohibited by the Entity's FCC programme?		
27 a	Non-account customers	Y <input type="checkbox"/>	N <input type="checkbox"/>
27 b	Offshore customers	Y <input type="checkbox"/>	N <input type="checkbox"/>
27 c	Shell banks	Y <input type="checkbox"/>	N <input type="checkbox"/>

27 d	Money & Capital Transfer/Money Service Clients (MVTs/MSB)	Y <input type="checkbox"/>	N <input type="checkbox"/>
27 e	PEPs	Y <input type="checkbox"/>	N <input type="checkbox"/>
27 f	PEP Related	Y <input type="checkbox"/>	N <input type="checkbox"/>
27 g	PEP Close Associate	Y <input type="checkbox"/>	N <input type="checkbox"/>
27 h	Correspondent Banks	Y <input type="checkbox"/>	N <input type="checkbox"/>
27 h1	If enhanced due diligence or enhanced due diligence & restricted, does the EDD assessment contain the elements as set out in the Wolfsberg Correspondent Banking Principles 2014?	Y <input type="checkbox"/>	N <input type="checkbox"/>
27 i	Arms, defense, military	Y <input type="checkbox"/>	N <input type="checkbox"/>
27 j	Nuclear power	Y <input type="checkbox"/>	N <input type="checkbox"/>
27 k	Extractive industries	Y <input type="checkbox"/>	N <input type="checkbox"/>
27 l	Precious metals and stones	Y <input type="checkbox"/>	N <input type="checkbox"/>
27 m	Unregulated charities	Y <input type="checkbox"/>	N <input type="checkbox"/>
27 n	Regulated charities	Y <input type="checkbox"/>	N <input type="checkbox"/>
27 o	Red light business / Adult entertainment	Y <input type="checkbox"/>	N <input type="checkbox"/>
27 p	Non-Government Organisations	Y <input type="checkbox"/>	N <input type="checkbox"/>
27 q	Virtual currencies	Y <input type="checkbox"/>	N <input type="checkbox"/>
27 r	Marijuana	Y <input type="checkbox"/>	N <input type="checkbox"/>
27 s	Embassies / Consulates	Y <input type="checkbox"/>	N <input type="checkbox"/>
27 t	Gambling	Y <input type="checkbox"/>	N <input type="checkbox"/>
27 u	Payment Service Provider	Y <input type="checkbox"/>	N <input type="checkbox"/>
27 v	Other (please specify)		
28	If restricted, provide details of the restriction		
<b>6. Monitoring &amp; Reporting</b>			
29	Does the Entity have risk based policies, procedures and monitoring processes for the identification and reporting of suspicious activity?	Y <input type="checkbox"/>	N <input type="checkbox"/>
30	What is the method used by the Entity to monitor transactions for suspicious activities?		
30 a	Automated	Y <input type="checkbox"/>	N <input type="checkbox"/>
30 b	Manual	Y <input type="checkbox"/>	N <input type="checkbox"/>
30 c	Combination of automated and manual	Y <input type="checkbox"/>	N <input type="checkbox"/>
31	Does the Entity have regulatory requirements to report currency transactions?	Y <input type="checkbox"/>	N <input type="checkbox"/>

31 a	If Y, does the Entity have policies, procedures and processes to comply with currency reporting requirements?	Y <input type="checkbox"/>	N <input type="checkbox"/>
32	Does the Entity have policies, procedures and processes to review and escalate matters arising from the monitoring of customer transactions and activity?	Y <input type="checkbox"/>	N <input type="checkbox"/>
<b>7. Payment transparency</b>			
33	Does the Entity adhere to the Wolfsberg Group Payment Transparency Standards?	Y <input type="checkbox"/>	N <input type="checkbox"/>
34	"Does the Entity have policies, procedures and processes to [reasonably] comply with and have controls in place to ensure compliance with:		
34 a	FATF Recommendation 16	Y <input type="checkbox"/>	N <input type="checkbox"/>
34 b	Local Regulations	Y <input type="checkbox"/>	N <input type="checkbox"/>
34 b1	Specify the regulation		
34 c	If N, explain		
<b>8. Sanctions</b>			
35	Does the Entity have policies, procedures or other controls reasonably designed to prohibit and / or detect actions taken to evade applicable sanctions prohibitions, such as stripping, or the resubmission and / or masking, of sanctions relevant information in cross border transactions?	Y <input type="checkbox"/>	N <input type="checkbox"/>
36	Does the Entity screen its customers, including beneficial ownership information collected by the Entity, during onboarding and regularly thereafter against Sanctions Lists?	Y <input type="checkbox"/>	N <input type="checkbox"/>
37	Select the Sanctions Lists used by the Entity in its sanctions screening processes:		
37 a	Consolidated United Nations Security Council Sanctions List (UN)	Y <input type="checkbox"/>	N <input type="checkbox"/>
37 b	United States Department of the Treasury's Office of Foreign Assets Control (OFAC)	Y <input type="checkbox"/>	N <input type="checkbox"/>

37 c	Office of Financial Sanctions Implementation HMT (OFSI)	Y <input type="checkbox"/>	N <input type="checkbox"/>
37 d	European Union Consolidated List (EU)	Y <input type="checkbox"/>	N <input type="checkbox"/>
37 e	Other (specify)		
38	Does the Entity have a physical presence, e.g., branches, subsidiaries, or representative offices located in countries / regions against which UN, OFAC, OFSI, EU and G7 member countries have enacted comprehensive jurisdiction-based Sanctions?	Y <input type="checkbox"/>	N <input type="checkbox"/>
<b>9. Trainings &amp; Continuing Education</b>			
39	The Company offers mandatory training that includes the following:		
39 a	Identification and reporting of transactions to government authorities	Y <input type="checkbox"/>	N <input type="checkbox"/>
39 b	Examples of different forms of money laundering, terrorist financing and sanctions violations relevant for the types of products and services offered	Y <input type="checkbox"/>	N <input type="checkbox"/>
39 c	"Internal policies for controlling money laundering, terrorist financing and sanctions violations"	Y <input type="checkbox"/>	N <input type="checkbox"/>
39 d	New issues that occur in the market, e.g., significant regulatory actions or new regulations	Y <input type="checkbox"/>	N <input type="checkbox"/>
40	Is the above mandatory training provided to :		
40 a	Board and Senior Committee Management	Y <input type="checkbox"/>	N <input type="checkbox"/>
40 b	1st Line of Defence	Y <input type="checkbox"/>	N <input type="checkbox"/>
40 c	2nd Line of Defence	Y <input type="checkbox"/>	N <input type="checkbox"/>
40 d	3rd Line of Defence	Y <input type="checkbox"/>	N <input type="checkbox"/>
40 e	"3rd parties to which specific FCC activities have been outsourced"	Y <input type="checkbox"/>	N <input type="checkbox"/>
40 f	Non-employed workers (contractors / consultants)	Y <input type="checkbox"/>	N <input type="checkbox"/>



10. Audit			
41	"In addition to inspections by the government supervisors / regulators, does the Entity have an internal audit function, a testing function or other independent third party, or both, that assesses FCC AML, CTF and Sanctions policies and practices on a regular basis?"	Y <input type="checkbox"/>	N <input type="checkbox"/>
11. Services/Distributors			
42	Please list the countries in which you offer your services:		
43	Do you have sub-distributors?	Y <input type="checkbox"/>	N <input type="checkbox"/>
44	Please list the countries in which your sub-distributors offer their services:		
45	Are your sub-distributors in the country in which they are registered, also regulated by the Financial Markets Supervisory Authority there?	Y <input type="checkbox"/>	N <input type="checkbox"/>
46	Do you check the anti-money laundering and anti-terrorism financing standards of your sub-distributors? (via AML-CTF Questionnaire or similar)	Y <input type="checkbox"/>	N <input type="checkbox"/>

# Additional information:

*(Please specify the question to which the relevant information relates)*

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