

### Know Your Customer (KYC) Questionnaire

#### For the Prevention of Money Laundering and Terrorist Financing

Anti-Money Laundering Procedures and Policies	
1. Does Money Laundering and Terrorist Financing represent a crime in your country?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Please state the laws and regulations in force in your country that deal with Anti-Money Laundering and Know Your Customer policies?	
2. Does your Company apply policies and procedures for the Prevention of Money Laundering and Terrorist Financing?	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Are these policies and procedures in line with the respective European Union regulations (Financial Action Task Force (FATF) standards)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
4. Is the Anti-Money Laundering (AML) policy of your Company available on your web-site?	Yes <input type="checkbox"/> No <input type="checkbox"/>
5. Does your Company implement procedures designed to establish the true identity of its customers, their beneficial owners and the origin of the funds invested?	Yes <input type="checkbox"/> No <input type="checkbox"/>
6. Do you perform AML training to your employees who are directly involved with customers on how to prevent money laundering, terrorist financing and to identify suspicious transactions? How frequently is AML training performed?	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
7. Does your Company have a monitoring system in place to identify and report suspicious transactions?	Yes <input type="checkbox"/> No <input type="checkbox"/>
8. Are you obliged to report suspicious transactions or abnormal client activities to the supervisory/regulatory authority in your country?	Yes <input type="checkbox"/> No <input type="checkbox"/>
9. Does your Company do business with shell banks? (i.e. a shell bank is generally defined as not having a physical presence)	Yes <input type="checkbox"/> No <input type="checkbox"/>
10. Does your Company permit third parties to have direct access to your correspondent accounts to transact business on their behalf?	Yes <input type="checkbox"/> No <input type="checkbox"/>
11. Does your Company have an independent testing program designed to verify compliance with relevant AML and anti-terrorist financing laws and regulations?	Yes <input type="checkbox"/> No <input type="checkbox"/>
12. Does your institution have an appointed individual responsible for AML Compliance issues? If so, please provide name and contact details:	Yes <input type="checkbox"/> No <input type="checkbox"/>
13. Does your Company offer money transmission facilities to third parties other than through current accounts of existing customers?	Yes <input type="checkbox"/> No <input type="checkbox"/>
14. Does your Company's AML procedures require enhanced due diligence to be performed for customers that might present a high level of risk in respect of money laundering and terrorist financing?	Yes <input type="checkbox"/> No <input type="checkbox"/>
15. Do you screen customers/transactions against lists regularly published by authorised international organisation or local authority in your country regarding sanctioned countries/entities/individuals?	Yes <input type="checkbox"/> No <input type="checkbox"/>

16. Does your Company update client information on a regular basis?	Yes <input type="checkbox"/> No <input type="checkbox"/>
17. Does your Company's KYC procedures include the need to check whether a customer is a Politically Exposed Person (PEP)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
18. Do your procedures require the retention of relevant client KYC records? If 'Yes' for how long?	Yes <input type="checkbox"/> No <input type="checkbox"/>
19. Does your supervisory/regulatory authority or any government body monitor the compliance of your Company with AML and Terrorist Financing regulations? If 'Yes' please indicate the name of the institution	Yes <input type="checkbox"/> No <input type="checkbox"/>
20. Has your Company been subject to any investigation, conviction or regulatory action related to money laundering or terrorist financing in the last 5 years? If 'Yes', please provide details	Yes <input type="checkbox"/> No <input type="checkbox"/>  Yes <input type="checkbox"/> No <input type="checkbox"/>

**Declaration by Anti -Money Laundering Compliance Officer or Authorized Official**

I, the undersigned declare that I am authorized to complete the KYC Questionnaire and confirm that all details stated above are true:

<b>Name:</b>	<b>Date:</b>
<b>Signature:</b>	
<b>Position:</b>	<b>E-mail Address:</b>