



AZIZI BANK AML CFT & KYC Questionnaire

Organization's Profile				
Full registered legal name				
Short name				
Legal form				
Registration number				
Type of registration document				
Date of issue of the document confirming registration				
Country of registration				
Registration body				
Date of registration				
SWIFT#				
Banking identification code				
Registered address				
Business address of the executive body				
Postal address				
Telephone and fax numbers, e-mail				
website				
Type of banking/ financial license (i.e. permitted operations)				
Banking/ Financial License number				
Date of issue and period of validity of the license				
Authority issuing license				
Name of financial/ banking regulatory and supervisory authority in your country				
Name of the Regulatory Authority for the Anti Money Laundering and Suspicious/ Terrorist transactions:				
Information on composition of Board of Directors (independent and other directors) of the company				
Full name of an individual (including title i.e. Mr./ Ms.)	Citizenship/ Nationality	Date of birth (DD-MM-YYYY)	Number, date of issue and validity period of the identity document	Physical address (city, province & country)
Please, provide information about legal entities- shareholders (participants) holding shares (participation share) at the rate of 10% or more.				
Name of shareholder	Percentage of shareholding (%)	Number, date of issue and validity period of the identity document (i.e. license, registration certificate etc.)	Registered address (city, province & country)	

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Please, provide information about individuals - shareholders (participants) holding shares (participation share) at the rate of 10% or more.

Surname, first name, patronymic (if any) including title i.e. Mr./ Ms.	Percentage of shares	Identification document number, date of issue & expiry/ validity	Citizenship/ Nationality	Affiliation with foreign public official (YES/NO)

Beneficial owners (attach list if necessary)

Information on beneficiary owner:

Surname, first name, patronymic if any	
Citizenship	
Individual identification number (if any)	
Type of identification document, number, series (if any)	
Name of the authority that issued the identity document, date of its issue and validity period	
Tax residency, including tax payer number in foreign state	
Is your organization a branch or a subsidiary of representative office?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If yes, please, give the name and address of the head (parent) company?

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Does your organization have branches, subsidiaries, affiliates and representative offices?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If yes, specify them:

Name of the company/ branch/ subsidiary	Place of incorporation/ Address

Name and registered address of the financial group/holding your organization belongs to (if any)

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Anti-money laundering & combating financing of terrorism

1. Has your country of registration/ incorporation established laws and regulations to combat money laundering and terrorism of financing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
1.a. if yes, please name them.	
1.b. is your entity subject to such laws?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Has your organization' established written policies & procedures for fighting money laundering & terrorist financing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Does your entity offer private banking service services?	<input type="checkbox"/> Yes

	<input type="checkbox"/> No
4. Does the entity allow establishing relationship with shell bank?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Does the entity allow opening of anonymous account/ account in the name of fictitious?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Does the entity have sanction policy approved by competent authority regarding compliance with sanctions law/ regulation applicable to the entity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.a. If yes, please specify list (s)	UNSCRs 1267 & 1988 <input type="checkbox"/> EU Financial Sanction <input type="checkbox"/> OFAC <input type="checkbox"/> Other, please specify _____
7. Does the entity provide AML compliance related training to all employees?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.a. Does the entity provide mandatory trainings, which include: a) Identification and reporting of transactions b) Examples of different forms of money laundering, terrorist financing and sanctions violations relevant for the types of products and services offered. c) Internal policies for controlling money laundering, terrorist financing and sanctions violations d) New issues that occur in the market e.g. significant regulatory actions of new regulations	a) <input type="checkbox"/> b) <input type="checkbox"/> c) <input type="checkbox"/> d) <input type="checkbox"/>
8. In addition to inspection 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 financial crime compliance, AML, CFT & sanctions policies and practices on a regular basis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.a. How often is the entity audited on its AML, CFT & sanctions program by the followings a) Internal Audit department b) External third party	Internal Audit dept. _____ External third party _____
9. Does your bank/ organization have branches (representative offices) located in the states (in the territories) that do not fulfill the recommendations of Financial Action Task Force on Money Laundering (FATF)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.a. If yes, please specify the names of such branches (representative offices) and locations thereof.	
10. Does your bank/ organization have "shell banks" as correspondents or counterparts?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10.a. If yes, please, name these Correspondents:	
11. Presence of facts of investigations against Your organization as well as sanctions (sanctions, actions) of a criminal or administrative nature applied to the organization and (or) its managers over the past five years, for violating the ML / TF legislation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.a. If yes, please, provide more detailed information.	

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12. Does your Bank have Money Laundering Reporting Officer or another senior official designated to monitor suspicious client activities and to ensure compliance of your Bank with legislation and regulatory requirements relating to prevention of money laundering & terrorist financing?

<input type="checkbox"/> Yes
<input type="checkbox"/> No

If yes, please, provide his (her) full name, position, telephone and fax number & e-mail:

Full name:	
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Position:	
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Telephone:	
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Fax:	
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E-mail:	
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On behalf of the organization		
Chief Compliance Officer		

(Position)

(signature)

(surname, name)

Seal

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Date