



IsDB Group¹ AML & KYC Questionnaire (Financial Institutions)

The following questions are intended to assist the Members of the Islamic Development Bank Group (*hereinafter referred to as "IsDBG"*) in their respective customer due diligence. It seeks to collate and document information on the Anti- Money Laundering & Financing of Terrorism Policies & Procedures implemented by their respective customers, professional intermediaries, correspondent banks, consultants and non-governmental organizations.

1. General Information

1.1 General Entity Information

Name of the Financial Institution		
Country of Incorporation or Registration		
Registration/License Number		
Legal Form (for example Public Limited Company, Joint Stock Company, Partnership, limited or unlimited liability etc.)		
Address of Head Office		
Website addresses		
Major business activities		
Compliance Officer's Contact (if any)	Telephone	
	Fax	
	Name	
	Email Address	

1.2 Scope of Operation

Please confirm the coverage of the operations of your institution by responding /ticking at the appropriate column:

	Yes	No	Number	N/A
Head Office & domestic branches				
Overseas branches				N/A
Domestic subsidiaries				
Overseas subsidiaries				

(Please provide explanation in different sheet if any of your response is N/A – Not Applicable)

¹ Each of the Islamic Development Bank (IsDB), Islamic Corporation for the Insurance of Investment and Export Credit (ICIEC), Islamic Corporation for the Development of the Private Sector (ICD), and International Islamic Trade Finance Corporation (ITFC); is a supranational, inter-governmental self-regulated of international financial institutions established under its respective Articles of Agreements, having their headquarters in Jeddah, Kingdom of Saudi Arabia (all together are refer to as IsDB Group).

1.3 Ownership Structure

1.3.1 What is the authorized and issued share capital of your company?

Authorised Capital:
 Issued Share Capital:

1.3.2 Are the shares of the company divided in to several classes? Yes No

If yes, list the classes of shares (whether ordinary, preferred, bearer or registered shares):

1.3.3 Is your institution publicly traded? Yes No

If your answer is “Yes,” please list Exchange & Symbol of your institution.

2. Anti-Money Laundering & Financing Terrorism Controls (AML/CFT)

I. General AML Policies, Practices and Procedures	YES	NO	N/A
1. Are there laws designed to prevent and deal with money laundering and terrorist financing in the country of incorporation of your company or institution? If yes, please list the names of the relevant laws:			
2. Has your institution developed written policies and procedures to prevent detect and report suspicious transactions/terrorist financing activities?			
3.Does your AML/CFT policy meet the requirement of local laws and the FATF standards?			
4.Does your AML/CFT policy meet the standards of the FATF			
5.Is your AML/CFT policy approved by the board of your company or by a senior committee?			
6. Does your policy require you to identify the source of your customers’ funds or income?			
7. Does your institution have a designated officer responsible for ensuring compliance with AML/CFT policies and procedures? If yes, please provide contact details: Name/Title : Email: Phone : Fax :			

8. Is your institution subject to the supervision of any regulatory authority? If yes, please give the name of the supervisory/regulatory authority.			
9. Please give the name of the authority to which you must report in case of a suspicion of money laundering and terrorist financing:			
10. In addition to inspections by the government supervisors/regulators, does your institution have an internal audit function or other independent third party that assesses AML policies and practices on a regular basis?			
11. Does your institution have policies to prohibit any accounts/relationships with shell banks*? <i>* A shell bank is defined as a bank incorporated in a jurisdiction in which it has no physical presence, and which is unaffiliated with a regulated financial group.</i>			
12. Does your institution have policies to cover relationships with Politically Exposed Persons (PEPs), their families and close associates?			
13. Does your institution allow customers to establish payable-through accounts?			
14. Does your institution offer anonymous accounts (i.e. accounts where Identification is not reviewed prior to opening)?			
15. Does your institution have appropriate record retention procedures pursuant to applicable laws? If yes, please state the period of time for which records are kept.			
II. Risk Assessment	YES	NO	N/A
16. Does your institution have a risk-based assessment of customer base and their transactions?			
17. Does your institution determine the appropriate level of enhanced due diligence necessary for those categories of customers and transactions that, the institution has reason to believe, pose a heightened risk of illicit activities at or through your institution?			

III. Know Your Customer, Due Diligence and Enhanced Due Diligence	YES	NO	N/A
18. Does your institution require the verification of identification information for all customers and counterparties (individuals or entities) at the establishment of the relationship?			
19. Does your institution have procedures to establish a record for each new customer that contains their respective identification documents and 'Know Your Customer' information?			
20. Does your institution update your customer profile on a regular basis?			

21. Does your customer identification program require that enhanced due diligence be conducted regarding certain customers that may present a heightened level of money laundering and terrorist financing risk to your institution, such as international private banking and correspondent banking customers, or customers from high-risk money laundering and terrorist financing jurisdictions?			
22. Does your institution have a periodic process to review and, where appropriate, update high-risk customer information?			
IV. Reportable Transactions and Prevention and Detection of Transactions with Illegally Obtained Funds	YES	NO	N/A
23. Does your institution have policies or practices for the identification and reporting of transactions that are required to be reported to the authorities?			
24. Does your institution have procedures to identify transactions structured to avoid large cash reporting requirements?			
25. Does your institution have policies to reasonably ensure that it only operates with Correspondent banks that possess licenses to operate in their countries of origin?			
V. Transaction Monitoring			
26. Does your institution have a monitoring program for unusual and potentially suspicious activities that cover funds transfers and monetary instruments such as traveler's checks, money orders, and so on?			
27. Does your institution filter payments against relevant United Nations sanctions lists?			
VI. AML Training	YES	NO	N/A
28. Does your institution provide AML training to relevant employees that includes: <ul style="list-style-type: none"> • Identification and reporting of transactions that must be reported to government authorities. • Examples of different forms of money laundering involving the institution's products and services. • International, national, and internal policies to prevent money laundering. <p>If yes, how frequent are these trainings?</p>			
29. Does your institution retain records of its training sessions including attendance records and relevant training materials used?			
30. Does your institution have policies to communicate new AML related laws or changes to existing AML related policies or practices to relevant employees?			

31. Does your institution employ agents to carry out some of the functions of your institution and if so, does your institution provide AML training to relevant agents that includes identification and reporting of transactions that must be reported to government authorities, examples of different forms of money laundering involving the institution's products and services and internal policies to prevent money laundering?			
--	--	--	--

VII. Additional Information

Please attach the following documents along with this form:

- License /Certificate of Registration;
- By-law / Articles of Association.
- AML / CFT / KYC Policy / Guidelines;
- List of Shareholders and their respective shareholding percentage
- List of Board of Directors (including their nationalities & the shareholders they represent)
- List of Management Team indicating their respective positions and the number of years of service.
- Annual Report & Financial Statement.

I confirm that I am authorized to complete this document and that, to the best of my knowledge, the information above is current and accurately reflects our institution's AML policies.

Name: _____

Signature: _____

Title: _____

Date: _____

Official Seal

(P.S. Please note that we would be unable to process the form if it has not duly been filled, signed and stamped etc. or incomplete information is provided).