

Know Your Customer & Anti-Money Laundering Questionnaire

As a part of our Anti-Money Laundering and Combatting the Financing of Terrorism policy, we're writing to our valued business partners to assist us in completing a questionnaire to comply with regulatory requirements. Therefore, we would greatly appreciate your kind cooperation to complete the following questions. Please be assured that the information you provide will be treated as STRICTLY CONFIDENTIAL.

Kindly send the responses of the Questionnaire to the attention of the Compliance Officer

by email to: compliance@anadolubank.com.tr

1. GENERAL INFORMATION	
1.1. Name of Institution:	
1.2. Legal Status:	<input type="checkbox"/> Public Limited Company <input type="checkbox"/> Joint Stock Company <input type="checkbox"/> Government Bank <input type="checkbox"/> Cooperative Bank <input type="checkbox"/> Savings Bank (under Special Law) <input type="checkbox"/> Others
1.3. Address:	
Principal Place Of Business:	
Location of the Head Office:	
1.4. Website:	
1.5. License:	a) Issued by: b) Year of issuance: c) Registration / License Number: d) Is your bank authorized to hold foreign currency accounts outside of your country? <input type="checkbox"/> Yes <input type="checkbox"/> No e) Are there any restriction on this authorization? <input type="checkbox"/> Yes <input type="checkbox"/> No f) Is your bank authorized to trade foreign exchange? <input type="checkbox"/> Yes <input type="checkbox"/> No g) Number of Domestic branches: h) Number of Foreign branches: i) Number of Employees:
1.6. Country of Incorporation	
1.7. Date of establishment	
1.8. Affiliates, subsidiaries:	
1.9. Main Business: (Retail banking, Corporate banking,	

<i>Investment banking etc.)</i>	
1.10. Financial products & services: <i>(What type of financial products and services does your bank offer to your customers?)</i>	
1.11. Please describe your customers' major business segments. <i>Do they include the following business?</i> <i>(* Casinos, Real estate agents, Dealers in precious metals and precious stones, Money Service Business, Lawyers, Notaries, Other independent legal professionals and accountants, Trust and service providers</i>	
1.12. List 5 key countries/jurisdiction your institution operates in and the percentage of business in each location.	
1.13. Full Name of the Regulatory and Supervisory Authority	
1.14. Name of external auditors	
1.15. Please provide information regarding the purpose of your business relationship with our Bank	
1.16. Has your institution appointed a compliance officer for AML/KYC?	
<i>If yes</i> Name : Title : Phone Number : e-mail address :	

2. OWNERSHIP/MANAGEMENT STRUCTURE		
2.1. Is the FI publicly owned?	<input type="checkbox"/>	<input type="checkbox"/>
2.2. Is the FI able to issue bearer shares? <i>If Yes, Has the FI issued bearer shares? What percentage of FI's total shares is composed of bearer shares?</i>	<input type="checkbox"/>	<input type="checkbox"/>
2.3. Is the FI listed on any stock exchange?	<input type="checkbox"/>	<input type="checkbox"/>

<i>If "YES", which one(s)?</i>		
<i>If "NO" please provide a list of the beneficial owners, each of whom individually directly or indirectly, owns, controls or has 10% or more of shares or voting rights of financial institution.</i>		
2.4. <i>Please list the names and titles of Executive Management:</i>		
2.5. <i>Please list the names of members of the board of directors?</i>		
2.6 <i>Please provide a list of Beneficial Owners owning 10% or greater share capital</i>		

3. AML POLICIES AND PRATICE		
3.1. <i>Has your country established laws/regulations designed to prevent money laundering, terrorism financing?</i>	<input type="checkbox"/>	<input type="checkbox"/>
3.2. <i>Does the law require banks to have written procedures for the prevention of money laundering and terrorism financing?</i>	<input type="checkbox"/>	<input type="checkbox"/>
3.3. <i>Does your institution have a legal and regulatory compliance program that includes a designated officer that is responsible for coordinating and overseeing the AML framework?</i>	<input type="checkbox"/>	<input type="checkbox"/>
3.4. <i>Has your institution developed written policies documenting the processes that they have in place to prevent, detect and report suspicious transactions?</i>	<input type="checkbox"/>	<input type="checkbox"/>
3.5. <i>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?</i>	<input type="checkbox"/>	<input type="checkbox"/>
3.6. <i>Has your institution been subject of any investigation, indictment, conviction or civil enforcement action related to money laundering and terrorism financing or the breach of KYC policies in the past five years?</i> <i>If yes, please provide a detailed explanation</i>	<input type="checkbox"/>	<input type="checkbox"/>
3.7. <i>Does your institution have a policy prohibiting accounts/relationships with shell banks? (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>	<input type="checkbox"/>	<input type="checkbox"/>
3.8. <i>Does your institution have policies covering relationships with Politically Exposed Persons (PEP's), their family and close associates?</i>	<input type="checkbox"/>	<input type="checkbox"/>
3.9. <i>Do the laws / regulations in your jurisdiction prohibit opening or maintenance of anonymous or numbered accounts?</i>	<input type="checkbox"/> (Prohibited)	<input type="checkbox"/> (Not Prohibited)
3.10. <i>Does your institution permit your customers to pass transactions directly through your correspondent account? (payable-through accounts)</i>	<input type="checkbox"/>	<input type="checkbox"/>
3.11. <i>Does your institution provide banking services for walk-in clients or others who do not maintain accounts?</i> <i>If yes, kindly define the type of service provided and your identification and verification process</i>	<input type="checkbox"/>	<input type="checkbox"/>
3.12. <i>Does the FI provide nested correspondent banking services?</i>	<input type="checkbox"/>	<input type="checkbox"/>

3.13. Does the FI act as downstream correspondent clearer?	<input type="checkbox"/>	<input type="checkbox"/>
4. RISK ASSESSMENT		
4.1. Does your institution have a risk-based assessment of its customer base and their transactions?	<input type="checkbox"/>	<input type="checkbox"/>
4.2. 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 the institution?	<input type="checkbox"/>	<input type="checkbox"/>
5. KNOW YOUR CUSTOMER, DUE DILIGENCE AND ENHANCED DUE DILIGENCE		
5.1. Has your institution implemented processes for the identification of those customers on whose behalf it maintains or operates accounts or conduct transactions?	<input type="checkbox"/>	<input type="checkbox"/>
5.2. Does your institution have a requirement to collect information regarding its customers' business activities?	<input type="checkbox"/>	<input type="checkbox"/>
5.3. Does your institution have procedures to establish a record for each new customer noting their respective identification documents and 'Know Your Customer' information?	<input type="checkbox"/>	<input type="checkbox"/>
5.4. Does your institution have monitoring programs for filtering transactions involving persons/entities suspected of terrorism, against lists issued by competent authority?	<input type="checkbox"/>	<input type="checkbox"/>
5.5. Does your institution have policies or practices for the identification and reporting of transactions that are required to be reported to the authorities?	<input type="checkbox"/>	<input type="checkbox"/>
5.6. Where cash transaction reporting is mandatory, does your institution have policies and procedures to identify transactions structured to avoid such obligations?	<input type="checkbox"/>	<input type="checkbox"/>
5.7. Does your institution have a policy of protecting employees who report, in good faith, any suspicious transactions/ activities?	<input type="checkbox"/>	<input type="checkbox"/>
5.8. Does your institution employ third parties to carry out some of the elements of the customer identification program?	<input type="checkbox"/>	<input type="checkbox"/>
6. TRANSACTION MONITORING		
6.1. Does your institution have a monitoring program for suspicious or unusual activities that covers funds transfers (incoming and outgoing) and monetary instruments (such as travellers checks, money orders, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
6.2. Does the FI search customer account database and transactions for persons and entities named under a particular sanction program? If yes, please indicate list(s) of names used.	<input type="checkbox"/>	<input type="checkbox"/>

OFAC <input type="checkbox"/> United Nations <input type="checkbox"/> European Union <input type="checkbox"/> HM Treasury <input type="checkbox"/> Patriot Act Section 311 <input type="checkbox"/> Others <input type="checkbox"/> Other.....		
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7. AML TRAINING		
7.1. Does your institution provide AML awareness training to relevant employees?	<input type="checkbox"/>	<input type="checkbox"/>
7.2. Does your institution retain records of its training sessions including attendance records and relevant training materials used?	<input type="checkbox"/>	<input type="checkbox"/>
7.3. Does your institution communicate new AML related laws or changes to existing AML related policies or practices to relevant employees?	<input type="checkbox"/>	<input type="checkbox"/>

8. FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA)		
8.1. Please provide information regarding your FATCA status	Compliant <input type="checkbox"/>	Non-compliant <input type="checkbox"/>
8.2. If compliant please provide Global Intermediary Identification Number (GIIN)		
8.3. Please provide the contact details of FATCA responsible person		
Name:		
Title:		
Telephone:		
E-mail:		

Space for additional information (Please indicate which question the information refers to)

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Please also attach your completed “Wolfsberg AML Questionnaire”.

Thank you very much in advance for your kind cooperation.

I confirm that, to the best of my knowledge, the above information is current accurate and reflective of my bank/institution’s anti-money laundering policies/procedures.	
Name/Title:	
Telephone/Fax:	
E-Mail:	
Address:	
Date:	
Signature:	