

KYC QUESTIONNAIRE FOR FINANCIAL INSTITUTIONS

(Additional information to Wolfsberg questionnaire)

1. GENERAL INFORMATION																															
1a	Name of the entity:																														
1b	Registered address:																														
1c	Contact details: <ul style="list-style-type: none"> Internet address: E-mail address: Telephone: 																														
1d	Please provide the following ID numbers if available: LEI code: _____ VAT number: _____ GIIN number: _____																														
1e	Please provide the purpose of your business relationship with Nova KBM:																														
1f	<p>Ownership information with support documentation</p> <p>** Owner (legal entity) / Beneficial Owner (natural Person) means (i) the legal entity(ies) / natural person(s) who ultimately owns or controls the bank through direct or indirect ownership or control over a sufficient percentage of the shares or voting rights in the legal entity (25%), including through bearer share holdings, other than a company listed on a regulated market that is subject to disclosure requirements equivalent to EU legislation or to international standards. (ii) legal entity(ies)/natural person(s) who otherwise exercises control over the management of a legal entity.</p> <p>Legal Entity – Owner/Shareholder</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 20%;">Company Name</th> <th style="width: 20%;">Legal Form</th> <th style="width: 15%;">Registration Address and Country</th> <th style="width: 15%;">Residence Address and Country</th> <th style="width: 15%;">Percentage</th> <th style="width: 15%;">Level in Ownership Structure (L1/L2/L3)</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	Company Name	Legal Form	Registration Address and Country	Residence Address and Country	Percentage	Level in Ownership Structure (L1/L2/L3)																								
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Natural Person – Beneficial Owner							
Full name		Date of birth	Permanent Address	Temporary Address	Nationality	Ownership shares / Participation/Control in percentage	
1g	Do you have the legislative framework governing the area of the prevention of money laundering and terrorist financing by your country's responsible regulatory authority?					Yes	No
	If yes, please specify the name:						
1h	Does your financial institution follow the anti-money laundering policies established by your country's responsible regulatory authority?					Yes	No
1i	Does your financial institution have a presence (branches and subsidiaries) in the following countries / areas: Iran, Syria, North Korea, Sudan, Cuba, Crimea?					Yes	No
	If yes, kindly define in which country/area:						
2. BUSINESS ACTIVITY							
2a	Please select your Financial Institution type(s):						
	<input type="checkbox"/> Commercial Banking		<input type="checkbox"/> Broker/Dealer				
	<input type="checkbox"/> Investment Banking		<input type="checkbox"/> Insurance Company				
	<input type="checkbox"/> Private Banking		<input type="checkbox"/> Credit Card Company				
	<input type="checkbox"/> Retail Banking		<input type="checkbox"/> Asset Management Company				
	<input type="checkbox"/> Internet Banking		<input type="checkbox"/> Other (please specify):				
2b	Please select your business activities:						
	<input type="checkbox"/> Trade Finance		<input type="checkbox"/> syndicated Loan				
	<input type="checkbox"/> Lending Activities		<input type="checkbox"/> Draft <input type="checkbox"/> Cheques				
	<input type="checkbox"/> Trust and Asset Management Services		<input type="checkbox"/> Traveller's Cheques				
	<input type="checkbox"/> Foreign Exchange		<input type="checkbox"/> Pension Fund				
	<input type="checkbox"/> Clearing Services (Currency:)		<input type="checkbox"/> Public and Corporate Bonds				
	<input type="checkbox"/> Overseas remittance Services		<input type="checkbox"/> Others (Please specify)				
	<input type="checkbox"/> Remittance Services for walk in clients						

	If yes, does your financial institution perform EDD for such clients?	Yes	No
4. AML PROCEDURES AND CONTROLS			
4a	Do you have written policies to prevent money laundering and financing terrorism?	Yes	No
4b	Does the policy reflect a regular process to identify categories of suspicious activity by monitoring customer transactions?	Yes	No
4c	Does the policy reflect a process to notify appropriate government/supervisory authorities regarding suspicious activity?	Yes	No
4d	Does the policy reflect a regular process to identify beneficial owner?	Yes	No
4e	Does the policy reflect the procedures, relevant identification documents and information you need to know your client (KYC)?	Yes	No
4f	How frequently is your AML, KYC, Sanctions Policy updated and who approves it?		
4g	Do your branches and subsidiaries follow the Group AML, KYC, Sanctions policies?	Yes	No
4h	Describe the structure and reporting line of your AML team. How large is the team globally?		
4i	Does your financial institution have a Designated Anti-Money Laundering Officer?	Yes	No
4j	How long has the AML Officer been in their role and to whom does he/she report? Please provide contact details: <i>Name:</i> <i>Position Title:</i> <i>Mailing Address:</i> <i>Phone:</i> <i>Email Address:</i>		
4k	Do you have a formal training program in place to address Anti-Money Laundering and Know Your Customer responsibilities?	Yes	No
4l	Do all employees receive AML and KYC training? If no, state the areas where the employees are trained	Yes	No
4m	How frequently is the training given?		
4n	Does your financial institution have an embargo/sanction monitoring process in place? If Yes, please describe coverage of sanctions screening: <input type="checkbox"/> OFAC <input type="checkbox"/> UN <input type="checkbox"/> EU <input type="checkbox"/> Local <input type="checkbox"/> Other	Yes	No
4o	Is this process manual or automated? If automated, please provide vendor:		

4p	Does your institutions monitor and evaluate clients for sanctioned entities and countries before entering in business relationship?	Yes	No
4q	Does your institutions monitor and evaluate transactions for sanctioned entities and countries before the execution of domestic and cross-border transactions? If monitoring is not performed for all such transaction, please state for which type of transactions it is performed	Yes	No
4r	Does your institution have bank customers, branches or subsidiaries that operate in countries that are subject UN, EU, OFAC or any other sanction list?	Yes	No
4s	Does your financial institution have a monitoring process in place to detect suspicious transactions? Is this process manual or automated? If automated, please provide vendor:	Yes	No
4t	Is your AML policy subject to regular audit or review? If yes, how often are AML, Sanctions and Anti-bribery/Corruption internal audits performed? If no, provide additional explanation.	Yes	No

5. ADDITIONAL INFORMATION

Please describe the process used for checking the identity of your clients (legal entities and private individual)

Please, describe the process of identifying beneficial owner (*threshold to applied to beneficial ownership identification*)

Please, describe the procedure to report transactions (*cash, suspicious*) **and clients to the competent authorities** (*name of authority*)

Please describe internal controls in the field of AML

Please describe internal controls in the field of sanctions

I confirm, on behalf of _____, that the above responses are current, accurate, and reflective of our institution's business and anti-money laundering information.

Name:

Section/Department:

Title:

Authorized Signature:

Date: