As per our Regulator, **Saudi Arabian Monetary Authority (SAMA)** guidelines / directives and as per our bank’s internal Compliance Policy and guidelines, the following questions are intended to facilitate our understanding of the Anti-Money Laundering & Combating the Financing of Terrorism Policies and Procedures in your institution. Please complete all questions and return your response along with requested documents by courier, with sending scanned copy BY E-Mail to the Attention of: **Financial Institutions Dept Bank Al Bilad, 8229 Al Mutamarat, Unit No.2, RIYADH 12711-3952, Saudi Arabia** **(E-mail Address: Mailgroup Financial Institutions** [**MFinInstitutions@bankalbilad.com**](mailto:MFinInstitutions@bankalbilad.com) **)**

**Information to be submitted to Bank Albilad – Riyadh, K.S.A**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | | | | **General Information** | **I** |
|  | | | | **Name of Organization:** | **a.** |
|  | | | | **Country** |  |
| **License No** : .............................................. | | | | **Business License:** | **b** |
| **License Date :** ......../........../.......... | | | |  |  |
| Number: .............................................. | | | | **Commercial Registration:** | **c.** |
| Expiry Date: ......../........../.......... | | | |
|  | | | | **Regulatory Name :** | **d** |
|  | | | | * Frequency Audit/ Supervision visits undertaken by Regulator: |  |
|  | | | | * Date of the last visit that was undertaken on you: |
|  | | | | **Bank /F.I. Address:** | **e.** |
|  | | | | **Registered Office Location :** | **f.** |
|  | | | | **Head Office Address** | **g.** |
|  | | | | **Principal Operating Office Location :** | **h.** |
|  | | | | **E-mail:** | **i.** |
|  | | | | **Website:** | **j.** |
| Name: .............................................. | | | | **AML Officer Contact details:** | **k** |
| Title : .............................................. | | | |
| Fax: ....................................... | | | Tel : .............................................. |
| E-mail .............................................. | | | |
|  | | | | **FATCA - GIIN #** | **l.** |
|  | | | | **Legal Entity Identifier (LEI)** | **m.** |
|  | | | | **If F.I. shares publicly traded, please mention name of the Stock exchanges** | **n.** |
| **No** | **Yes** | **General AML policies, Practices and Procedures:** | | | **II.** |
|  |  | Has the country in which you are located established laws designed to prevent money laundering and terrorist financing? | | | 1. |
|  |  | Does your F.I. have a legal and regulatory compliance program that includes a designated Compliance Officer that is responsible for coordinating and overseeing the AML program on a day-to-day basis, which has been approved by the board of directors/senior management of your institution? | | | 2 |
|  |  | Does the law in your country require banks to have procedures for anti-money laundering and Combating the Financing of Terrorism? | | | 3 |
|  |  | Has your institution developed written policies documenting the processes that they have in place to prevent, detect and report suspicious transactions that has been approved by the board of directors/senior management of your institution .? | | | 4 |
|  |  | In addition to inspections by the government supervisors/ regulators, does your FI have an internal audit function or other independent third party that assesses AML policies and practices on a regular basis? | | | 5 |
|  |  | 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) | | | 6 |
|  |  | Does your institution have policies covering relationships with politically exposed persons consistent with industry best practices? | | | 7 |
|  |  | Does your FI have appropriate record retention procedures pursuant to applicable law? | | | 8 |
|  |  | Does your institution require that its AML policies and practices be applied to all branches and subsidiaries of the financial institution in the home country and in locations outside of home country? | | | 9 |
|  |  | Does your country adhere to the 40 anti-money laundering and terrorist financing recommendations developed by the Financial Action Task Force (FATF)? If your country is not a member of the FATF, please provide the name of the comparable organization to which your country belongs, e.g. the name of the FATF-style regional body to which your country belongs? | | | 10 |
|  |  | Has your institution involved in any regulatory or criminal enforcement action resulted in violation of AML & CFT laws or regulations in the last five years?  (If the answer is Yes), please provide details and action plan to resolve. | | | 11 |
|  |  | Do you intend to provide your Clients with direct access to the correspondent SAR Vostro account(s) you maintain at Bank Albilad (i.e. payable-through accounts\*\*)?  \*\**A payable through account is defined as an account offered to a client bank wherein the client provides its underlying customer(s) with a full range of banking services (e.g. deposits and withdrawals etc.) by allowing direct (including view and operating authority) access to the account.* | | | 12 |
|  |  | **Can you confirm that your financial institution does not use your correspondent banking relationship with Bank Albilad for any services related to or involving any of the Sanctioned countries\*/Entities?**  *\*Sanctioned Countries /Entities are listed in any of international Sanction lists (e.g. OFAC, UN, EU, UK, etc.)* | | | 13 |
|  |  | **Risk Management** | | | **III** |
|  |  | Does your F.I. have a risk-focused assessment of its customer base and customer transactions? | | | 1 |
|  |  | How to mitigate the potential risk associated with these higher risk customer types? | | | 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? | | | 3 |
|  |  | Have any of the countries in which you have a presence (head office, branches, subsidiaries, affiliates) been evaluated by yourselves as high risk or to country in which has been evaluated as non-cooperative countries with FATF organization?  If so, please list all the jurisdictions that fall under this category. | | | 4 |
|  |  | Does your institution provide services to any of the  Banks or Entities located in any High Risk Jurisdiction listed by FATF? | | | 5 |
|  |  | **Is your organisation incorporated / regulated in a country that is an observer or associate member of FATF? If a member of another body, please indicate.** | | | 6 |
|  |  | **Know Your Customer, Due Diligence and Enhanced Due Diligence** | | | **IV** |
|  |  | Does your institution maintain a customer profile for each new customer noting his respective identification documents and KYC information? | | | 1 |
|  |  | Does your institution have procedures to establish a record for each client noting their respective identification documents and know your client information collected at account opening? Are copies of identification documents retain in your possession for reference? | | | 2 |
|  |  | Does your FI collect information and access its FI customers AML policies or practices? | | | 3 |
|  |  | Does your institution take steps to understand the normal and expected transactions of its customers based on customer risk assessment? | | | 4 |
|  |  | Does your institution open accounts for persons using ANONYMOUS names or those who demand that their ID is not to be disclosed? | | | 5 |
|  |  | Does your AML/CTF/KYC policies & Procedures require identifying and prohibiting using third party of your correspondent banking accounts? | | | 6 |
|  | | What is your institution’s customer identification requirements (for remittances) please describe in brief: | | | 7 |
|  | | Please indicate how often your organisation undertakes internal audits / review of its KYC, AML, CTF, and Economic Sanctions policies and procedures. | | | 8 |
|  |  | **Reportable transactions and prevention and detection of transactions with illegally obtained funds** | | | **V** |
|  |  | Does your institution have policies for the identification and reporting of transactions that are required to be reported to the authorities? | | | 1 |
|  |  | Does your institution have procedures to identify transaction structured to avoid large cash reporting requirements? | | | 2 |
|  |  | **Transaction Monitoring** | | | **VI** |
|  |  | Does your company regularly conduct surveillance to detect unusual or suspicious activities? | | | 1 |
|  | | What is your institution’s transaction monitoring procedure? | | | 2 |
|  | | Who is responsible for transaction monitoring? | | | 3 |
|  |  | Does your institution have policies to reasonably ensure that they will not conduct transactions with or on behalf of shell bank through any of its accounts? | | | 4 |
|  |  | Does your institution have policies to reasonably ensure that it only operates with correspondent banks that possess licenses to work in their countries of origin? | | | 5 |
|  |  | Does your institution screen transactions for clients or transactions the financial institutions deems to be of significantly high risk that special attention to such customer or transactions is necessary prior to completing any such transactions? | | | 6 |
|  |  | Does your institution operate or involved in any transaction that is related to country in which has been evaluated as non-cooperative countries with FATF organization? | | | 7 |
| **No** | **Yes** | **AML Training** | | | **VII** |
|  |  | Does your institution provide AML training to relevant employees that include identification and reporting of transactions that must be reported to government authorities with examples of different forms of money laundering involving the bank products and services and internal policies to prevent money laundering? | | | 1 |
|  |  | Does your F.I. retain records of its training sessions including attendance records and relevant training material used? | | | 2 |
|  |  | Does your institution communicate new AML related laws or changes to existing AML related policies or practices to relevant employees? | | | 3 |
|  |  | Does your institution have an established audit and compliance review function to test the adequacy of AML and terrorist financing procedures? | | | 4 |
|  |  | Does your F.I. employ agents to carry out some of the functions of your F.I. and if so does your F.I. provide AML training to relevant agents that includes identification and reporting of transactions that must be reported to government authorities with examples of different forms of money laundering involving your FI’s products and services and internal policies to prevent money laundering? | | | 5 |
|  |  | **Documents to be enclosed in support:** | | | **VIII** |
|  |  | Please provide duly attested True copy of the following documents:   1. Banking License 2. Commercial registration 3. Memorandum of Association 4. Articles of Association 5. KYC/ AML/CTF Policy & Procedures guidelines 6. List of shareholders exceeding 10%. 7. List of Directors 8. List of Top Management officials 9. Copy of USA – PAC 10. Copy of the updated Wolfsberg AMLQ 11. Copy of W-8BEN form with GIIN 12. CRS (Tax Self-Certification) | | |  |

**Completed BY:   
Name:** .............................................. **Title:** ................................................. **(Signature)** ..............................................

**Location:** .............................................. **Tel:** .............................................. **Fax:** .............................................. **E-mail:** .............................................. **(Bank / F.I Seal)** ..............................................  
**Date:** ......../........../..........