**C:\Users\khaligb\AppData\Local\Microsoft\Windows\INetCache\Content.Word\Unibank_Logo.png**

**QUESTIONNAIRE**

1. **GENERAL INFORMATION**

|  |  |  |
| --- | --- | --- |
| **1.** | **Full name** |  |
| **2.** | **Legal organizational form** |  |
| **3.** | **Legal registration number** |  |
| **4.** | **Registration date** |  |
| **5.** | **Type of license** |  |
| **6.** | **Number of license** |  |
| **7.** | **Date of issue of the license** |  |
| **8** | **License Validity Period** |  |
| **9.** | **TIN** |  |
| **10.** | **The actual address** |  |
| **11.** | **Legal address** |  |
| **12.** | **Authorized capital** |  |
| **13.** | **BIC** |  |
| **14.** | **SWIFT** |  |
| **15.** | **Phone** |  |
| **16.** | **Email address** |  |
| **17.** | **Branches (name, address)** |  |
| **18.** | **Countries Where Branches Are Located** |  |
| **19.** | **Number of employees** |  |
| **20.** | **Subsidiaries and Related Information (If any)** |  |
| **21.** | **Number of Employees Working in AML/CTF** |  |
| **22.** | **Name of Bank Regulation and Supervisory Authority** |  |
| **23.** | **Financial Institution Rating** |  |
| **24.** | **Total Assets (Most Recent Audited Figure)** |  |
| **25.** | **Have there been any significant changes in your bank within the last 12 months? If yes, please provide details:** | **Yes  No** |
| **26.** | **Are your financial institution's shares publicly traded?** | **Yes  No** |

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| **Please specify the areas covered by this questionnaire for your bank:** | |
| **Head Office and Branches:** | **Yes  No** |
| **Local Subsidiaries:** | **Yes  No** |
| **Foreign Subsidiaries:** | **Yes  No** |
| **Foreign branches** | **Yes  No** |

**2. MANAGEMENT AND OWNERSHIP STRUCTURE**

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| **2.1.** | **Please provide information about the Board of Directors in the table below (add rows if necessary):** | | | | |
| **Full name** | | **Date of birth** | **Nationality** | **Position** | **Politically exposed person**  **(Yes/No)** |
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| **2.2** | **Provide list of members of supervisory board (add further rows if necessary).** |

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| --- | --- | --- | --- | --- |
| **Full name** | **Date of birth** | **Nationality** | **Position** | **Politically exposed person**  **(Yes/No)** |
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| **2.3** | **Provide list the names of shareholders more than 10% (add further rows if necessary).** |

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| --- | --- | --- | --- | --- |
| **Full name** | **Date of birth** | **Citizenship** | **Share (%)** | **Political figure**  **(Yes/No)** |
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| **2.4** | **INFORMATION ABOUT ULTIMATE BENEFICIAL OWNERS** |

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| --- | --- | --- | --- | --- |
| **Full name** | **Date of bith** | **Citizenship** | **Position** | **Political figure**  **(Yes/No)** |
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| **2.5** | **Changes in ownership or management structure in the last 5 years:** |
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**3. PURPOSE OF COOPERATION**

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| **3.1** | **Please provide information about the purpose of cooperation with Unibank OJSC.** |  |
| **3.2** | **What types of transactions are planned to be conducted through the correspondent account?** |  |
| **3.3** | **Planned monthly turnover through the Unibank account:** |  |

1. **LEGISLATION**

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| --- | --- | --- |
| **4.1** | **Does your country have legislation on anti-money laundering (AML) and combating the financing of terrorism (CFT)?** | **Yes  No** |
| **4.2** | **Please specify the regulatory authority responsible for AML/CFT in your country.** |  |
| **4.3** | **Is your country a member of the FATF group?**  **If not, please specify the equivalent organization to which your country belongs:** | **Yes  No** |
| **4.4** | **Does your bank’s compliance structure adhere to FATF recommendations and standards?** | **Yes  No** |

1. **INFORMATION ON CORRESPONDENT BANKS**

|  |  |  |
| --- | --- | --- |
| **5.1 Correspondent LORO Banks** (add rows if necessary) | | |
| **Name of Financial Institution** | **Jurisdiction** | **Duration of Cooperation** |
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| **5.2 Correspondent NOSTRO Banks** (add rows if necessary) | | |
| **Name of Financial Institution** | **Jurisdiction** | **Duration of Cooperation** |
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1. **INFORMATION ON CLIENT BASE**

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| **Type of Clients** | **Total Number of Clients** | **Politically Exposed Persons** | | | **High-Risk Clients** |
| **Individuals** |  |  | | |  |
| **Non-resident Individuals** |  |  | | |  |
| **Legal Entities** |  |  | | |  |
| **Non-resident Legal Entities** |  |  | | |  |
| **Financial Institutions** |  |  | | |  |
| **Non-resident Financial Institutions** |  |  | | |  |
| **Top 5 Countries by Number of Non-Resident Customers** | | | 1 |  | |
| 2 |  | |
| 3 |  | |
| 4 |  | |
| 5 |  | |
| **Top 5 Countries with which FI Clients Have Established Business Relationships** | | | 1 |  | |
| 2 |  | |
| 3 |  | |
| 4 |  | |
| 5 |  | |

1. **PRODUCTS AND SERVICES PROVIDED BY THE FINANCIAL INSTITUTION**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Products/Services of the Financial Institution Yes No** | | |
| **Retail banking** |  |  |
| **Corporate banking** |  |  |
| **Wholesale banking** |  |  |
| **Investment banking** |  |  |
| **Private banking** |  |  |
| **Trade finance** |  |  |
| **Other (Pleace specify)** |  | |

1. **AML CONTROL AND ASSESSMENT**

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| --- | --- | --- |
| **8.1** | **Does your bank have an appointed MLRO (Money Laundering Reporting Officer)?** | **Yes  No** |
| **8.1.1** | **Full Name, Position, Phone, Email** |  |
| **8.2** | **To whom does the MLRO report directly?** |  |
| **8.3** | **Are customers screened against sanctions lists?** | **Yes  No** |
| **8.3.1** | **If yes, please specify the lists.** |  |
| **8.4** | **Does your bank use automated software for AML/CFT?** | **Yes  No** |
| **8.4.1** | **If yes, please specify the software name.** |  |
| **8.5** | **Select the type of screening software:** | **Automated**  **Manual** |
| **8.6** | **Does your bank adhere to Wolfsberg principles?** | **Yes  No** |
| **8.6.1** | **If yes, please send the signed Wolfsberg questionnaire for the last 3 months.** |  |
| **8.7** | **Does your bank conduct AML/CFT training?** | **Yes  No** |
| **8.7.1** | **If yes, specify the frequency of training.** |  |
| **8.7.2** | **Are bank staff informed about changes and updates in applicable AML/CFT legislation?** | **Yes  No** |
| **8.7.3** | **Does your bank keep records of training materials and attendance lists?** | **Yes  No** |
| **8.7.4** | **Does the bank involve third parties in its activities?** | **Yes  No** |
| **8.7.4.1** | **If yes, are trainings conducted for these third parties?** | **Yes  No** |
| **8.8** | **Is there a requirement for independent audits of AML/CFT in your bank?** | **Yes  No** |
| **8.8.1** | **If yes, specify the name of the audit company/department.** |  |
| **8.9** | **Is your bank subject to the USA Patriot Act?** | **Yes  No** |
| **8.10** | **Does your bank have approved policies and procedures to prevent AML/CFT?** | **Yes  No** |
| **8.11** | **Does your bank's AML/CFT policy apply to all foreign branches/subsidiaries?** | **Yes  No** |
| **8.12** | **Does your bank have a policy prohibiting the opening of anonymous accounts?** | **Yes  No** |
| **8.13** | **Does your bank offer payable-through accounts?** | **Yes  No** |
| **8.14** | **Does your bank provide "Nested" services?** | **Yes  No** |
| **8.15** | **Does your bank have policies and procedures against establishing business relations with shell banks/companies?** | **Yes  No** |
| **8.16** | **Does your bank periodically update customer information?** | **Yes  No** |
| **8.16.1** | **If yes, specify the frequency.** |  |
| **8.17** | **Does your bank apply enhanced due-diligance (EDD) for high-risk customers?** | **Yes  No** |
| **8.18** | **Does your bank conduct any transactions with walk-in customers?**  **If yes, specify the types of transactions and the identification and verification measures taken.** | **Yes  No** |
| **8.19** | **Does your bank archive customer and transaction data/documents?** | **Yes  No** |
| **8.19.1** | **If yes, provide the retention period.** |  |
| **8.20** | **Has your bank been subject to sanctions regarding AML/CFT in the last 5 years?** | **Yes  No** |
| **8.21** | **Does your bank operate as an offshore entity?** | **Yes  No** |
| **8.22** | **Does your bank have any branches, subsidiaries, or partner entities operating as offshore banks?** | **Yes  No** |
| **8.23** | **Do your bank (or its branches and subsidiaries) operate in sanctioned countries?**  **If yes, please provide details.** | **Yes  No** |
| **8.24** | **Does your bank verify that its correspondent banks hold a business license in their respective countries?** | **Yes  No** |

1. **FATCA STATUS**

|  |  |  |
| --- | --- | --- |
| **9.1** | **Does your bank have Global Intermediary Identification Number (GIIN)?** | **Yes  No** |
| **9.1.1** | **If yes, provide GIIN.** |  |
| **9.2** | **Please specify the registration date on the IRS portal.** |  |
| **9.3** | **Provide FATCA status of your bank.** |  |
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**PLACE FOR ADDITIONAL INFORMATION**

**(Please indicate the question to which the information relates)**

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**AUTHORIZED SIGNATURE**

|  |  |
| --- | --- |
| **Full name** |  |
| **Position** |  |
| **E-mail address** |  |
| **Signature** |  |
| **Date** |  |

**Seal**