

Head Office

Metropolitan Chamber Building (3rd Floor)
122-124 Motijheel C/A, Dhaka - 1000, Bangladesh
PABX : +88-02-9578385, 9577913, 9558375, 9552981
Fax : +88-02-9577898, SWIFT : SDBLBDDH
Email : sblho@bangla.net, sbl_id@bangla.net
sblho@standardbankbd.com
Web : www.standardbankbd.com

ANTI-MONEY LAUNDERING & COMBATING FINANCING OF TERRORISM QUESTIONNAIRE FOR CORESPONDENT RELATIONSHIP

A. BASIC INFORMATION

1.	Name of Institution :	STANDARD BANK LIMITED		
2.	Registered Address :	METROPOLITAN CHAMBER BUILDING- 3 RD FLR. 122-124 MOTIJHEEL C/A, HEAD OFFICE, DHAKA-1000		
3.	Website Address :	www.standardbankbd.com		
4.	Principal Business Activities :	COMMERCIAL BANKING		
5.	Regulatory Authority :	BANGLADESH BANK		
6.	Operational Status Does your Bank maintain a physical presence in the licensing country?		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

B. OWNERSHIP / MANAGEMENT

7.	Is your institution listed on any stock exchange? If so, which stock exchange? DHAKA STOCK EXCHANGE LTD (DSE), CHITTAGONG STOCK EXCHANGE (CSE)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8.	If „No“ to Q7, please provide a list of the major shareholders holding more than 10% shares in your institution.		

C. ANTI-MONEY LAUNDERING AND TERRORIST FINANCING CONTROLS

If you answer “no” to any question, additional information can be supplied at the end of the questionnaire.

I. General AML&CFT Policies, Practices and Procedures:

9.	Does your institution have in place policies and procedures approved by your institution’s board or senior management to prevent Money Laundering and Combat Financing of Terrorism?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10.	Does your institution have a legal and regulatory compliance program that includes a designated officer that is responsible for coordinating and overseeing the AML/CFT framework?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11.	Has your institution developed written policies documenting the processes that they have in place to prevent, detect and report suspicious transactions?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12.	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.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13.	Does your institution permit the opening of anonymous or numbered accounts by customers?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14.	Does your institution have policies to reasonably ensure that they will not conduct transactions with or on behalf of shell banks through any of its accounts or products?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
15.	Does your institution have policies covering relationships with Politically Exposed Persons (PEP’s), their family and close associates?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
16.	Does your institution have policies and procedures that require keeping all the records related to customer identification and their transactions? If „Yes“, for how long?-----05 (FIVE) YEARS AFTER CLOSURE OF ACCOUNT OR OCCURRED TRANSACTION----	<input checked="" type="checkbox"/>	<input type="checkbox"/>



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II. Risk Assessment

17.	Does your institution have a risk-based assessment of its customer base and their transactions?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
18.	Does your institution determine the appropriate level of enhanced due diligence necessary for those categories of customers and transactions that the FI has reason to believe pose a heightened risk of illicit activities at or through the FI?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

III. Know Your Customer, Due Diligence and Enhanced Due Diligence

19.	Has your institution implemented processes for the identification of those customers on whose behalf it maintains or operates accounts or conducts transactions?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
20.	Does your institution have a requirement to collect information regarding its customers' business activities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
21.	Does your institution have a process to review and, where appropriate, update customer information relating to high risk client information?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
22.	Does your institution have procedures to establish a record for each new customer noting their respective identification documents and "Know Your Customer" information?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
23.	Does your institution complete a risk-based assessment to understand the normal and expected transactions of its customers?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

IV. Reportable Transactions for Prevention and Detection of ML/TF

24.	Does your institution have policies or practices for the identification and reporting of transactions that are required to be reported to the authorities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
25.	Where cash transaction reporting is mandatory, does your institution have procedures to identify transactions structured to avoid such obligations?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
26.	Does your institution screen customers and transactions against lists of persons, entities or countries issued by government/competent authorities or under the UN security Council Resolution?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
27.	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?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

IV. Transaction Monitoring

28.	Does your institution have a monitoring program for unusual and potentially suspicious activity that covers funds transfers and monetary instruments such as travelers' checks, money orders, etc?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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V. AML Training

29.	Does your institution provide AML& CFT training to relevant employees of your organization?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
30.	Does your institution communicate new AML related laws or changes to existing AML related policies or practices to relevant employees?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
31.	Does your institution provide AML training to relevant third parties if they are employed to carry out some of the functions of your organization?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Space for additional information:
 (Please indicate which question the information is referring to.)





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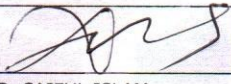

D. GENERAL

Does the response provided in this Declaration apply to the following entities?			
32.	Head Office and all domestic branches	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Overseas branches	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Domestic subsidiaries	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Overseas subsidiaries	<input checked="" type="checkbox"/>	<input type="checkbox"/>

If the response to any of the above is "No", please provide a list of the branches and /or subsidiaries that are excluded, including the name of the institution, location and contact details.

I, the undersigned, confirm to the best of my knowledge that the information provided in this questionnaire is current, accurate and representative of the anti-money laundering and anti-terrorist financing policies and procedures that are established in my institution.

I also confirm that I am authorized to complete this questionnaire on behalf of my institution.

Signature:		
Name:	MD. SAIFUL ISLAM	
Designation:	VP & Deputy CAMLCO	
Date:	04.02.2019	
Contact No:	+88 02 9515628	
Email:	<aml@standardbankbd.com>	