

## AML – CFT QUESTIONNAIRE

### COMPANY DETAILS

#### Company Information

Company Name			
Date of Establishment		Licence No.	
Issuing Authority		Country of Registration	

#### Address Details

Registered Business Address			
Address (Line 1)			
Address (Line 2)			
City		P.O. Box / Postal Code	
State / Province		Country	

#### Details of Beneficial Owners (at least 25 per cent shares and voting rights of a company)

Name	Nationality	ID/Passport No.	Address	Ownership %

### COUNTRY REGULATIONS

#### Compliance Requirements

1	Is money laundering and terrorist financing a criminal offence in the country where your company is located?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2	Are there any anti-money laundering and combating terrorist financing laws and regulations in place in your country and are these laws applicable to your company?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3	Do these laws and regulations require your institution to:		
	3.1. Comply with Financial Action Task Force (FATF) recommendations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	3.2. Comply with internationally accepted KYC (Know Your Customer) standards?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	3.3. Establish effective controls to detect money-laundering, terrorist financing and / or applicable Sanctions' violations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	3.4. Report any suspicious transactions to the regulator and/or law enforcement body?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**COMPANY'S ANTI MONEY LAUNDERING (AML) / COUNTER FINANCING OF TERRORISM (CFT) MEASURES**

<b>General AML/CFT Policies and Procedures</b>			
1	Did your company prepare a documented set of Policies and Procedures with regards to combating money laundering and terrorist financing according to FATF standards and controls?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2	Were these policies and procedures approved by board and senior management?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>AML/CFT Risk Assessment</b>			
3	Did your company carry out and document an internal risk assessment to understand its money laundering and terrorist financing risks?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4	Does the risk assessment consider geographic (country) risk?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5	Does the risk assessment consider customer / client risk?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6	Does the risk assessment consider products & services and transactions risk?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7	Does the risk assessment consider supply chain risk?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8	Does your organisation determine the appropriate levels of enhanced due diligence necessary for those categories of customers and transactions that your institution has reasons to believe pose a higher risk of money laundering and terrorist financing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Know Your Customer and Customer Due Diligence</b>			
9	Has your organisation implemented processes for the identification and verification of your customers and beneficial owners?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10	Are your customers identified and verified using reliable and independent information in all cases?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11	Does your organisation have a process to review and, where appropriate, update customer information for all clients, specifically high-risk customers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		If yes, how frequently is customer due diligence/KYC information updated? .....	
12	Does your organisation have procedures to establish a record for each new customer noting their respective identification documents and Know Your Customer Information?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13	Does your organisation complete a risk-based assessment to understand the normal and expected transactions of its customers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

14	Does the Company have a risk-based assessment of its clients (e.g. low, medium or high risks)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
15	Does the Company conduct enhanced due diligence for high-risk clients?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
16	Does your establishment have checks in place to identify if Its customers/ clients and their beneficial owners are 'Politically Exposed Persons' (PEPs)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
17	Does your establishment have checks in place to identify if Its customers/ clients and their beneficial owners are 'Politically Exposed Persons' (PEPs)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
18	Does your institution screen customers against lists of persons, entities or countries issued by government/international bodies?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		If yes, mention the list: <input type="checkbox"/> United Nations sanctions (UN) <input type="checkbox"/> UAE (Local Terrorist List) <input type="checkbox"/> The Office of Foreign Assets Control (OFAC) <input type="checkbox"/> Her Majesty's Treasury Department – UK <input type="checkbox"/> European Union Sanctions (EU) <input type="checkbox"/> Other local regulations:	
19	Does your institution collect information relating to customer's and beneficial owner(s)' source of wealth and source of funds?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
20	Does your organisation collect information and assess its customers' AML policies or practices?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Management System, Governance, and Internal Controls</b>			
21	Do the board and senior management receive regular AML/CFT reports?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
22	Do the board and senior management ensure that shortcomings are rectified?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
23	Does the senior management review high risk customers / clients?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

<b>Compliance Officer</b>		
24	Has your organisation appointed a designated compliance officer with sufficient experience / expertise?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide the following information: Name: ..... Designation: ..... Contact No.: ..... Email ID: .....
25	Does the compliance officer have the necessary power and independence to perform his duties?	<input type="checkbox"/> Yes <input type="checkbox"/> No
26	Does the compliance officer prepare regular and periodic AML/CFT reports for the board, senior management, and supervisory bodies?	<input type="checkbox"/> Yes <input type="checkbox"/> No
27	Does the compliance officer review red-flagged transactions and unusual transactions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Transaction Monitoring</b>		
28	Does your institution have a monitoring program for the identification and reporting of suspicious or unusual activity/transaction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
29	Does your institution have internal policies of encouraging staff members to report suspicious transactions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
30	Does your institution have procedures to identify transactions structured to avoid large cash reporting requirements?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Suspicious Transaction Reporting</b>		
31	Did your establishment sign up to the goAML system of the FIU?	<input type="checkbox"/> Yes <input type="checkbox"/> No
32	Does your establishment have in place a process reporting suspicious transactions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
33	Has your establishment created and documented red-flags to provide reasonable grounds for reporting of any suspicious transaction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
34	Are these indicators included in establishment's AML/CFT policies and procedures?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Record Keeping			
35	Does the establishment keep client and transaction records for at least 5 years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
36	Is all Client Due Diligence and business correspondence kept for at least 5 years after the end of a customer/ client relationship?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Training			
37	Does your establishment conduct regular ongoing AML/CFT training for staff?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
38	Does your institution retain records of its training sessions including attendance records and relevant training materials used?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
39	Does your institution have policies to communicate new AML related laws or changes to existing AML related policies or practices to relevant employees?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
40	Does your establishment conduct AML/CFT training immediately or shortly after recruitment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**DECLARATION**

- To the best of my knowledge, I, the undersigned, confirm that the information provided in this document is current, accurate and representative of the anti-money laundering and anti-terrorist financing measures that are established in my establishment. I also, confirm that I am authorized to complete this document on behalf of my establishment.
- I hereby give unconditional and irrevocable written consent to NUBIA TRADING DMCC, its subsidiaries, agents and authorized staff and any third-party service providers for disclosure, sharing, usage, processing and searching of my information and records as required by UAE Anti Money Laundering and Combatting of Terrorism Laws.
- I agree that any duplication and any copy, photocopy, electronic data, or facsimile which have been made as a copy from this original consent by means of photocopying, image scanning, or recording in whatever forms shall be deemed as evidence of consent with the same effect as its original.
- I shall indemnify and hold NUBIA TRADING DMCC safe from any claims howsoever arising from as a result of such sharing, searching, usage, processing or disclosure of account information and data.

Signature		Company Stamp	
Name of the Signatory			
Title / Designation of the Signatory			
Date	D	D	M
	M	Y	Y
	Y	Y	Y
	Y	Y	Y
	Place		

