



CORRESPONDENT BANK

ANTI MONEY LAUNDERING QUESTIONNAIRE

 **VakifBank**

ANTI-MONEY LAUNDERING QUESTIONNAIRE

This questionnaire is designed to provide Turkey Vakıflar Bankası T.A.O. with information about you, and your policies and procedures.

Please provide the additional information and details where requested.

I.GENERAL INFORMATION
1. Full name of the bank:
2. Legal address:
3. Your web address :
4.Name of compliance officers with tel, fax ,e-mail:
5.Name of the banking supervisory authority in your country:
6.Principle line of business:
7.Bank licence no and date:
8.Number of branches: - Domestic - Foreign

II. OWNERSHIP DETAILS
10. Is your bank publicly held?,if publicly held on which stock Exchange are your bank shares traded?
11. A list of shareholders with a holding of 5% or more
12. A list of the names of bank's senior management.

IV. GENERAL AML POLICIES, PRACTICES, PROCEDURES	YES	NO
13.Is Money Laundering a criminal offence?	<input type="checkbox"/>	<input type="checkbox"/>
14.Have you developed written policies and procedures documenting the process that you have place to prevent, detect and report suspicious transactions that has been approved by your senior management ?	<input type="checkbox"/>	<input type="checkbox"/>
15.Do you 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 your senior management?	<input type="checkbox"/>	<input type="checkbox"/>

16. In addition to inspections by the government supervisors/regulators, do you have an internal audit function or other independent third party that assesses AML policies and practices on a regular basis?	<input type="checkbox"/>	<input type="checkbox"/>
17. Are all of your branches and subsidiaries both in the home country and in locations out of the home country subject to the same AML legislation?	<input type="checkbox"/>	<input type="checkbox"/>
18. Do you have a policy prohibiting accounts/relationships with shell banks?	<input type="checkbox"/>	<input type="checkbox"/>
19. Do you have appropriate record retention procedures pursuant to applicable law? If yes, how long?	<input type="checkbox"/>	<input type="checkbox"/>
20. Has your bank been subject to an investigation, indictment, conviction or civil enforcement action related to Money laundering and terrorist financing, during the past five years?	<input type="checkbox"/>	<input type="checkbox"/>

V. RISK ASSESSMENT	YES	NO
21. Do you have a risk-based assessment of your customer base and their transactions?	<input type="checkbox"/>	<input type="checkbox"/>
22. Do you determine the appropriate level of enhanced due diligence necessary for those categories of customers and transactions that you have reason to believe pose a heightened risk of illicit activities at or through you?	<input type="checkbox"/>	<input type="checkbox"/>
23. Does the Financial Institution put in place a proper system to track transactions on the basis of risk classification of countries?	<input type="checkbox"/>	<input type="checkbox"/>
24. a. Are the adequate measures taken by your Institution to ensure that no financial services are provided to the listed terrorists and/or sanctioned names notified by your competent parties?	<input type="checkbox"/>	<input type="checkbox"/>
b. If yes, please write the list's names, such as "OFAC,EU,UN"		
25. Does the FI have policies covering relationships with politically exposed persons consistent with industry best practices?	<input type="checkbox"/>	<input type="checkbox"/>

VI. KNOW YOUR CUSTOMER, DUE DILIGENCE AND ENHANCED DUE DILIGENCE	YES	NO
26. Has your bank implemented systems for the identification of your customers, including customer information in the case of recorded transaction, account opening, etc.	<input type="checkbox"/>	<input type="checkbox"/>
27. Do you have procedures to establish a record for each customer noting their respective identification documents and KYC information collected at account opening?	<input type="checkbox"/>	<input type="checkbox"/>

28. Do you have a requirement to collect on a systematic basis information regarding its customers business activities?	<input type="checkbox"/>	<input type="checkbox"/>
29. Do you have a process to review and where appropriate , update customer information relating to high risk clients?	<input type="checkbox"/>	<input type="checkbox"/>
30. Do your AML/CFT procedures require you to identify the source of your Customers initial funds?	<input type="checkbox"/>	<input type="checkbox"/>
31. Do your customer identification and verification, and on-going due diligence procedures meet the current recommendations of the FATF?	<input type="checkbox"/>	<input type="checkbox"/>
32. Does your Institution prohibit opening and keeping accounts under anonymous or fictitious names?	<input type="checkbox"/>	<input type="checkbox"/>
33. Do you identify beneficial owners of companies?	<input type="checkbox"/>	<input type="checkbox"/>
34. a. Do you provide services to walk in clients?	<input type="checkbox"/>	<input type="checkbox"/>
b. If yes, do you identify them?	<input type="checkbox"/>	<input type="checkbox"/>

VII.REPORTABLE TRANSACTIONS AND PREVENTION AND DETECTION OF TRANSACTIONS WITH ILLEGALLY OBTAINED FUNDS	YES	NO
35. Does your bank have procedures to report suspicious activity to competent government authorities consistent with local laws, and regulations?	<input type="checkbox"/>	<input type="checkbox"/>
36. Does your bank have procedures to identify transactions structured to avoid large cash reporting requirements?	<input type="checkbox"/>	<input type="checkbox"/>
37. Does your bank have policies to reasonably ensure that you only operate with correspondent banks that possess licences to operate in their countries of origin?	<input type="checkbox"/>	<input type="checkbox"/>

VIII. TRANSACTION MONITORING	YES	NO
38. Do you have a monitoring programme for unusual and potentially suspicious activity that covers funds transfer and monetary instruments such as travellers cheques , money orders, etc.	<input type="checkbox"/>	<input type="checkbox"/>

IX. AML TRAINING	YES	NO
39. Do you provide AML training to relevant employees that includes identification and reporting of transactions that must be reported to government authorities, examples of different forms of Money laundering involving your products and services and internal policies to prevent Money laundering?	<input type="checkbox"/>	<input type="checkbox"/>

40. Do you retain records of training sessions including attendance records and relevant training materials used?	<input type="checkbox"/>	<input type="checkbox"/>
41. Do you communicate new AML related laws or changes to existing AML related policies to relevant employees?	<input type="checkbox"/>	<input type="checkbox"/>

AUTHORIZED SIGNATURE	DATE
FULL NAME OF AUTHORIZED SIGNATURE	BUSINESS TITLE