



Arab Bank-Syria S.A.

AML, CFT, AND KYC QUESTIONNAIRE

As part of Arab Bank's Syria compliance with local laws and regulations, its AML, CFT, and KYC policies and procedures, and in adherence with the Global initiatives in the fight against Money Laundering and Financing of Terrorists (i.e. Financial Action Tack Force "FATF"40 + 9 recommendations, Wolfsberg Principles.) You will find, hereunder, AML, CFT, and KYC Questions which to be completed by your Institution and duly signed by an authorized person.

Please complete and return your responses on this questionnaire to the following address:

Arab Bank Syria
Head Office, Mahdi Bin Barakeh Street, Abu Rummneh, Damascus- Syria
P.O. Box: 38 Damascus- Syria
Tel.: 00963 11 9421
Fax: 00963 11 3349844
Attention: Arab Bank-Syria Regulatory Compliance Division.
Or send it as a soft copy to the following emails:
Compliance@arabbank-syria.sy
FinancialInstitution@arabbank-syria.sy

A- CORPORATE INFORMATION

- Institution Name (Full Legal Name):.....
- Commercial registration certificate Number and date:.....
- Banking License Number and date:.....
- Registered Office Address:.....
- Location Of The Head Office:.....
- Principal Place Of Business:.....
- Number of your Domestic and foreign branches:
- Website Address:.....
- Main line of Business:.....
- Name of your external Auditors:

B- AML/CFT COMPLIANCE REPORTING OFFICER:

- Name:.....
- Address:.....
- Contact Telephone:.....
- Email Address:

C- INFORMATION REGARDING THE COUNTRY IN WHICH YOU ARE LOCATED AND ITS REGULATIONS/REGULATORS (LAWS AND SUPERVISION)

C1 - What is the name of your key regulatory authority/national supervisory institution?
(Please also specify the website)

.....

C2 - Has your Country established laws designated to combat Money Laundering and Financing of Terrorism according to FATF/GAFI standards and controls?

Yes

No

If not, does your Country endorse the recommendations and principles of FATF/GAFI (40+9)?

Yes

No

Also, If your country is not a member of the FATF, please provide the name of the comparable organization to which your country belongs:

.....



C3 - Does your Country's regulatory body require all Financial Institutions to have AML, CFT, and KYC procedures?

Yes No

C4 - Do these laws and regulations require your Institution to comply with internationally accepted AML ,CFT ,and KYC standards?

Yes No

C5 - Does your Financial Institution apply your Home Country laws and/or regulations designed to deter and detect Money Laundering and Financing of Terrorists to foreign branches and subsidiaries?

Yes No

C6 - In case of conflict between your Home Country AML/CFT laws and/or regulations and the local laws and/or regulations in the foreign jurisdiction where you have branches or subsidiaries; do you apply the highest standard?

Yes No

C7 - Is the country in which your Financial Institution operates is identified by FATF as being 'non-co-operative' in the fight against Money Laundering and Financing of Terrorists?

Yes No

C8 - Does your regulator provide/publish any guidance and/or lists of individuals or entities known or suspected of Money Laundering or Financing of Terrorists?

Yes No

C9 - What is the name of the Financial Intelligence Unit (FIU) at your country, and the website?

.....

D- MEASURES WITHIN THE INSTITUTION FOR AML AND CFT

D1 - Does your Institution have a written policy for reporting suspicious activities and transactions to the appropriate authorities?

Yes No

If yes, how often are the written policy and procedures reviewed?

D2 - Does your Institution provide periodic AML/CFT training to its staff?

Yes No

If yes, how often?

D3 - Are there adequate measures taken by your Institution to ensure that no financial services are provided to the listed terrorists and/or sanctioned names notified by appropriate parties/authorities?

Yes No

D4 - Has the Institution been subjected to a Money Laundering or Financing of Terrorists investigation in the last five years?

Yes No

If yes, please provide details on a separate sheet.

D5 - Does your Institution ensure that your policies, procedures, and controls are communicated and enforced effectively in your network of domestic and international offices?

Yes No

D6 - When you are providing banking services to other credit/financial institutions, do you have procedures to ensure that they have robust AML/CFT procedures in place?

Yes No

D7 - Does your Institution have an established audit and compliance review function to test the adequacy of AML and CFT procedures and policies on regular basis?

Yes No

If yes, what is the frequency of the review?.....

If yes, name of the department that does the review regularly

D8 - Is there any regulatory authority for supervision of your institution to test the adequacy of AML and CFT procedures and policies?

Yes No

If yes, what is the frequency of the review?.....

E- CUSTOMER DUE DILIGENCE

E1 - Does your Institution provide financial services to:

- a) Walk-in customers Yes No
- b) Politically exposed persons Yes No
- c) Payable through accounts¹ Yes No
- d) Nested Accounts Yes No

If yes, does your Institution apply an enhanced due diligence on such accounts?

Yes No

E2 - If you provide financial services to "Walk in" customers, we need to summarize your systems and controls, transactional limits, documents you collect, AML checks performed in such circumstances.

.....

.....

.....

E3 - Does your AML/CFT/KYC procedures comply with the international standards (i.e. Basel Committee, FATF, etc.)?

Yes No

E4 - Does your Institution keep/maintain all the relevant personal details of your customers required by your regulatory authority?

Yes No

¹ An account, including a transaction account, opened at a Correspondent Financial Institution by another Financial Institution by means of which the last Financial Institution permits its customers to engage, either directly or through a sub-account, in banking activities usual in connection with the business of banking in the first Financial Institution jurisdiction.



E5 - Does your AML/CFT/KYC procedures require to update and review customer information. ?

Yes No

If yes; please describe how many:

E6 - Does your AML/CFT/KYC procedures require to keep customer identification, account activity files, business correspondence and records for a specific period of time?

Yes No

If yes; please specify what the record retention period is:

E7 - Does your Institution verify customer's identity using reliable, independent source of documents, data, or information?

Yes No

E8 - Does your Institution keep any anonymous numbered accounts?

Yes No

E9 - Do your procedures arrangements include procedures to identify new customers and confirm legitimacy of their business?

Yes No

E10 - Do your AML/CFT/KYC policies and procedures require that an enhanced due diligence be conducted regarding certain customers that may present a heightened level of Money Laundering and/or Terrorists Financing risks to your Institution.

Yes No

F- CORRESPONDENT BANKING INFORMATION

F1 - Does your Institution maintain any correspondent banking relationship with any shell bank¹?

Yes No

If yes, please list the institutions' names on a separate sheet.

F2 - Does your Institution have a physical presence² at the address from which it is operating?

Yes No

F3 - Does your Institution verify identity of any third party entities that will use the correspondent banking services?

Yes No

F4 - Do any of your correspondent banks originate from the non-cooperative countries and territories as identified by the FATF?

Yes No

F5 - If yes to question (F4), has your Institution formulated any procedure in respect of the ongoing monitoring of activities conducted through such correspondent accounts?

Yes No

G- OWNERSHIP STRUCTURE

G1 - Is your Institution publicly held or privately owned?

Publicly held Privately owned

G7 - Please provide us with the names of your top managements:

Top Management	
Name	title

G8- Are any of the Directors or Senior Executives a PEP?

Yes No

If yes; please state name and position held:

.....

H- GENERAL BUSINESS INFORMATION

H1 - Which of the following constitute your customer base (Please mark all that apply)?

- Retail Customers – domestic, Retail Customers - international
- Corporate Customers – domestic, Customers – international,
- Financial Institutions – domestic, Financial Institutions - international

H2 - Please indicate which region(s) your bank customers are located in (Please mark all that apply):

- Asia (including Oceania), Europe
- Middle East, Africa
- North America, Latin America (including the Caribbean),

I- SANCTIONS

I1 - Does your Institution check existing and prospective customers and monitor all transactions against the UN, US or EU sanctions and/or any other applicable local official lists of suspected terrorists and terrorist organizations?

Yes No

I2 - Do you provide directly or indirectly services for customers under UN, US or EU sanctions?

Yes No

If yes, please specify



J- RISK ASSESSMENT

J1 - Does your institution have a risk-based assessment of its customer base and their transactions?

- Yes No

If yes, please describe your institution's risk assessment process?

.....

J2 - 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?

- Yes No

K- FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA)

K1- Is your institution considered a U.S. Corporation under the laws of the United States?

- Yes No

If yes, please provide signed W-9 (no need to answer questions K2, K3, and K4).

K2 - Has your institution (including all branches and subsidiaries) registered with the Internal Revenue Service (IRS), and comply with FATCA requirements?

- Yes No

K3- If you answered **Yes** to question K2, please provide signed W-8BEN-E / W-8IMY form and specify FATCA status and Global Intermediary Identification Number (GIIN) for your respective entity?

FATCA Status: GIIN:

K4- If you answered **No** to question K2, please explain:

.....

L- REQUIRED DOCUMENTS (ENGLISH VERSION)

Please provide the following required documents as addendums to this questionnaire:

1. **(Addendum – I)** Your good bank AML Policies & Procedures Manual
2. **(Addendum – II)** A copy of your bank's Commercial registration
3. **(Addendum – III)** A copy of your bank's Banking License
4. **(Addendum – IV)** A copy of your bank's Articles Of Association
5. **(Addendum – V)** The latest Annual Report and Financial Statements (if it's not available at your website).
6. **(Addendum – VI)** The Organization chart of your Institution



Your prompt attention to this matter is highly appreciated. Thank you for your cooperation.

M- AUTHORIZED SIGNATORY

I certify that I have read and understood this questionnaire and that the statements made in this questionnaire are complete and correct, and that I am authorized to execute this questionnaire on behalf of.....(name of your Institution).

Name of Authorized Signatory:

Place & Date:

Title:

Contact Details:

Signature & stamp:

- THANK YOU FOR YOUR COOPERATION -