



# 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 + 8 recommendations, Wolfsburg 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](mailto:Compliance@arabbank-syria.sy)  
[FinancialInstitution@arabbank-syria.sy](mailto:FinancialInstitution@arabbank-syria.sy)

Please check the appropriate boxes and/or provide the needed information / documents as applicable.

### **A- SCOPE OF THE QUESTIONNAIRE**

The Correspondent Financial Institution has the option to complete this Questionnaire to cover all of its branches, offices, and subsidiaries i.e. checking the first box below, or to complete this Questionnaire for each one of its branches, officers, or subsidiaries that have Correspondent Banking Relationship with Arab Bank i.e. checking the second box.

The undersigned Financial Institution..... hereby certifies that this questionnaire applies to correspondent accounts covered by this questionnaire (please check one box):

- All accounts established for correspondent financial institutions.
- Correspondent accounts established by .....
- (name of correspondent financial institution(s))

*Note: If the first box is checked, then attach the Institutions covered by this questionnaire as addendum (V).*



**B- 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: .....
- 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+8)?

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 competent parties?

Yes  No

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

Yes  No

Please provide details on a separate sheet as addendum.



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:

Walk-in customers  Yes  No

Politically exposed persons  Yes  No

Payable through accounts<sup>1</sup>  Yes  No

Nested Accounts  Yes  No

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

Yes  No

<sup>1</sup> 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.



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.

.....  
.....  
.....

E2 - Does your AML/CFT/KYC procedures comply with the international standards (i.e. Basel Committee, FATF, etc.)?

Yes  No

E3 - Does your Institution keep/maintain all the relevant personal details of your customers required by your regulatory authority?

Yes  No

E4- Does your Institution verify customer’s identity using reliable, independent source of documents, data, or information?

Yes  No

E5- Does your Institution keep any anonymous numbered accounts?

Yes  No

E6- Do your procedures arrangements include procedures to identify new customers and confirm legitimacy of their business?

Yes  No

E7- 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



E8 - Does your AML/CFT/KYC procedures require to update and review customer information?

Yes  No

If yes; please describe the frequency: .....

E9 - 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: .....

#### **F- CORRESPONDENT BANKING INFORMATION**

F1 - Does your Institution maintain any correspondent banking relationship with any shell bank<sup>2</sup>?

Yes  No

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

F2 - Does your Institution have a physical presence<sup>3</sup> 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

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<sup>2</sup> Bank without a physical presence and not affiliated to a regulated bank that does not maintain a physical presence.

<sup>3</sup> Physical presence means that your Institution maintains a physical place of business, other than an electronic address, in a country where it is authorized to conduct banking activities, at which it employs on a full-time basis and maintain records of its banking activities, and is subject to supervision by the regulators of the country authorizing the banking.



F6- Has your institution provided a US Patriot Act Certification to Financial Institutions in the USA.

Yes  No

**G- OWNERSHIP STRUCTURE**

G1 - Is your Institution publicly held or privately owned?

Publicly held  Privately owned

G2 - Is your Institution listed on any Stock Exchange?

Yes  No

If yes; please provide the name of the Stock Exchange and the symbol: .....

.....

If no, please attach a list of the beneficial owners<sup>4</sup> of the bank (including their nominees, if their shares are held by nominees).

G3 - Please confirm that your Institution has performed an appropriate level of Due Diligence with regard to your principal owners<sup>4</sup>

Yes  No

G4 - Please confirm whether any of the principal owners<sup>4</sup> of your Institution is considered as Politically Exposed Person<sup>5</sup>

Yes  No

G5 - Please provide us with the names of Board of directors:

<sup>4</sup> Person or entity who owns, controls or has power to vote for 5 percent or more of any class of voting securities or other voting interests, or of the 10 largest shareholders if no owner has greater than 10 percent.

<sup>5</sup> Individuals holding or having held positions of public trust, such as government officials, senior executives of government corporations, politicians, as well as their immediate family and close associates.





G7- Are any of the Directors or Senior Executives a PEP?

Yes  No

If yes; please state name and position held.....

.....

G8 - List the Owner in the below table which are more than 5% of the shares or votes in the below table.

Major shareholders		
Name	NO. Of Shares	%

If the ownership or control is exercised via legal entities, company or groups, please state more information about it in the below table, and information should minimum contain (company name, registration No., address (incl. country)).

Company/ groups name	Registration/ License No.	Address (incl. country)	Other information

**H- FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA)**

H1 - Is your institution considered a U.S. person under the laws of the United States? If yes, please provide signed W-9 (no need to answer questions H2, H3, and H4).

Yes  No



H2- Has your institution (including all branches and subsidiaries) registered with the Internal Revenue Service?

Yes  No

H3- If you answered Yes to question H2, 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: .....

H4 – If you answered No to question H2, please explain.

.....  
.....  
.....

### **I- REQUIRED DOCUMENTS**

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

- 1.(Addendum – I) Registration Certificate.
- 2.(Addendum – II) License Certificate.
- 3.(Addendum – III) Outline of your KYC, AML, and CFT Policy.
- 4.(Addendum – VI) Copy of your latest Annual Report (if not available on your website).
- 5.(Addendum – V) Copy of your bank’s Articles Of Association

### **J- GENERAL BUSINESS INFORMATION**

J1 - Which of the following constitute your customer base (Please mark all that apply)?

- |   |   |
|---|---|
| <input type="checkbox"/> Retail Customers – domestic,       | <input type="checkbox"/> Retail Customers - international       |
| <input type="checkbox"/> Corporate Customers – domestic,    | <input type="checkbox"/> Customers – international,             |
| <input type="checkbox"/> Financial Institutions – domestic, | <input type="checkbox"/> Financial Institutions - international |

J2 - Please indicate which region(s) your bank customers are located in (Please mark all that apply):

- |  |   |
|--|---|
| <input type="checkbox"/> Asia (including Oceania), | <input type="checkbox"/> Europe                                   |
| <input type="checkbox"/> Middle East,              | <input type="checkbox"/> Africa                                   |
| <input type="checkbox"/> North America,            | <input type="checkbox"/> Latin America (including the Caribbean), |



**K- SANCTIONS**

K1 - 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

K2 - Do you provide directly or indirectly services for customers under UN, US or EU sanctions?

Yes  No

If yes, please specify .....

**L- RISK ASSESSMENT**

L1 - 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?

.....  
.....  
.....  
.....

L2 - 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

***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: .....*

***For Arab Bank Use.***

*Received and reviewed by: .....*

*Date:.....*

*Title:.....*

***For: Arab Bank Group.***

*Date: .....*

**Abbreviations:**

**AML:** Anti Money Laundering.

**CFT:** Combating Financing of Terrorists.

**KYC:** Know Your Customer.

**FATF:** Financial Action Task Force.

**- THANK YOU FOR YOUR COOPERATION -**