



ANTI MONEY LAUNDERING(AML)/KNOW YOUR CUSTOMER
(KYC)/COMBATING OF FINANCING TERRORISM(CFT)-
AFFIDAVIT/QUESTIONNAIRE

Name of the Institution :

Date of Incorporation :

Date of commencement :

Address :

Formation of Company :
(Sole proprietor / Partnership /
Private / Public)

Country of Location :

PAN / GIR No. :
(if applicable)

Email Address :

Contact Person (Name & Designation) :

Information about the Bank/Agency :

Type of Activity :

**Bank/Non Bank / FI/Broker/Dealer/
Others (Specify)** :

Are you publicly traded :

Are you government owned :

Does any investor or group of :
Investors hold more than 5 pct
Ownership of your institution (if yes
Please provide the details)

Details of license held :

Regn. No.

Date:

Valid up to:

**Does your Bank/Office have abroad :
Offices/branches**

Questionnaire:

SI No	Query/Question	Response
1	Has the Country in which you are located established laws designed to prevent Money Laundering and is your Institution subject to such laws?	
2	Has your institution established written policies designed to combat Money Laundering? Please provide any written material outlining these policies.	
3	Do the Anti Money Laundering Policy and Procedures include Customer identification requirements at the inception of the relationship?	
4	Is the identification required for walk-in customers?	
5	Has your institution established written internal procedures and controls to implement anti money laundering policies? Please provide any written material outlining these procedures.	
6	Does your institution have an established employee training programme to teach employees about money laundering and to assist them in identifying suspicious activities?	
7	Does your institution have an established audit and compliance review function to test the adequacy of anti money laundering policies applicable to your home office also applied to your foreign branches and policies?	
8	Are the Anti Money Laundering policies applicable to your home office also applied to your foreign branches and majority owned subsidiaries? If no, please explain	
9	Are your customer identification procedures in line with the Financial Task Force (FATF) standards	
10	Can you confirm that you establish the origin of funds to customer's account/ remittances?	
11	Is there an established method at your institution for reporting suspicious activities and transactions to the appropriate authorities?	
12	What is the regulatory body/competent authority that governs your institution?	
13	Does the regulatory body/competent authority in your country conduct any visits to your institution? If yes, what is the cycle?	

14	Has your institution ever been fined or prosecuted for non-compliance with Anti Money Laundering requirements?	
15	Does your institution have a designated Anti Money Laundering Function/Dept i.e., AML Reporting officer	
16	Does your institution offer any correspondent Banking Services to other financial institutions? If yes, do you review their Money Laundering counter measures?	
17	Does your institution have certain procedures for updating customer information periodically?	
18	What are your regulatory reporting requirements for large cash transactions and or/suspicious activity?	
19	How does your institution monitor transactions/movements; manual or automated?	
20	Do the laws and regulations in your country prohibit opening or maintaining anonymous accounts or accounts in fictitious names?	
21	Do the policies in your country prohibit opening accounts for politically exposed persons i.e. high influence government officials or government officials likely to be involved in corruption?	
22	Do the policies in your institution prohibit conducting any business with shell banks?	
23	What is the retention period of your institution's records of customer verifications transactions, vouchers, correspondence, and other related documents	
24	Do the laws and regulations in your country and /or your own policies protect employees, who report suspicious transactions in good faith?	

Questionnaire Completed by:

Signature:

Compliance Manager / Senior Manager

Title:

Date: