

**Public Bank (Hong Kong) Limited**  
Anti-Money Laundering and Know Your Customer Questionnaire

Date: \_\_\_\_\_

Name of Respondent Institution: \_\_\_\_\_

Re: Anti-Money Laundering and Know Your Customer Questionnaire (“AML Questionnaire”)

For compliance with our policy and the requirements of the Hong Kong Monetary Authority in relation to Anti-Money Laundering and Know Your Customer, it is necessary for us to obtain the updated information of our Correspondent Banks. We would therefore be grateful if the Legal and Compliance Department of your Bank / Financial Institution (“your Institution”) would send the completed AML Questionnaire by swift to CBHKHKKH or via email to [mariakan@publicbank.com.hk](mailto:mariakan@publicbank.com.hk) or by fax to (852) 2543-4849 or by mail to Public Bank (Hong Kong) Limited, Public Bank Centre, 120 Des Voeux Road Central, Hong Kong, Attention: Financial Institutions Department.

**A. Your Institution’s Information**

1.	Full legal name:	
2.	Full address of registered office:	
3.	Address of principal place of business (if different from above):	
4.	Address of Head Office:	
5.	SWIFT address:	
6.	Website address:	
7.	Name and Place of Stock Exchange (if listed):	
8.	Principal business activities (products and services):	
9.	Purpose, reason and business rationale for opening accounts or maintaining correspondent relationship with us:	

**B. Regulatory Information**

10.	Name of the banking supervisory authority in your country:	
11.	Name of your anti-money laundering and/or anti-terrorist financing (“AML”) regulatory authority and legislative your Institution is subjected to:	

### C. Ownership and Management Information

12.	Names of beneficial owners who individually own or control more than 10% of the shares in your Institution (Please indicate percentage of ownership for each shareholder/owner or provide separate sheet/chart on it.) If no owner has shareholding or control 10% or more, name of the top 10 largest shareholders.	<u>Name</u>	<u>Ownership (%)</u>
13.	Current list of your Institution's Board of Directors and senior management or provide separate sheet/chart on it. (please state the names as appear on the identification documents such as identity cards/passports)	<u>Name</u>	<u>Position</u>

### D. General Anti-Money Laundering Policies, Practices & Procedures (Please tick where necessary)

#### General

14.	The responses below will apply			
	(a)	to the country of Head Office jurisdiction.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	(b)	for all foreign subsidiaries and branches of your Institution. If no, please specify the subsidiaries and country: _____ _____ _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

#### AML Overview

15.	Does your Institution comply with the recommendations developed by the Financial Action Task Force ("FATF")			
	(a)	in the country of Head Office jurisdiction.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	(b)	for all foreign subsidiaries and branches of your Institution If no, please specify the subsidiaries and country: _____ _____ _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
16.	Does your Institution have written policies and procedures in place to combat money laundering and terrorist financing ("AML Policy")?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
17.	Has the AML Policy been approved by your Institution's Board of Directors / senior management / management committee?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
18.	Does the AML Policy apply to all your Institution's branches and offices (both in the home country and in locations outside the home country)? If no, please specify the branches and offices and country: _____		<input type="checkbox"/> Yes	<input type="checkbox"/> No
19.	Does the AML Policy apply to all your Institution's subsidiaries (both in the home country and in locations outside of the home country)? If no, please specify the subsidiaries and country: _____		<input type="checkbox"/> Yes	<input type="checkbox"/> No
20.	Is the AML Policy reviewed and its quality assessed during the course of regular inspection or examination by government authorities or regulators?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
21.	Does your Institution have an internal or external audit function that regularly reviews and assesses the adequacy or quality of the AML Policy?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
22.	Is your Institution required by law, rule or regulation to develop AML program?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Customer Due Diligence, Screening, Monitoring and Prohibitions**

23.	Does your Institution's AML Policy include "Customer Due Diligence" process, prior to entering a business relationship with customer, as follows	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(a)	To conduct due diligence checking on each customer before the establishment of a customer relationship.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(b)	To collect and verify identification documents of each new customer, both individuals and businesses.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(c)	To collect and verify identification documents of each beneficial owner, including ownership and control structure of the customer, where applicable.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(d)	To obtain information regarding the purpose and nature of business relationship	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(e)	To conduct due diligence on the business relationship and close examination of transactions undertaken by each customer to ensure that they are consistent with the customer's profile.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(f)	To identify politically exposed persons. If yes, whether your Institution has procedures to conduct enhanced due diligence checking on such customers which may be a politically exposed persons?	<input type="checkbox"/> Yes <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> No
(g)	To ensure enhanced due diligence checking be conducted for customers who are likely to pose a higher than average risk of money laundering	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(h)	To conduct on-going due diligence and have a regular review and update of the due diligence checking on each customer that was conducted before the establishment of the customer relationship	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(i)	To retain records of identification and due diligence in accordance with your Institution's applicable laws and regulations.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(j)	To address risks related to non-face-to-face business relationships, the use of intermediaries and other third party sources of business?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(k)	To require outgoing wire transfer instructions to include information such as the sender and beneficiary names, addresses, account numbers and reason for the transfer.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(l)	To obtain proof of identification prior to sending wire transfers or issuing drafts for non-account customers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
24.	Does your Institution conduct business with "shell banks"? ( <i>A shell bank is defined as a bank incorporated in a jurisdiction in which it has no physical presence and which is unaffiliated with a regulated financial group.</i> )	<input type="checkbox"/> Yes	<input type="checkbox"/> No
25.	Does your Institution prohibit its financial institution customers from engaging in transactions with "shell banks" through your Institution?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
26.	Does your Institution provide anonymous accounts, or numbered accounts for which your Institution does not maintain a record of the owner of the account and verify the identity of the owner and any beneficial owner?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
27.	Does your Institution offer "payable-through accounts" (i.e. allow direct use of your Institution's correspondent accounts by third parties to transact business on behalf of your Institution).	<input type="checkbox"/> Yes	<input type="checkbox"/> No
28.	Does your Institution have procedures to ensure that it will only do business with correspondent banks / financial institutions that possess licenses to operate in their countries of origin?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
29.	Does your Institution have procedures that require the understanding and documentation of the type of business, reputation, regulatory history, etc of its financial institutions customers, and/or expected transactions that each customer will engage in at your Institution, as well as your Institution's products and services that each customer intends to use?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
30.	Does your Institution have procedures that require the review and assessment of the anti-money laundering / anti-terrorist financing controls of its financial institutions customers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
31.	Does your Institution have procedures to monitor and detect suspicious accounts, payments or transactions to identify unusual or potential suspicious activity in accordance with the applicable laws, rules or regulations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

32.	Does your Institution have procedures to report suspicious activity to relevant authorities in accordance with the applicable laws, rules or regulations? If yes, please specify the name of the relevant authorities: _____ _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
33.	Does your Institution monitor transactions and accounts in the name of suspected terrorists and/or terrorist organizations and report them to the relevant authorities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**AML Training**

34.	Does your Institution provide regular AML awareness training to its management and staff on AML Policy? If yes, how often? _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
35.	Does your Institution retain attendance records and training materials of AML training provided to management and staff?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
36.	Does your Institution have policies to communicate new AML related laws and regulations or changes to existing AML related polices or practices to relevant staff?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**AML Compliance Officer**

37	Does your Institution have any AML Compliance Officer responsible for handling AML issues/reporting suspicious transactions identified? If yes, please provide the name, position, address, telephone and email of the AML Compliance Officer.  Name: _____ Position: _____ Address: _____ Telephone: _____ Email: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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