


Anti-Money Laundering (AML) Questionnaire

A. GENERAL INFORMATION				
1	Full Name of Institution	FIRST GULF BANK PJSC		
2	License Number & Date	1005190, 1979		
3	License Issuing authority	CENTRAL BANK OF THE UAE		
4	Address - Registered office - Principal place of business - Location of Head Office - Website address	P. O. BOX 6316, ZAYED THE 1 ST STREET, KHALIDIYA, ABU DHABI, UNITED ARAB EMIRATES http://www.fgb.ae		
5	Principal business activities	COMMERCIAL BANKING		
6	Name of Compliance Officer - Title - Address - Phone Number - E-mail	T. G. RAMANI HEAD – RISK MANAGEMENT P. O. BOX 6316, ZAYED THE 1 ST STREET, KHALIDIYA, ABU DHABI, UNITED ARAB EMIRATES +971-2-6920534 GOPALA.RAMANI @FGB.AE		
7	Name of the supervisory authority	CENTRAL BANK OF THE UAE		
8	Does your bank have a 'physical presence'?	YES	<input checked="" type="checkbox"/>	NO
9	If your institution is publicly traded? If yes, give name(s) of stock exchange(s).	YES	<input checked="" type="checkbox"/>	NO
		ABU DHABI SECURITIES EXCHANGE (http://www.adx.ae)		
B. GENERAL AML/KYC POLICIES, PRACTICES & REGULATORY REQUIREMENTS				
1	Has your country established laws designed to prevent money laundering and terrorist financing	YES	<input checked="" type="checkbox"/>	NO
2	If answer to above question is 'yes', please provide reference of such law	FEDERAL LAW NO (4) of 2002 – CRIMINALIZATION OF MONEY LAUNDERING CENTRAL BANK OF THE UAE REGULATION 24/2000		
3	Is your institution subject to such Laws?	YES	<input checked="" type="checkbox"/>	NO
4	Does your institution have a legal & regulatory compliance framework that includes a designated compliance officer that is responsible for coordinating & overseeing the AML/KYC program on a day-to-day basis, which has been approved by senior management?	YES	<input checked="" type="checkbox"/>	NO
5	Does the AML/KYC compliance program require approval of your institution's board or a senior management committee thereof?	YES	<input checked="" type="checkbox"/>	NO
6	Has your institution developed written policies documenting the processes that they have in place to prevent, detect and report suspicious transactions that has been approved by senior management?	YES	<input checked="" type="checkbox"/>	NO
7	In addition to inspection by the government supervisors/regulators, does your institution have an internal audit function or other independent third party that assesses AML/KYC policies and practices? If yes, how frequently?	YES	<input checked="" type="checkbox"/>	NO
		YEARLY		
8	Does your institution have a policy prohibiting accounts/relationships with shell banks (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)?	YES	<input checked="" type="checkbox"/>	NO
9	Does your institution offer anonymous accounts?	YES	<input type="checkbox"/>	NO
10	Does your institution have policies covering relationships with politically exposed persons consistent with relevant regulatory requirements and industry best practices?	YES	<input checked="" type="checkbox"/>	NO

11	Does your institution have appropriate record retention procedures pursuant to applicable law? What is the minimum period of record retention?	YES <input checked="" type="checkbox"/>	NO
		5 YEARS	
12	Does your institution have USA Patriot Act certification?	YES <input checked="" type="checkbox"/>	NO
13	Does your institution follow FATF recommendations on money laundering and terrorist financing?	YES <input checked="" type="checkbox"/>	NO
14	Does your institution screen customers and payments against lists of individuals or entities designated as SDNs by government/ competent authorities locally and internationally e.g. UN and OFAC?	YES <input checked="" type="checkbox"/>	NO
15	Does your institution's AML/KYC policies and practices require that it be applied to all of your branches and subsidiaries both in the home country and in locations outside of the home country? Head Office & Domestic Branches International Branches Domestic Subsidiaries International Subsidiaries Note: AML/KYC policies and practices apply in addition to the local laws of the respective jurisdictions in which FGB operates	YES <input checked="" type="checkbox"/>	NO
		YES <input checked="" type="checkbox"/>	NO
		YES <input checked="" type="checkbox"/>	NO
		YES <input checked="" type="checkbox"/>	NO
C. RISK ASSESSMENT			
1	Does your institution have a risk based assessment of its customers and their transactions?	YES <input checked="" type="checkbox"/>	NO
2	Does your institution determine the appropriate level of enhanced due diligence necessary for higher risk categories of customers and transactions?	YES <input checked="" type="checkbox"/>	NO
D. KNOW YOUR CUSTOMER DUE DILIGENCE AND ENHANCED DUE DILIGENCE			
1	Has your institution implemented systems for the identification of its customers, including customer information in the case of recorded transactions, account opening, etc (for example name, nationality, address, telephone number, occupation, age/date of birth, valid official identification, as well as the name of the country/state that issued it?	YES <input checked="" type="checkbox"/>	NO
2	Does your institution have a requirement to collect information regarding its customer's business activities?	YES <input checked="" type="checkbox"/>	NO
3	Does your institution collect information and assess your correspondent bank's AML/KYC policies or practices?	YES <input checked="" type="checkbox"/>	NO
4	Does your institution take steps to understand the normal and expected transaction of its customers based on its risk assessment of its customers?	YES <input checked="" type="checkbox"/>	NO
5	Does your institution have a process to review and, where appropriate update customer information relating to high risk client information?	YES <input checked="" type="checkbox"/>	NO
6	Does your institution have procedure to establish a record for each new customer noting their respective identification documents and "Know your Customer" information?	YES <input checked="" type="checkbox"/>	NO
7	Does your institution have policies covering relationships with Politically Exposed Persons (PEP's), their family and close associates?	YES <input checked="" type="checkbox"/>	NO
E. REPORTABLE TRANSACTIONS AND PREVENTION AND DETECTION OF TRANSACTIONS WITH ILLEGALLY OBTAINED FUNDS			
1	Does your institution have policies or practices for the identification and reporting of transactions that are required to be reported to the authorities?	YES <input checked="" type="checkbox"/>	NO
2	Does your institution have procedures to identify transactions structured to avoid large cash reporting requirements?	YES <input checked="" type="checkbox"/>	NO
3	Does your institution screen transaction for all customers as well as those transactions your institution deems to be of significantly high risk (which may include persons, entities or countries that are contained on lists issued by government/ international bodies) that special attention to such customers or transactions is necessary prior to completing any such transactions?	YES <input checked="" type="checkbox"/>	NO

4	Does your institution have policies to reasonably ensure that it will not conduct transactions with or on behalf of shell banks through any of its accounts or products?	YES <input checked="" type="checkbox"/>	NO
5	Does your institution have policies to reasonably ensure that it only operates with correspondent banks that possess license to operate in their countries of origin?	YES <input checked="" type="checkbox"/>	NO
F. TRANSACTION MONITORING			
1	Does your institution have a monitoring program for suspicious or unusual activity that covers funds transfer and monetary instrument such as travelers checks, bank drafts etc?	YES <input checked="" type="checkbox"/>	NO
G. AML/KYC TRAINING			
1	Does your institution provides AML/KYC training to relevant employees which includes identification and reporting of transactions that must be reported to government authorities, examples of different forms of money laundering/terrorist financing involving your institution's product and services and internal policies to prevent money laundering?	YES <input checked="" type="checkbox"/>	NO
2	Does your institution retain records of its training sessions including attendance records and relevant materials used?	YES <input checked="" type="checkbox"/>	NO
3	Does your institution have policies to communicate new AML/KYC related laws or changes to existing AML/KYC policies or practices to relevant employees?	YES <input checked="" type="checkbox"/>	NO
4	Does your institution employ agents to carry out some of the functions of the institution and if so does your institution provides AML/KYC training to relevant agents that includes identification and reporting of transactions that must be reported to government authorities, examples of different forms of money laundering involving your institution's products and services and internal policies to prevent money laundering?	YES <input checked="" type="checkbox"/>	NO
H. OTHERS			
1	Does your institution provide payable through account? (i.e. allow direct use of your institution's correspondent accounts by third parties to transact business on behalf of your institution)	YES	NO <input checked="" type="checkbox"/>
2	Has your institution had any regulatory or criminal enforcement actions resulting from violations of AML/KYC laws or regulations in the last five years?	YES	NO <input checked="" type="checkbox"/> IF YES, PLEASE COMMENT: N/A
3	Does your institution have policies to communicate new AML related laws or changes to existing AML related policies or practices to relevant employees?	YES <input checked="" type="checkbox"/>	NO

QUESTIONNAIRE COMPLETED BY	
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Date	4 th of February 2015
Signature	

For further enquiries, please do not hesitate to contact –

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