Приложение №2 к Приказу

от 20.03.2018 №17

Приложение 14

*к «Положению о мерах по противодействию легализации доходов, полученных преступным путем, и финансированию терроризма, \мошенничеству и коррупции»*

|  |
| --- |
| Questionnaire |
|  **(to be filled by banks)**  |

**I. Bank’s Profile**

|  |  |  |
| --- | --- | --- |
| 1.1. | Full registered legal name  |     |
| 1.2. | Short name |     |
| 1.3. | Legal form |     |
| 1.4. | Registration number  |     |
| 1.5. | Incorporation date  |     |
| 1.6. | Main state registration number (MSRN)\*  |     |
| 1.7. | Date of MSRN assignment  |     |
| 1.8. | Registering authority  |     |
| 1.9. | Place of registration |     |
| 1.10. | Tax ID number  |     |
| 1.11. | Registered address  |     |
| 1.12. | Business address  |     |
| 1.13. | Correspondence address  |     |
| 1.14. | Telephone and fax numbers, e-mail  |     |
| 1.15. | Type of banking license |     |
| 1.16 | License number |     |
| 1.17. | Date of issue of the license |     |
| 1.18. | SWIFT,TELEX |     |
| 1.19. | Banking identification code |     |
| 1.20. | Registered and paid-in capital |     |
| 1.21. | Codes of state statistics monitoring (if any) |     |

1.22. Please, provide information about your management bodies and mark 🗹 those of them, which are present at your place of registration:

|  |  |  |
| --- | --- | --- |
| **1.22.1.** | **Management body**  | **Surname, first name(s)** |
| 1.22.2. | General meeting |    |
| 1.22.3. | Board of directors(Supervisory Council) |    |
| 1.22.4 | Chief executive officer (or equivalent) |    |
| 1.22.5. | Executive management (directorate) |    |
| 1.22.6. | Other persons authorized to act on behalf of your bank without power of attorney |    |

1.23. Please, provide information about your representative, who is authorised to enter into the agreement on behalf of your bank:

|  |  |  |
| --- | --- | --- |
| 1.23.1. | Surname, name(s): |     |
| 1.23.2. | Date and place of birth: |     |
| 1.23.3. | Nationality (citizenship): |     |
| 1.23.4. | Residence address: |     |
| 1.23.5. | Contact address: |     |
| 1.23.6. | Identity Paper (Passport or other document (specify), serial number, validity): |     |
| 1.23.7. | Position: |     |
| 1.23.8. | Tax identification number (if any): |     |
| 1.23.9. | Telephone and fax numbers, e-mail address: |     |
| 1.23.10 | Migration card (number of the card, date of arrival and date of departure)(for foreign citizens and stateless persons staying) |     |
| 1.23.11. | Visa, residence permit or other document permitting to stay (reside) (serial number (if any) and number of the document, the date of commencement and the date of expiry of permission to stay)(for foreign citizens and stateless persons) |     |

##### 1.24. Укажите, пожалуйста, сведения о лицах, имеющих право распоряжаться денежными средствами на счёте Вашего банка/ Please, provide information about persons authorized to dispose of funds on your accounts:

|  |  |  |
| --- | --- | --- |
| 1.24.1. | Surname, name(s): |     |
| 1.24.2. | Date and place of birth: |     |
| 1.24.3. | Nationality (citizenship): |     |
| 1.24.4. | Residence address: |     |
| 1.24.5. | Contact address: |     |
| 1.24.6.  | Identification document (Type, series and number, issued by (with issuing authority code, if applicable), date of issue, expiration date): |     |
| 1.24.7. | Position and place of work: |     |
| 1.24.8. | Tax identification number (if any): |     |
| 1.24.9. | Telephone and fax numbers, e-mail address: |     |
| 1.24.10. | Migration card (number of the card, date of arrival and date of departure)(for foreign citizens and stateless persons) |     |
| 1.24.11. | Visa, residence permit or other document permitting to stay (reside) (serial number (if any) and number of the document, the date of commencement and the date of expiry of permission to stay) (for foreign citizens and stateless persons) |     |

##### 1.25. Please, provide with information about shareholders and beneficial owners holding 5% or more.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Name of shareholder | Percentage of share holding (%) | Tax identification number | Place of incorporation (residence), full address | Main type of activity | Name, date and place of birth of beneficial owner, % of shareholding |
| 1.25.1. |       |  |  |  |  |  |
| 1.25.2. |       |  |  |  |  |  |
| 1.25.3. |       |  |  |  |  |  |
| 1.25.4. |       |  |  |  |  |  |
| 1.25.5. |       |  |  |  |  |  |
| 1.25.6. |       |  |  |  |  |  |

##### 1.26. What institutions your major correspondents and counterparts?

|  |  |  |
| --- | --- | --- |
|  | Name of company | Place of incorporation (country, city)) |
| 1.26.1 |       |       |
| 1.26.2 |       |       |
| 1.26.3. |       |       |
| 1.26.4. |       |       |
| 1.26.5. |       |       |

##### 1.27. Do your services include e-banking and/or Internet-banking?

    Yes     No

##### 1.28. Do you have a physical presence by way of a country of registration?

    Yes     No

##### 1.29. Is your bank a branch or a subsidiary of another institution?

    Yes     No

##### 1.29.1. If yes, please, give the name and address of the head (parent) company?

|  |
| --- |
|       |

##### 1.30. Does your bank have branches, subsidiaries, affiliates and representative offices?

    Yes     No

##### If yes, specify them:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Name of the company and its main type of activities | Place of incorporation (full address) | Surname, name(s) of CEO | Banks, where accounts are opened |
| 1.30.1. |       |       |  |       |
| 1.30.2. |       |       |  |       |
| 1.30.3. |       |       |  |       |
| 1.30.4. |       |       |  |       |
| 1.30.5. |       |       |  |       |

1.31. Please, describe (in general) your bank’s history, business reputation and market share:

|  |
| --- |
|       |

1.32. Does your bank confirm that neither the bank itself, nor any of its shareholders and subsidiaries, nor any persons exercising management or control over its affairs, is owned or controlled by, located in, resides in, has activities in, trades with, or has links to, countries, governments or persons which are the target of the UN, US, EU or IIB`s member-states sanctions?

    Yes     No

##### If no, please specify

|  |
| --- |
|  |

1.33. Does your bank confirm that in respect of the bank itself, its directors, shareholders and beneficiaries any investigations/inspections or trials are not being conducted by such as but not limited to defence, investigatory and supervising authorities?

    Yes     No

##### If no, please specify

|  |
| --- |
|  |

**II. AML/CTF Controls.**

2.1. Are banks in your home country subject to laws tailored to counter money laundering and terrorism finance?

(For banks, which are non-residents of the Russian Federation)

|  |  |  |
| --- | --- | --- |
|     Yes |     No |  |

2.1.1. If yes, please, outline laws, rules and standards tailored in your country to prevent money laundering and terrorism financing:

|  |
| --- |
|        |
|       |
|       |

2.2. Is your bank subject to supervision for its anti-money laundering and terrorist financing practices by a State Supervisory/Regulatory Authority?

|  |  |  |
| --- | --- | --- |
|     Yes |     No |  |

2.2.1. If yes, please state full name and address of your Supervisory/Regulatory Authority:

|  |
| --- |
|       |

2.3 . Has your Bank established internal policies, procedures and controls to ensure compliance with the obligations under the existing national legislation and regulations on prevention of money laundering and terrorism finance?

|  |  |  |
| --- | --- | --- |
|     Yes |     No |  |

If yes, please, outline them:

|  |  |  |  |
| --- | --- | --- | --- |
|  | Title of internal AML/CTF act | Date of last approval by supervisory authority (if provided by national legislation)  | Supervisory authority |
| 2.3.1. |  |  |  |
| 2.3.2.  |  |  |  |

2.4 Has your Bank established the following procedures?

|  |  |  |  |
| --- | --- | --- | --- |
| 2.4.1. | “Know Your Customer” procedures including customer and beneficiaries identification procedures. |     yes  |     no |
|  | Do your procedures include: |
| 2.4.2. | Providing full details of the ordering customer (account number, name, full address) when fulfilling payment orders. |     yes  |     no  |
| 2.4.3. | Identifying “walk-ins” (persons that do not have accounts with the bank) by passport / ID card when accepting cash payments and retaining a copy of this document in the bank. |     yes, in all cases    yes, if amount exceeds \_\_\_\_\_\_\_\_\_\_\_\_\_\_  |     no |
| 2.4.4. | Checking information about the customers and their transactions |     yes  |     no |
| 2.4.5. | Revealing transactions subject to AML/CTF legislation |     yes |     no |
| 2.4.6. | Documenting the revealed information and reporting transactions according to national AML/CTF legislation to the authorized body |     yes   |     no |
| 2.4.7. | Records keeping |     yes  |     no |
| 2.4.8. | Confidentiality procedures |     yes  |     no |
| 2.4.9. | Training of personnel in AML/CTF |     yes  |     no |

2.5. Has your Bank developed standard forms to document information about customers?

|  |  |  |
| --- | --- | --- |
|     yes |  |     no |

2.6. Do you have a risk-focused assessment of your customers?

|  |  |  |
| --- | --- | --- |
|     yes |  |     no |

2.7. Do you determine the appropriate level of enhanced due diligence necessary for those categories of customers and transactions that the Bank has reason to believe that they pose a heightened risk of illicit activities at or through your Bank?

|  |  |  |
| --- | --- | --- |
|     yes |  |     no |

2.8. Does your Bank have policies covering relationships with Politically Exposed Persons?

|  |  |  |
| --- | --- | --- |
|     yes |  |     no |

2.9. Are your AML/CTF policies and practices applied to all branches and subsidiaries (if any) of your bank both in the home country and in locations outside of the home country?

|  |  |  |
| --- | --- | --- |
|     yes |  |     no |

2.10. Is it AMLO duty to supervise the functioning of AML/CTF controls in all your branches (if any)?

|  |  |  |
| --- | --- | --- |
|     yes |  |     no |

2.11. Does your Bank open anonymous accounts to individuals and/or corporate customers?

|  |  |  |
| --- | --- | --- |
|     yes |  |     no |

2.12 Do you have policies to reasonably ensure that it only operates with correspondent banks that possess licenses to operate in their countries of incorporation?

|  |  |  |
| --- | --- | --- |
|     yes |  |     no |

2.13. Does your Bank have correspondent relationships with financial institutions residing in offshore zones (off-shore zone meaning a country or a territory with preferential tax regime and/or legislation, which does not envisage disclosure of information on financial transactions?

|  |  |  |
| --- | --- | --- |
|     yes |  |     no |

If yes, please, name these correspondents:

|  |  |
| --- | --- |
| 2.13.1. |        |
| 2.13.2. |       |
| 2.13.3. |       |

2.14Does your Bank have “shell banks” as correspondents or counterparts?

|  |  |  |
| --- | --- | --- |
|     yes |  |     no |

2.15. Does your Bank have correspondent relations with banks that open accounts to “shell banks”?

|  |  |  |
| --- | --- | --- |
|     yes |  |     no |

2.16. Does your Bank collect information and assess the AML/CFT policies or practices of its own customers which are financial institutions?

|  |  |  |
| --- | --- | --- |
|     yes |  |     no |

2.17. Do you have policies to communicate new AML related laws or changes to existing AML related policies or practices to relevant employees?

|  |  |  |
| --- | --- | --- |
|     yes |  |     no |

2.18. In addition to inspections by the government supervisors/regulators, does your Bank have an internal audit function or other independent third party that assesses the effectiveness of AML policies and practices on a regular basis?

|  |  |  |
| --- | --- | --- |
|     yes |  |     no |

2.19. Has your bank been the subject of any investigation, indictment, conviction or civil enforcement action related to money laundering and terrorists financing in the past five years?

|  |  |  |
| --- | --- | --- |
|     yes |  |     no |

If yes, please, provide information that is more detailed.

|  |  |
| --- | --- |
| 2.19.1. |  |
| 2.19.2. |  |
| 2.19.3 |  |

2.20. Does the Bank identify persons/entities suspected of money laundering/terrorism financing and the transactions related to such persons/entities, comprised on official lists of appropriate local authorities?

|  |  |  |
| --- | --- | --- |
|     yes |  |     no |

2.21. Does the Banks’ AML program include policies, procedures and processes established for managing economic & trade sanctions? Does the Bank screen customers against a particular sanctions program?

|  |  |  |
| --- | --- | --- |
|     yes |  |     no |

If ‘Yes’, please indicate the sanctions program(s) incorporated in your AML program

|  |  |  |
| --- | --- | --- |
|     OFAC |  |     United Nations  |
|     European Union |  |     Others |
|     HM Treasury  |  |  |

2.22. Does your Bank have Money Laundering Reporting Officer or another senior official designated to monitor suspicious client activities and to ensure compliance of your Bank with legislation and regulatory requirements relating to prevention of money laundering?

|  |  |  |
| --- | --- | --- |
|     yes |  |     no |

 If yes, please, provide his (her) full name, position, telephone and fax number & e-mail:

|  |  |  |
| --- | --- | --- |
| 2.22.1. | Full name: |       |
| 2.22.2. | Position:  |       |
| 2.22.3. | Telephone: |       |
| 2.22.4. | Fax: |       |
| 2.22.5. | E-mail: |       |

**III. *Anti-corruption and anti-fraud c*ontrols.**

3.1. Has your Bank established anti-corruption and anti-fraud plans, programs, procedures and policies?

|  |  |  |
| --- | --- | --- |
|     yes |  |     no |

3.2. Has your Bank established procedures to receive and to handle reports about probable corruption or fraud of your staff or counterparties?

|  |  |  |
| --- | --- | --- |
|     yes |  |     no |

3.3. Do your policies stipulate the staff obligation to report to the authorized departments about facts or suspicions of corruption or fraud related to your Bank?

|  |  |  |
| --- | --- | --- |
|     yes |  |     no |

3.4. Does your Bank has established protection for whistleblowers reported about suspicions or facts of corruption and fraud?

|  |  |  |
| --- | --- | --- |
|     yes |  |     no |

3.5. Does your bank confirm that neither the bank itself nor any of its officers, directors or authorized employees, agents or representatives has:

(a) paid, promised to pay or offered to pay, or authorised the payment of, any commission, bribe, pay-off or kickback that violates any applicable law or entered into any agreement pursuant to which any such commission, bribe, pay-off or kickback may or will at any time be paid; or

(b) offered or given independently or in collusion any thing of value to influence the action of a public official, or threatened injury to person, property or reputation, in order to obtain or retain business or other improper advantage in the conduct of business..

|  |  |  |
| --- | --- | --- |
|     yes |  |     no |

##### If no, please specify

|  |
| --- |
|  |

On behalf of the bank

|  |  |  |
| --- | --- | --- |
|  |  |  |

 (position) (signature) (surname, first name(s))

 Seal

|  |  |  |  |
| --- | --- | --- | --- |
| Date |     |       |       |

|  |  |
| --- | --- |
| **Document** | **Mark if attached** |
| Signed audited financial reports or if such are not available any other unaudited financial statements, both types of documents for the last two years |  |
| Statutory documents (Articles of associations or similar constituting documents) |  |
| Copy of Certificate of Registration |  |
| Operating licenses in company’s main activity is subject to licensing |  |
| Copy of ID document of CEO and of other representative of the company with detailed CV |  |
| Copies of ID document of the UBOs specified in point 1.25 of this Questionnaire  |  |
| Completed and signed FATCA Form (if applicable) |  |
| Completed and signed Wolfsberg Group Questionairre |  |
| Completed and signed USA Patriot Act Certificate |  |
| AML/CFT, Anti-corruption and Anti-fraud plans, programs, procedures and policies |  |