

### Anti-Money Laundering & Combating Financing of Terrorism Questionnaire for Correspondent Relationship

#### A. BASIC INFORMATION:

1. Name of the Institution : Trust Bank Limited  
 2. Registered Address : Shadhinata Tower, Bir Shrestho Shaheed Jahangir Gate, Dhaka Cantonment, Dhaka-1206.  
 3. Website Address : www.tblbd.com.  
 4. Principal Business Activities : Deposit Mobilization, Lending & Foreign Trade.  
 5. Regulatory Authority : Bangladesh Bank.  
 6. Operational Status : Operative.

Does your institution maintain a physical presence in the licensing country?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
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#### B. OWNERSHIP/ MANAGEMENT:

Is your institution listed in any stock exchange? If so, which stock exchange? <b>Dhaka Stock Exchange &amp; Chittagong Stock Exchange</b> If answer is 'NO', please provide a list of the shareholders holding more than 10% shares in your institution.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
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#### C. ANTI-MONEY LAUNDERING AND TERRORIST FINANCING CONTROLS:

##### I. General AML & CFT Policies, Practices and Procedures:

1.	Does your institution have policies and procedures approved by your institution's board or senior management to prevent money laundering and combating terrorist financing?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
2.	Does your institution have a legal and regulatory compliance program that includes a designated officer that is responsible for coordinating and overseeing the AML/CFT framework?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.	Has your institution developed written policies documenting the processes to prevent, detect and report suspicious transactions?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
4.	Does your institution have a policy prohibiting accounts/relationship 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.)	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
5.	Does your institution permit the opening of anonymous or numbered accounts by customers?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
6.	Does your institution have policies to reasonably ensure that they will not conduct transactions with or on behalf of shell banks through any of its accounts or products?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
7.	Does your institution have policies covering relationships with politically exposed persons (PEP's) their family and close associates?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
8.	Does your institution have policies and procedures that require keeping all the records related to customer identification and their transactions? If 'yes' for how long?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

##### II. RISK ASSESSMENT:

1.	Does your institution have risk-based assessment of its customer base and their transactions?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
2.	Does your institution determine the appropriate level of enhanced due diligence necessary for those categories of customers and transactions for those that have reason(s) to pose a heightened risk of illicit activities at or through the FI?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

##### III. KNOW YOUR CUSTOMER, DUE DILIGENCE AND ENHANCED DUE DILIGENCE:

1.	Has your institution implemented process for the identification of beneficial ownership (those customers on whose behalf it maintains or operates accounts or conducts transactions)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
2.	Does your institution have a requirement to collect information regarding its customers' business activities?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.	Does your institution have a process to review and where appropriate, update customer information relating to high risk client information?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
4.	Does your institution have procedures to establish a record for each new customer noting their respective identification documents 'know your customer' information?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
5.	Does your institution complete a risk-based assessment to understand the normal and expected transactions of its customers?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No



**IV. REPORTABLE TRANSACTIONS FOR PREVENTION AND DETECTION OF ML/TF:**

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	No
2.	Where cash transaction reporting is mandatory, does your institution have procedures to identify transactions structured to avoid such obligations?	√ Yes	No
3.	Does your institution screen customers and transactions against lists of persons, entities or countries issued by government/competent authorities?	√ Yes	No
4.	Does your institution have policies to reasonably ensure that it only operates with correspondent banks that possess licenses to operate in their countries of origin?	√ Yes	No

**V. TRANSACTION MONITORING:**

1.	Does your institution have a monitoring program for unusual and potentially suspicious activity that covers fund transfers and monetary instruments such as traveler's checks, money orders, etc?	√ Yes	No
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**VI. AML TRAINING:**

1.	Does your institution have a monitoring program for unusual and potentially suspicious activity that covers fund transfers and monetary instruments such as traveler's checks, money orders, etc?	√ Yes	No
2.	Does your institution communicate new AML related laws or changes to existing AML related policies or practices to relevant employees?	√ Yes	No
3.	Does your institution provide AML training to relevant third parties if they are employed to carry out some of the functions of your organization?	N/A	

**Space for additional information:**

*(Please indicate which question the information is referring to)*

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**D. GENERAL:**

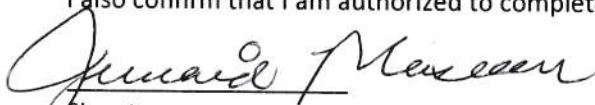
1.	Does the responses provided in this declaration applies to the following entities:	√ Yes	No
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- Head office and all domestic branches: **Yes**
- Overseas branches: N/A
- Domestic subsidiaries: Yes
- Overseas subsidiaries: N/A

If the response to any of the above is 'NO', please provide a list of the branches and/or subsidiaries that are excluded, including the name of the institution, location and contact details.

I, the undersigned, confirm to the best of my knowledge that the information provided in the questionnaire is current, accurate and representative of the anti-money laundering and anti-terrorist financing policies and procedures that are established in my institution.

I also confirm that I am authorized to complete this questionnaire on behalf of my institution.

  
 Signature

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 Designation : DMD & CAMLCO  
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