

**ANTI-MONEY LAUNDERING & TERRORIST FINANCING QUESTIONNAIRE
 FOR CORRESPONDENT RELATIONSHIP**

A. BASIC INFORMATION

01.	Name of the Institution : SOUTH BANGLA AGRICULTURE AND COMMERCE BANK LIMITED		
02.	Registered Address : Sunmoon Star Tower, Level-10, 37, Dilkusha C/A Dhaka-1000, Bangladesh. Telephone : + 880-2-9577207-211, Fax : 880-2-9577212		
03.	Date of Establishment : February 20, 2013		
04.	Banking License No., Date and Issuing Authority : BRPD (P-3)/744(93)/2013-1378 Date : 25.03.2013 Bangladesh Bank		
05.	Principal Business Activities : Banking Business		
06.	Name of the Regulatory Authority : Bangladesh Bank		
07.	Swift BIC : SBACBDDH		
08.	E-mail Address : info@sbacbank.com Web Address : www.sbacbank.com		
09.	Operational Status : • Does your bank maintain a physical presence in the licensing country ?	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>

B. OWNERSHIP/MANAGEMENT

10.	Is your institution listed in any stock exchange ? If yes, which stock exchange ?	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
11.	Does any shareholder hold more than 10% shareholding in your institution ?	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
12.	If answer to Question No. 11 is yes, please provide a list of the major shareholders holding more than 10% shares in your Institution. Not applicable		

C. ANTI-MONEY LAUNDERING AND TERRORIST FINANCING CONTROLS

Additional information to be incorporated at the end of the questionnaire if your answer is “no” to any of the following questions.

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

13.	Does your institution have policies and procedures approved by your institution’s board or senior management to prevent money laundering and combating terrorist financing	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
14.	Does your institution have a legal & Regulatory compliance program that includes a designated officer that is responsible for coordinating and overseeing the AML/CFT Framework ? If yes, please provide name, title, mailing address, telephone number & e-mail address :	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
	Mr. Mostafa Jalal Uddin Ahmed Additional Managing Director & CAMLCO Sunmoon Star Tower, Level-10, 37, Dilkusha C/A Dhaka-1000, Bangladesh Tel : +880-2-9511769, 9577207-211 (Ext-250), Fax :+880-2-9577212 E-mail : mjuahmed@sbacbank.com		



		YES	NO
15.	Does your institution developed written policies documenting the processes to prevent, detect and report suspicious transactions?	√	
16.	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.)	√	
17.	Does your institution permit the opening of anonymous or numbered accounts by customers?		√
18.	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?	√	
19.	Does your institution have policies covering relationships with Politically Exposed Persons (PEP"s), their family and close associates?	√	
20.	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? 05 (Five) Years.	√	

II. Risk Assessment :

		YES	NO
21.	Does your institution have a risk-based assessment of its customer base and their transactions?	√	
22.	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?	√	

III. Know your customer, Due Diligence and Enhanced Due Diligence

		YES	NO
23.	Has your institution implemented processes for the identification of Beneficial Ownership (those customers on whose behalf it maintains or operates accounts or conducts transactions)?	√	
24.	Does your institution have a requirement to collect information regarding its customers" business activities?	√	
25.	Does your institution have a process to review and, where appropriate, update customer information relating to high risk client information?	√	
26.	Does your institution have procedures to establish a record for each new customer noting their respective identification documents and "Know Your Customer" information?	√	
27.	Does your institution complete a risk-based assessment to understand the normal and expected transactions of its customers?	√	

IV. Reportable Transactions for Prevention and Detection of ML/TF

		YES	NO
28.	Does your institution have policies or practices for the identification and reporting of transactions that are required to be reported to the authorities?	√	
29.	Where cash transaction reporting is mandatory, does your institution have procedures to identify transactions structured to avoid such obligations?	√	
30.	Does your institution screen customers and transactions against lists of persons, entities or countries issued by government/competent authorities?	√	
31.	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?	√	



V. Transaction Monitoring

32.	Does your institution have a monitoring program for unusual and potentially suspicious activity that covers funds transfers and monetary instruments such as travellers checks, money orders, etc.	YES	NO
		√	

VI. Transaction Monitoring

33.	Does your institution provide AML & CFT training to relevant employees of your organization?	YES	NO
		√	
34.	Does your institution communicate new AML related laws or changes to existing AML related policies or practices to relevant employees?	YES	NO
		√	
35.	Does your institution provide AML training to relevant third parties if they are employed to carry out some of the functions of your organization?	YES	NO
		√	

Space for additional information :

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

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D. GENERAL

36.	Does the responses provided in this Declaration applies to the following entities :	YES	NO
	• Head Office and all domestic branches	√	
	• Overseas branches		√
	• Domestic subsidiaries		√
	• Overseas subsidiaries		√

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 this 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	
Name	Mr. Mostafa Jalal Uddin Ahmed
Designation	Additional Managing Director & CAMLCO
Date :	April 05, 2017
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