

## ANNEXURE 2 AML QUESTIONNAIRE/ DECLARATION

Standard Questionnaire / Declaration to Axis Bank On AML/ CFT / KYC Compliance  
(Applicable in absence of Wolfsberg questionnaire/ RI's AML Questionnaire for Correspondent Bank & Exchange houses)

<p>NAME OF THE BANK/INSTITUTION:</p> <p><b>HEAD OFFICE ADDRESS:</b></p> <p><b>WEBSITE ADDRESS :</b></p> <p><b>MAIN BUSINESS ACTIVITIES :</b></p> <p><b>PURPOSE OF OPENING ACCOUNT :</b></p> <p><b>NAME OF REGULATORY AUTHORITY :</b></p> <p><b>REPORTING AUTHORITY:</b></p> <p><b>LICENCE NO &amp; EXPIRY DATE:</b></p> <p><b>NAME OF THE ACT ENACTED BY THE COUNTRY TO COMBAT MONEY LAUNDERING &amp; TERRORIST FINANCING:</b></p>			
<b>OWNERSHIP/ MANAGEMENT</b>	<p>Is your bank/ institution publicly owned?</p> <p>Please provide a list of the executive and non-executive directors of the main Board of Directors.</p> <p>Please provide the names of major shareholders( i.e. shareholders holding more than 20 % of the shares in the institution )</p>		
Sr. No	AML Measures	<b>Declaration</b>	<b>Agree/ Disagree Incase disagree, kindly provide views/comments.</b>
1	<b>AML POLICY</b>	<b>a) Our bank/ institution has in place policies and procedures to combat Money Laundering and Terrorist Financing as per guidelines issued by international and domestic regulatory authorities and law designed therein to combat money</b>	

		<p><b>laundering.</b></p> <p>-----</p> <p>-----</p> <p><b>b) The same has been approved by our Board /Senior management.</b></p>	
2	<b>KNOW YOUR CUSTOMER</b>	<p>Our bank/ institution has implemented systems for identification of our customers, including Know Your Customer (KYC) documentation, customer information, information about business activities, normal and expected level of transactions and any other relevant information.</p> <p>-----</p> <p>-----</p> <p>Our bank/ institution updates the customer profile on a regular basis</p> <p>-----</p> <p>-----</p> <p>Our bank/ institution shall be able to provide the relevant customer identification information and transaction log, immediately upon request.</p>	<p>-----</p> <p>-</p> <p>-----</p> <p>--</p>
3	<b>RECORD MAINTENANCE</b>	<p>Our bank/ institution has in place appropriate record retention procedures pursuant to applicable law.</p>	
4	<b>SCREENING AGAINST NEGATIVE LISTS</b>	<p>Our bank/ institution screens our customer database and international telegraphic transfers/ wire transfers against the negative list as per regulatory guidelines.</p>	
5	<b>RISK ASSESSMENT</b>	<p>Our bank/ institution has a risk focused assessment of its customer base and customer transactions and conducts the appropriate level of enhanced due diligence necessary for such categories of customers and transactions that pose a heightened risk of illicit activities.</p>	
6	<b>POLITICALLY EXPOSED PERSONS</b>	<p>a) Our bank/ institution has policies stipulating enhanced due diligence while undertaking relationships with and transactions pertaining to Politically Exposed Persons (PEPs).</p> <p>-----</p> <p>-----</p> <p>b) Our bank/ institution's owner or senior management personnel is not a politically exposed person (PEP).</p>	<p>-----</p> <p>-</p>
7	<b>MONITORING, IDENTIFICATION AND REPORTING OF SUSPICIOUS TRANSACTIONS</b>	<p>a) Our bank/ institution has in place, systems and procedures for monitoring, detection and reporting of suspicious transactions to the relevant authorities/ national and criminal intelligence agencies / external authority.</p> <p>-----</p> <p>-----</p> <p>b) Our bank/ institution has formulated procedure in respect of ongoing monitoring of transactions conducted through our Correspondents.</p>	<p>-----</p> <p>--</p>
8	<b>FUND TRANSFERS</b>	<p>a)Our bank/ institution is not engaged in sale of monetary instruments or funds transfer service for "walk-in" customers (Individuals who do not have account relationship with our bank/ institution).</p> <p>-----</p> <p>-----</p> <p>b) If yes, we ensure that identification documents of such walk-in-customers are obtained.</p>	<p>-----</p> <p>--</p>
9	<b>SHELL BANKS (A bank which is</b>	<p>a)Our bank conducts business at a physical address in which it is authorized to engage in banking and /or financial activities.</p>	

	<b>incorporated in a country where it has no physical presence and is unaffiliated to any regulatory group)</b>	----- ----- b) Our bank/ institution does not conduct any form of business with "Shell" banks/ institutions.	----- --
10	<b>CORRESPONDENT BANKS</b>	a) Our bank/ institution gathers sufficient information about the Correspondent Bank's business, its AML policies and procedures, whether it possesses license to operate in its country of origin.  b) All our relationships are approved by our senior management.  c) Our bank/ institution does not allow opening of anonymous or numbered accounts by customers.  d) Our bank/institution does not allow direct use of our Correspondent Bank's accounts by third parties to transact business on their behalf? (i.e. payable-through accounts or nested accounts).  e) If disagree to point d) above, our bank/ institution verifies the identity of such customers and undertakes ongoing due diligence and can provide relevant customer identification data immediately on request.	
11	<b>TRAINING</b>	a) Our bank/ institution provides employee training on Prevention of Money Laundering and Terrorist Financing and also communicates new AML laws or changes in AML policies to relevant employees. It also retains records of training sessions including attendance records and relevant training material used.  b) Our bank/ institution employs agents to carry out the functions of bank/ institution only where permitted by the regulator.  c) Our bank/ institution provides AML training to relevant agents that includes identification and reporting of transactions that must be reported to relevant authorities, examples of different forms of money laundering involving bank/ institution's products and services and internal policies to prevent money laundering.	
12	<b>AUDIT</b>	Our bank/ institution is subject to inspection by the government supervisors/regulatory/supervisory authority that licensed our bank/ institution to engage in banking and/or financial activities. Additionally, our bank/ institution has an internal audit function or an independent third party that assesses AML policies and practices on a regular basis.	
13	<b>OTHER INFORMATION</b>	I) Our bank/ institution has not been subjected to any indictment, conviction or civil enforcement action related to money laundering and terrorist financing.	
		II) Our bank/ institution requires that its AML policies and practices be applied to all its branches and subsidiaries both in the home country and in locations outside the home country.	

		III) Our bank/ institution complies with FATF recommendations pertinent to prevention of money laundering and terrorist financing.(e.g. obtaining originator information).	
		IV) Our bank/ institution has a Money Laundering Reporting Officer (MLRO) or equivalent responsible for coordinating/monitoring and overseeing compliance with anti-money laundering requirements on a day to day basis. Details of the MLRO are provided below.	
		Does the FI adhere to the Wolfsberg Transparency Principles and the appropriate usage of the SWIFT MT 202/202COV and MT 205/205COV message formats?	

**Details of our MLRO/ Principal Officer are as under: (To be filled up by the correspondent)**

<b>Name :</b> <b>Email address &amp; Contact Numbers:</b> <b>Postal address :</b>
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I, the undersigned, confirm to the best of my knowledge that the information provided in this Declaration Form is current, accurate and representative of the anti-money laundering and anti-terrorist financing policies and procedures that are established in my bank/ institution. I also confirm that I am authorized to complete this Declaration Form on behalf of my bank/ institution and also provide documents relevant to AML/CFT/KYC Compliance as and when requested.

**Name of Authorized Official:**  
**Email address:**  
**Signature & Stamp with date:**

**Designation:**  
**Contact No.**