

KNOW YOUR CLIENT & ANTI-MONEY LAUNDERING QUESTIONNAIRE

INSTITUTION INFORMATION	
Name of the Institution:	
Trading name (if different from above):	
Registered office:	
Principal place of business:	
Legal form:	
Date of Incorporation:	
SWIFT address / Website:	
Type and number of license:	
License information (issuing date, expire date):	
Name and address of the issuer of the license:	
Number of branches:	
Number of employees:	
Shareholding structure:	
Managing Board:	
Supervisory Board:	
Name of the external independent audit firm:	
If your institution is listed, please provide details.	
Principle areas of business activities:	

Please state the purpose of opening an account in Capital Bank AD Skopje:	
Total assets:	
Monthly turnover:	
FATCA status including GIIN number:	
Details of FATCA responsible person:	Name: Surname: Title: Phone number: E-mail address:

OWNERSHIP STRUCTURE & MANAGEMENT DETAILS:

Full name, ownership interest and nature of ownership of any ultimate beneficial owners who maintain more than a 25% share, or who control a 25% or more share, of your institution*

Name and surname:	Date of birth:	Passport number:	Ownership percentage:	Direct or indirect:

Please provide information for top level management (including BoD members and Supervisory board members):

Name and surname:	Date of birth:	Passport number:	PEP status (if yes please provide details below):

**Please provide information and supporting documents for all the legal entities in the ownership structure (including shareholders chart). If a UBO is categorized as PEP, please provide details.*

ANTI-MONEY LAUNDERING		
Is your institution subject to AML legislation?	YES	NO
Is your institution part of a group that is subject to AML legislation?	YES	NO
If yes for one of the above questions, please state the country of applicable legislation:		
Does your institution have AML Compliance Policies and Procedures?	YES	NO
Does your institution have responsible person regarding AML matters?	YES	NO
If yes, please fill in details:	Name: Surname: Title: Phone number: E-mail address:	
How many employees are dedicated only to AML?		
ANTI-MONEY LAUNDERING		
Are your AML Compliance Policies and Procedures approved from Board of Directors or other senior management?	YES	NO
Does your AML Compliance Policies and Procedures comply with current AML legislations in the jurisdiction in which you perform business activities?	YES	NO
Does your policies and procedures cover the area of identification and reporting transactions to regulatory authorities?	YES	NO
Do you have implemented policies and procedures for suspicious activity reporting?	YES	NO
Do you have implemented risk-based approach?	YES	NO
If yes, please describe:		
Do you have policies and procedures covering politically exposed persons (PEPs), their family and close associates?	YES	NO
If yes, please describe the process of identifying and accepting PEP clients:		
Does your institution have record retention procedures in the accordance to the applicable law?	YES	NO
If yes, please state the period of record retention:		
Does your AML Compliance Policies and Procedures apply to all your branches and subsidiaries?	YES	NO
Does your institution have audit and compliance function to test the adequacy of anti-money laundering procedures and policy?	YES	NO
If yes, please state the frequency:		
Does your institution offer accounts or services to anonymous customers?	YES	NO

Does your institution have a policy prohibiting accounts/services to shell banks (a shell bank is defined as a bank incorporated in a jurisdiction in which it does not have physical presence and which is unaffiliated with a regulated financial group.)?	YES	NO
Does your institution have policies to reasonably ensure that you will not conduct transactions with or on behalf of shell banks through any of your accounts or products?	YES	NO
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
Does your institution assess your correspondents' anti-money laundering/counter-terrorist financing controls?	YES	NO
Does your policies and procedures ensure the senior management approval for establishing correspondent relationships?	YES	NO
Does your institution offer "payable through accounts" or any other accounts which can transact through nostro and vostro accounts?	YES	NO
If yes, does your institution verify the identity of and/or do you perform ongoing due diligence on those customers that have direct access to your account (please describe)?		
Know Your Customer		
Does your institution provide anonymous accounts or numbered accounts?	YES	NO
Does your institution accept funds on behalf of non-customers without obtaining proof of identification?	YES	NO
Does your institution implement system for identification of all customers, including verification of customer information from independent and reliable sources (e.g. name, street address, date of birth, number and type of valid official identification)?	YES	NO
Does your institution have procedures to establish a record for each customer at account opening?	YES	NO
Does your institution collect information for customers business activities and/ or source of funds?	YES	NO
Does your institution verify the source of funds at the event of establishing business relationship and in the course of the existing relationship?	YES	NO
Does your institution allow walk-in clients?	YES	NO
If yes, please describe in detail the identification and verification process:		
Clients Acceptance Procedures and Policies		
Do you restrict any industries and types of businesses? If yes, please specify.		
Describe your customers structure:	Total number of clients: Natural person:	

	Legal entities: Offshore customers:		
Do you have customers or provide services to the following (sanctioned) countries?	Democratic Peoples Republic of Korea (DPRK)	YES	NO
	Iran	YES	NO
	South Sudan	YES	NO
	Syria	YES	NO
	Democratic Republic of Congo	YES	NO
	Myanmar/ Burma	YES	NO
	Guinea	YES	NO
	Libyan Arab Jamahiriya	YES	NO
Please describe the procedures for establishing business relationship with high-risk clients.			
Please describe the procedures for identification and verification of ultimate beneficial owners of your customers.			
Do you update the customers data? If yes, please state the frequency.			
Transaction monitoring and reporting			
Does your institution have policies and procedures that identify transactions that need to be reported to the regulatory authorities?	YES	NO	
Does your institution implement systems that detect transactions that are structured to avoid reporting requirements?	YES	NO	
Does your institution have a monitoring program for suspicious or unusual activity?	YES	NO	
Do you screen your customers for sanctions?	YES	NO	
If yes, please specify the sanction lists used.			
Does your institution have a transaction monitoring system to automatically detect sanctioned transactions?	YES	NO	
If yes, please describe name of system (software) and vendor.			

Training		
Does your institution provide relevant AML training to employees?	YES	NO
Does your institution retain records for provided trainings?	YES	NO
Please describe in what manner your institution provides information about the amendments of the AML legislative and/ or policies and procedures.		

Additional information		
Has your institution been subject to AML/ CFT or breach of sanctions investigation?	YES	NO
Has your institution been fined for breach of AML/ CFT legislation or breach of sanctions?	YES	NO
If yes, please describe.		
Place for additional information:		
By signing this Questionnaire, I _____ clarify that the stated information is correct and that I am authorized to sign this Questionnaire on behalf of my institution.		
Name:		
Title:		
E-mail:		
Date:		
	Signature:	