

### AML/ CFT Customer Due Diligence (CDD) Questionnaire

Name of Company / Institution	
Principal business activity	
Name of Primary Regulator	
If you are member of a Stock Exchange, please provide Name of Primary Stock Exchange and memberships details (e.g. Trading member, Clearing member)	
Registration No.	
Date of incorporation	
Registered business address	
Mailing address	
Website address	
Name & Title of Designated Compliance Officer	
Telephone	
Fax	
Email	
Name of External Auditor	

General AML/CFT Practices		YES	NO
1	Has your regulator published guidance notes/policies/laws to combat money laundering/terrorist financing, and is your institution subjected to, and fully complies with such laws?		
2	Has your institution been subjected to sanctions or punitive actions in relation to anti-money laundering and anti-terrorism financing by the regulators/ law enforcement agencies <u>in the past five years</u> ?  Please provide details:	Proceed to Q2a	Proceed to Q3
2a	If Yes, please provide additional details of the nature of the sanction and the corrective action(s) taken in the space below:  Please provide details:		
3	Does your institution have an appointed senior officer responsible for your institution's day to day anti-money laundering and anti-terrorism financing program?		
4	Has your institution been inspected by your regulator?	Proceed to Q4a	Proceed to Q4b

General AML/CFT Practices		YES	NO
4a	<p>If Yes, please provide the most recent date of inspection in the space below.</p> <p>Date:</p> <p>Were there any AML/CFT related observations highlighted in the inspection? If Yes, please provide details:</p>		
4b	<p>In the absence of inspection by the regulator, please advise if there are any regular reporting required of the institution to the regulator.</p> <p>Please provide details of the required reporting (if any):</p>		
5	<p>In addition to inspection by the regulator, does your institution have an internal audit and compliance function or other independent third party to monitor and review the effectiveness of the AML/CFT policy and compliance program on a regular basis?</p>		Proceed to Q5a
5a	<p>If No, please advise how does the institution monitor and review the effectiveness of the AML/CFT policy and compliance program.</p> <p>Please provide details:</p>		

General AML/CFT Practices		YES	NO
6	Does your institution have any other domestic/ overseas branches/ overseas subsidiaries?		
		Proceed to Q6a	Proceed to Q7
6a	Are the domestic/ overseas branches/ overseas subsidiaries required to comply with the Head office or Group's AML/CFT policy and compliance program?		

AML/CFT Policy & Procedures		YES	NO
7	Has your institution developed written AML/CFT policy and procedures which are duly approved by the Board/ Senior Management? If Yes, please advise if the following areas (7a – 7h) are covered:		
a	Establish the true identity of customers and beneficial owners, collecting and recording sufficient information on the customers and screening customers and transactions against sanction lists issued by competent authorities/international bodies;		
b	Prohibit accounts/relationships with <u>shell</u> financial institution /anonymous accounts? (A shell financial institution means an institution incorporated, formed or established in a jurisdiction where it has no physical presence and is unaffiliated with a regulated financial group);		
c	Conduct appropriate customer due diligence on politically exposed persons (PEPs) and their family and close associates, reliance on intermediaries, beneficiary accounts, non-face-to-face business relationships, higher risk customers and existing customers;		
d	Maintain processes that detect, monitor and report suspicious transactions to the relevant authorities;		
e	Maintain record retention procedures that comply with applicable laws;		
f	Conduct risk-based assessments and appropriate level of customer due diligence measures of the customers;		
g	Maintain the roles and responsibilities of key personnel in relation to anti-money laundering and anti- terrorism financing compliance processes		
h	Identify and report transactions that are required to be reported to the relevant authorities.		

Transaction monitoring		YES	NO
8	Does your institution have a monitoring mechanism / system to monitor potentially suspicious and unusual activity?	Proceed to Q8a	Proceed to Q8b
8a	<p>If Yes, please elaborate details of <b>how</b> the institution monitors potentially suspicious and unusual activity by describing the mode of monitoring and the method(s) employed:</p> <p>Please provide details:</p>		
8b	<p>If there were no manual and/or system monitoring measures in place, please advise how does your institution maintain the processes to detect, monitor and report suspicious transactions to the relevant authorities;</p> <p>Please advise details:</p>		

AML/CFT Training		YES	NO
9	Does your institution conduct periodic training to relevant employees that include the detection, monitoring <b>and</b> reporting of suspicious transactions to the relevant authority and retain records of its training materials and attendance records?	Proceed to Q10	Proceed to Q9a
9a	If No, please advise the reason for not carrying out the subject training as described in Q9.  Please advise reason:		
10	Does your institution employ agents or third parties to carry out some of its business activities?	Proceed to Q10a	Proceed to Q11
10a	Does your institution provide training to the relevant agents or third parties; training that include detection, monitoring and reporting of suspicious transactions to the relevant authority?  If Yes, please describe the type and scope of the business activities being outsourced:  Please provide details:		Proceed to Q10b
10b	If No, please advise the reason for not providing the relevant training to the agents or third parties that include detection, monitoring and reporting of suspicious transactions to the relevant authority:  Please advise reason:		

Correspondent Relationship		YES	NO
11	Does your institution allow direct use of the correspondent account by Customer/Third parties/ Broker-Dealer to transact business on your behalf? (payable-through account)	Proceed to Q11a	Proceed to Q12
11a	Does your institution assess and examine the AML/CFT controls of those client institutions, satisfy that their measures comply with the regulatory standards in the countries /jurisdictions that it operates in.	Proceed to Q11c	Proceed to Q11b
11b	<p>If No, please advise the reason why your institution <b>does not</b> assess and examine the AML/CFT controls of those client institutions nor the need to satisfy if their measures comply with the regulatory standards in the countries /jurisdictions that it operates in</p> <p>Please advise reason:</p>		
11c	<p>Does your institution perform ongoing monitoring for potentially nested correspondent account* transactions and suspicious activity?</p> <p><i>*Nested correspondent account services refer to the use of a Capital Markets Intermediary's account relationship by a number of respondent financial institutions through their relationships with Capital Markets Intermediary's direct correspondent financial institution, to conduct transactions and obtain access to other financial services.</i></p>	Proceed to Q11d	Proceed to Q11e



11d	<p>If Yes, please advise details on how does your institution perform ongoing monitoring for potentially nested correspondent account* transactions and suspicious activity in the space:</p> <p>Please provide details:</p>		
11e	<p>If No, please advise the reason why your institution <b>does not</b> perform ongoing monitoring for potentially nested correspondent account* transactions and suspicious activity:</p> <p>Please advise reason:</p>		

<b>Anti Bribery &amp; Corruption (ABC)</b>		<b>YES</b>	<b>NO</b>
12	Has your institution developed written ABC policy and procedures consistent with applicable ABC regulations and requirements to reasonably prevent, detect and report bribery and corruption which are duly approved by the Board/ Senior Management?		
		Proceed to Q13	Proceed to Q12a
12a	If No, please advise how does the institution monitor and safeguard the institution against ABC related risks.  Please provide details:		
13	In addition to inspection by the regulator, does your institution have an internal audit and compliance function or other independent third party to monitor and review the effectiveness of the ABC policy on a regular basis?		
		Proceed to Q14	Proceed to Q13a
13a	If No, please advise how does the institution monitor and review the effectiveness of the ABC policy.  Please provide details:		
14	Does the entity provide mandatory ABC training to: Please provide responses for 14a to 14f		
14a	Board and Senior Committee Management		

14b	1 <sup>st</sup> Line of Defence		
14c	2 <sup>nd</sup> Line of Defence		
14d	3 <sup>rd</sup> Line of Defence		
14e	Third parties to which specific compliance activities subject to ABC risk have been outsourced		
14f	Non-employed workers as appropriate (contractors/consultants)		
15	Is your institution able to provide the relevant customer information (subject to your home country regulations) to CGS SG upon request from our regulator(s)?	End of Questionnaire	Proceed to Q15a
15a	If No, please advise reason for not being able to provide:		

In addition, please provide a copy of the following documents (in English translated copy if applicable):

- Organization Chart which reflects the reporting lines of the various business units within the institution
- Latest Annual Report

Please ensure that the CDD questionnaire is duly completed and attached with the required documents for submission.

**I confirm that I am authorized to complete this document.**

Name & Business Title	
Contact details	
Email address	
Date signed	
Company stamp	Signature