

ANTI-MONEY LAUNDERING QUESTIONNAIRE

Sberbank CZ, a.s.

| GENERAL INFORMATION | |
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| Full name of institution: | |
| Address of institution: | |
| Telephone number: | |
| Facsimile number: | |
| WebSite address: | |
| BANK ACTIVITY IN ACCORDANCE WITH BANKING LICENCE/CERTIFICATE AND SPECIFICATION OF CUSTOMERS AND MARKETS BANK IS RELATED: | |
| | |
| COUNTRY OF PROVIDING BANKING SERVICES / COUNTRY OF SUBSIDIARIES IN: | |
| MAJOR OWNER: | |
| ECONOMICALLY OR PERSONNALLY RELATED COMPANIES: | |
| COMPLIANCE/ AML OFFICER | |
| Name: | |
| Address: | |
| Telephone number: | |
| Email: | |
| AML RELEVANT INFORMATION | |
| Is your institution regulated and supervised by the Regulatory Authority of the country where your banking licence/certificate of incorporation has been issued? | Y <input type="checkbox"/> N <input type="checkbox"/> |
| Please provide the name, address and website of your Regulatory Authority: | |
| Has your country established laws designed to prevent money laundering to FATF standards and controls and is your institution subject to such laws? | Y <input type="checkbox"/> N <input type="checkbox"/> |
| Please confirm that you will be the solo operator of the relationship. | Y <input type="checkbox"/> N <input type="checkbox"/> |
| <i>Note: Where the answer to the previous is 'No', please provide details</i> | |
| Has your institution ever been investigated or prosecuted or fined for failure to comply with anti-money laundering regulations and legislations? | Y <input type="checkbox"/> N <input type="checkbox"/> |
| <i>Note: Where the answer to previous question is 'Yes', please provide details.</i> | |
| AML legislation: | |

| WOLFSBERG QUESTIONNAIRE | | |
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| If you answer "no" to any question, additional information can be supplied at the end of the questionnaire. | | |
| I. General AML Policies, Practices and Procedures: | Yes | No |
| 1. Is the AML compliance program approved by the FI's board or a senior committee? | Y <input type="checkbox"/> | N <input type="checkbox"/> |
| 2. Does the FI have a legal and regulatory compliance program that includes a designated officer that is responsible for coordinating and overseeing the AML framework? | Y <input type="checkbox"/> | N <input type="checkbox"/> |
| 3. Has the FI developed written policies documenting the processes that they have in place to prevent, detect and report suspicious transactions? | Y <input type="checkbox"/> | N <input type="checkbox"/> |
| 4. In addition to inspections by the government supervisors/regulators, does the FI client have an internal audit function or other independent third party that assesses AML policies and practices on a regular basis? | Y <input type="checkbox"/> | N <input type="checkbox"/> |
| 5. Does the FI have a policy prohibiting accounts/relationships with shell banks? <i>(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.)</i> | Y <input type="checkbox"/> | N <input type="checkbox"/> |
| 6. Does the FI 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? | Y <input type="checkbox"/> | N <input type="checkbox"/> |
| 7. Does the FI have policies covering relationships with Politically Exposed Persons (PEP's), their family and close associates? | Y <input type="checkbox"/> | N <input type="checkbox"/> |
| 8. Does the FI have record retention procedures that comply with applicable law? | Y <input type="checkbox"/> | N <input type="checkbox"/> |
| 9. Are the FI's AML policies and practices being applied to all branches and subsidiaries of the FI both in the home country and in locations outside of that jurisdiction? | Y <input type="checkbox"/> | N <input type="checkbox"/> |
| II. Risk Assessment | Yes | No |
| 10. Does the FI have a risk-based assessment of its customer base and their transactions? | Y <input type="checkbox"/> | N <input type="checkbox"/> |
| 11. Does the FI determine the appropriate level of enhanced due diligence necessary for those categories of customers and transactions that the FI has reason to believe pose a heightened risk of illicit activities at or through the FI? | Y <input type="checkbox"/> | N <input type="checkbox"/> |
| III. Know Your Customer, Due Diligence and Enhanced Due Diligence | Yes | No |
| 12. Has the FI implemented processes for the identification of those customers on whose behalf it maintains or operates accounts or conducts transactions | Y <input type="checkbox"/> | N <input type="checkbox"/> |
| 13. Does the FI have a requirement to collect information regarding its customers' business activities? | Y <input type="checkbox"/> | N <input type="checkbox"/> |
| 14. Does the FI assess its FI customers' AML policies or practices? | Y <input type="checkbox"/> | N <input type="checkbox"/> |
| 15. Does the FI have a process to review and, where appropriate, update customer information relating to high risk client information? | Y <input type="checkbox"/> | N <input type="checkbox"/> |

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| 16. Does the FI have procedures to establish a record for each new customer noting their respective identification documents and 'Know Your Customer' information? | Y <input type="checkbox"/> | N <input type="checkbox"/> |
| 17. Does the FI complete a risk-based assessment to understand the normal and expected transactions of its customers? | Y <input type="checkbox"/> | N <input type="checkbox"/> |
| IV. Reportable Transactions and Prevention and Detection of Transactions with Illegally Obtained Funds | | |
| | Yes | No |
| 18. Does the FI have policies or practices for the identification and reporting of transactions that are required to be reported to the authorities? | Y <input type="checkbox"/> | N <input type="checkbox"/> |
| 19. Where cash transaction reporting is mandatory, does the FI have procedures to identify transactions structured to avoid such obligations? | Y <input type="checkbox"/> | N <input type="checkbox"/> |
| 20. Does the FI screen customers and transactions against lists of persons, entities or countries issued by government/competent authorities? | Y <input type="checkbox"/> | N <input type="checkbox"/> |
| 21. Does the FI have policies to reasonably ensure that it only operates with correspondent banks that possess licenses to operate in their countries of origin? | Y <input type="checkbox"/> | N <input type="checkbox"/> |
| V. Transaction monitoring | | |
| | Yes | No |
| 22. Does the FI have a monitoring program for unusual and potentially suspicious activity that covers funds transfers and monetary instruments such as travelers checks, money orders, etc? | Y <input type="checkbox"/> | N <input type="checkbox"/> |
| VI. AML Training | | |
| | Yes | No |
| 23. Does the FI provide AML training to relevant employees that includes: <ul style="list-style-type: none"> ▪ Identification and reporting of transactions that must be reported to government authorities. ▪ Examples of different forms of money laundering involving the FI's products and services. ▪ Internal policies to prevent money laundering. | Y <input type="checkbox"/> | N <input type="checkbox"/> |
| 24. Does the FI retain records of its training sessions including attendance records and relevant training materials used? | Y <input type="checkbox"/> | N <input type="checkbox"/> |
| 25. Does the FI communicate new AML related laws or changes to existing AML related policies or practices to relevant employees? | Y <input type="checkbox"/> | N <input type="checkbox"/> |
| 26. Does the FI employ third parties to carry out some of the functions of the FI? | Y <input type="checkbox"/> | N <input type="checkbox"/> |
| 27. If the answer to question 26 is yes, does the FI provide AML training to relevant third parties that includes: <ul style="list-style-type: none"> ▪ Identification and reporting of transactions that must be reported to government authorities. ▪ Examples of different forms of money laundering involving the FI's products and services. ▪ Internal policies to prevent money laundering. | Y <input type="checkbox"/> | N <input type="checkbox"/> |

Space for additional information:

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

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| QUESTIONNAIRE COMPLETED BY | |
|-----------------------------------|--|
| Name: | |
| Title: | |
| Email: | |
| Telephone: | |
| Fax: | |
| Date: | |
| Signature: | |