

CITY FOREIGN EXCHANGE LIMITED
HONG KONG

**AML/CTF QUESTIONNAIRE
FOR
CLIENT ON-BOARDING**



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AML/CTF Policy Requirement

Prior to getting into an arrangement, a pre-requisite of City Foreign Exchange Ltd (CityForex) AML Compliance is to gather information about its Client. As part of the process of Client On-Boarding we would require you to fill the Client on-boarding AML Know Your Correspondent Client Questionnaire and submit the same to the authorized person.

Form 1: to be used to provide names of all Banks, Exchange Houses and Non- Banking Financial Institutions with whom your institution has an arrangement with.

Form 2: to be used to provide list of all Owners/Partners/Shareholders individually having 10% or more shareholding.

Form 3: to be used to provide information on Juridical Persons holding 10% or more shareholding in the company.

Form 4: to be used to provide details of other company(s) that the owners have their interests in.

Please enter NA for fields that are not applicable.

Terms used in this Document:

1. Controlling Persons: are the individual(s) who actually control the company or are responsible to run the day to day operations.
2. NBFIs: or Non Banking Financial Institutions are institutions that do not have full banking license, however, they deal with other kind of financial products or services that do not require a banking license.
3. PEP: or Politically Exposed Persons. The term is not only used for those directly working for the State, but also their families and close associates.

Documents to be submitted:

Please provide **Self attested (Hong Kong Companies) / Notarised (Overseas companies)** copies of the documents that are requested below. All documents must be in English or should be provided with a certified translation by an authorized professional. Certification of the translated document(s) cannot be provided by an individual of your own organization.

The list of documents is as below,

1. Valid Regulatory License(s) issued in the country where an arrangement is intended.
2. Commercial License(s) (as applicable) issued in the country where an arrangement is intended.
3. Copy of the AML/CTF Policy and Procedures.
4. Latest audited financials.
5. Copy of the latest independent AML/CTF Audit report for all financial institutions.
6. Self attested copy(s) of the Passport/National ID of the Authorised Signatory(s) to the arrangement /Owner(s) /Partners. A copy of the visa page is also required if any of the individual is an expatriate.
7. Self attested copy(s) of the Passport/National ID of the Top Management Executives. A copy of the visa page is also required if any of the individual is an expatriate.
8. A self attested Utility bill (Telephone or Electricity bill is preferred)
9. Fully filled up and signed AML Questionnaire

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SECTION 1					
PRIMARY INFORMATION – to be completed by the Correspondent Client					
Type of Correspondent Client		<input type="checkbox"/> Bank	<input type="checkbox"/> Exchange House	<input type="checkbox"/> NBFIs	<input type="checkbox"/> Others (Please specify)
1.1	Correspondent Client Name (As appearing in the registration document)				
1.2	Trading Name (If different from registered name)				
1.3	Registered Address	P.O Box/Zip No.		Office/Floor #	
		Bldg. No/Name			
		Area			
		City			
		State/Province			
		Country			
1.4	Postal Address	P.O Box/Zip No.		Office/Floor #	
		Bldg. No/Name			
		Area			
		City			
		State/Province			
		Country			
1.5	Electronic Communication Details	E-Mail Address			
		Phone Number			
		Fax Number			
		Website(s)			
1.6	Does your institution/subsidiaries have presence/relation in any of the below listed country(s)	<input type="checkbox"/> Yes			<input type="checkbox"/> No
	<input type="checkbox"/> IRAN	<input type="checkbox"/> SYRIA			
	<input type="checkbox"/> SUDAN	<input type="checkbox"/> CUBA			
	<input type="checkbox"/> NORTH KOREA	<input type="checkbox"/> ZIMBABWE			
	<input type="checkbox"/> MYANMAR	<input type="checkbox"/> SOUTH SUDAN			
1.7	Please provide a list of Banks, Exchange Houses and/or NBFIs that your institution has an arrangement with (use Form 1)				

SECTION 2					
LICENSE INFORMATION – to be completed by the Correspondent Client					
2.1	Establishment/Inception Date (dd-mm-yyyy)				
2.2	Country of Establishment /Inception				
2.3	Registration Details	License Number			
		Issued by			
		Issued at			
		Expiry date (dd-mm-yyyy)			
2.4	Financial Regulatory Details	License Number			
		Issued by			
		Issued at			
		Expiry date (dd-mm-yyyy)			
2.5	Name of the Financial Regulator				
2.6	Name of the Regulator responsible for AML/CTF				
2.7	Website(s) Address of the Regulator				
2.8	Does the name of your institution appear on the regulator's website	<input type="checkbox"/> Yes			<input type="checkbox"/> No
2.8.1	If yes, please provide us the website details				

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SECTION 3 OWNERSHIP INFORMATION		
3.1	Is your institution listed in a Stock Exchange	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.1.1	If Yes, please name the Stock Exchange	
3.1.2	If Yes, please provide the symbol	
3.1.3	If not listed, please provide information in Form 2 of all owners/shareholders individually holding 5% or more share in the company	
3.2	Are there any Juridical Person(s) holding Share percentage of more than 10% in the company (Please provide details in Form 3)	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.3	Do any of the owner(s)/shareholder(s) holding any percentage of shares hail from any of the below mentioned country(s) (if yes, please select the country)	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> IRAN	<input type="checkbox"/> SYRIA
	<input type="checkbox"/> SUDAN	<input type="checkbox"/> CUBA
	<input type="checkbox"/> NORTH KOREA	<input type="checkbox"/> ZIMBABWE
	<input type="checkbox"/> MYANMAR	<input type="checkbox"/> SOUTH SUDAN
3.4	Do any of the Owners holding share percentage of 5% or more, have their ownership in any other company(s). If yes, please provide a list of company(s) along with the country of registration.(Please use Form 4)	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.5	Do any of the Executive Management/Controlling Person(s) hail from any country(s) from the below list (If yes, please select the country)	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> IRAN	<input type="checkbox"/> SYRIA
	<input type="checkbox"/> SUDAN	<input type="checkbox"/> CUBA
	<input type="checkbox"/> NORTH KOREA	<input type="checkbox"/> ZIMBABWE
	<input type="checkbox"/> MYANMAR	<input type="checkbox"/> SOUTH SUDAN
3.6	Does your institution have any PEP as a Board Member	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 4 AML/CTF COMPLIANCE ACTIONS		
4.1	In the past 5 years, has your institution/affiliates/subsidiaries been subjected to investigation in any jurisdictions relating to AML/CTF Compliance issues	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.1.1	If yes, was your institution/affiliate convicted /penalized?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.2	In the past 5 years, have any of the owners/ shareholders/ partners/Top Management Executives been investigated for any Criminal activity?	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 5 INFORMATION ON AML/CTF POLICIES, PROCEDURES & PRACTICES				
5.1	Does your institution have AML/CTF Policies and Procedures approved by the board or senior management? (Please specify the date AML/CTF Policies and Procedures were last updated)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date in 14-01-2016
5.2	Does your AML/CTF Policy require you to have a designated Compliance Officer	<input type="checkbox"/> Yes		<input type="checkbox"/> No
5.3	Does your AML/CTF Policy and Procedures cover the process of preventing, detecting and reporting suspicious transactions	<input type="checkbox"/> Yes		<input type="checkbox"/> No
5.4	Does your institution have a risk based assessment of customer base and their transactions?	<input type="checkbox"/> Yes		<input type="checkbox"/> No
5.5	Does your institution have procedures to establish a record for each new customer and collecting respective identification documents and KYC information?	<input type="checkbox"/> Yes		<input type="checkbox"/> No
5.6	Has your institution implemented processes for identification of its customers	<input type="checkbox"/> Yes		<input type="checkbox"/> No
5.7	Has your institution implemented processes for the identification of beneficial ownership	<input type="checkbox"/> Yes		<input type="checkbox"/> No
5.8	Does your institution have a requirement to collect information regarding your customer's job/business activities?	<input type="checkbox"/> Yes		<input type="checkbox"/> No
5.9	Does your institution have policies covering relationships with Politically Exposed Persons (PEP's)	<input type="checkbox"/> Yes		<input type="checkbox"/> No
5.10	Does your institution have a policy prohibiting relationship with shell companies and banks?	<input type="checkbox"/> Yes		<input type="checkbox"/> No
5.11	Does your institution have policies and procedures that require retention of records related to customer identification and transactions?	<input type="checkbox"/> Yes		<input type="checkbox"/> No
5.11.1	If yes to the above, for what duration			
5.12	Does your institution have policies or practices for the identification and reporting of transactions that are required to be reported to the authorities?	<input type="checkbox"/> Yes		<input type="checkbox"/> No
5.13	Does your institution provide AML/CTF training to your employees?	<input type="checkbox"/> Yes		<input type="checkbox"/> No
5.13.1	If Yes, how often			
5.14	Does your institution communicate new AML/CTF laws or changes to existing AML policies or practices to employees?	<input type="checkbox"/> Yes		<input type="checkbox"/> No

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SANCTION SCREENING & TRANSACTION MONITORING				
5.15	Does your institution screen customers against Sanctions list?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
5.16	Is the system in-house built or from an external party	<input type="checkbox"/> In-House	<input type="checkbox"/> External Party (BOTH)	
5.16.1	If the system is provided by an external party, please name the party			
5.17	Which of the list(s) do you screen your customers against	<input type="checkbox"/> UN	<input type="checkbox"/> OFAC	
		<input type="checkbox"/> EU	<input type="checkbox"/> HM TREASURY	
		<input type="checkbox"/> OTHERS (please specify)		
5.18	Do you Sanction Screen Customer at	<input type="checkbox"/> On-Boarding	<input type="checkbox"/> Transaction	<input type="checkbox"/> Both
5.19	Does your institution screen customers against the PEP list	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
5.20	Does your institution have a process and system of transaction monitoring in place?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
5.20.1	If yes, is the system in-house built or provided by an external party	<input type="checkbox"/> In-House	<input type="checkbox"/> External Party	
5.21	If the system is provided by an external party, please name the party			

SECTION 6 DETAILS OF THE COMPLIANCE DEPARTMENT	
<p>By signing this AML/CTF Questionnaire, We confirm that all the information provided in the questionnaire are correct. By signing this AML/CTF Questionnaire, We confirm that We, or through our affiliate(s)/subsidiary(s), do not deal or provide service directly/indirectly to Iran, Syria, Cuba, North Korea, North and South Sudan and Zimbabwe</p>	

Name of Compliance Head	
Designation	
Direct Telephone Number	
e-Mail ID	
Signature	
Date (dd-mm-yyyy)	
Company Seal	

