

**ANTI - MONEY LAUNDERING & COMBATING FINANCING OF TERRORISM
 QUESTIONNAIRE FOR CORESPONDENT RELATIONSHIP**

A BASIC INFORMATION

- 1 Name of the Institution : Shahjalal Islami Bank PLC
- 2 Registered Address : Shahjalal Islami Bank Tower, Block # CWN(C), Plot # 4,
 Gulshan Avenue, Gulshan, Dhaka-1212, Bangladesh
- 3 Website Address : www.sjiblb.com
- 4 Principal Business Activities : Islami Shariah Based Commercial Banking (Deposit, Corporate
 Banking, Foreign Trade & Remittance, Retail Banking, SME/ Agri Banking)
- 5 Regulatory Authority : Bangladesh Bank (Central Bank of Bangladesh)
- 6 Operational Status : Active
- Does your Bank maintain a physical presence in the licensing country? Yes No

B OWNERSHIP / MANAGEMENT

- 7 Is your institution listed on any stock exchange? Yes No
 If so, which stock exchange?
 a. Dhaka Stock Exchange PLC
 b. Chittagong Stock Exchange PLC
- 8 If "No" to Q7, please provide a list of the major shareholders holding more than
 10% shares in your institution.

C ANTI-MONEY LAUNDERING AND TERRORIST FINANCING CONTROLS

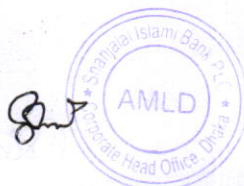
If you answer "no" to any question, additional information can be supplied at the end of the
 questionnaire.

I. General AML&CFT Policies, Practices and Procedures:

- 9 Does your institution have in place policies and procedures approved by your
 institution's board or senior management to prevent Money Laundering and
 Combat Financing of Terrorism? Yes No
- 10 Does your institution have a legal and regulatory compliance program that
 includes a designated officer that is responsible for coordinating and
 overseeing the AML/CFT framework? Yes No
- 11 Has your institution developed written policies documenting the processes that
 they have in place to prevent, detect and report suspicious transactions? Yes No
- 12 Does your institution have a policy prohibiting accounts/relationships with shell
 banks? (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.) Yes No
- 13 Does your institution permit the opening of anonymous or numbered accounts
 by customers? Yes No
- 14 Does your institution 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? Yes No
- 15 Does your institution have policies covering relationships with Politically
 Exposed Persons (PEP's), their family and close associates? Yes No
- 16 Does your institution have policies and procedures that require keeping all the
 records related to customer identification and their transactions?
 If "Yes", for how long? Five Years Yes No

II. Risk Assessment

- 17 Does your institution have a risk-based assessment of its customer base and
 their transactions? Yes No
- 18 Does your institution determine the appropriate level of enhanced due diligence Yes No



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?

III. Know Your Customer, Due Diligence and Enhanced Due Diligence

- 19 Has your institution implemented processes for the identification of those customers on whose behalf it maintains or operates accounts or conducts transactions? Yes No
- 20 Does your institution have a requirement to collect information regarding its customers' business activities? Yes No
- 21 Does your institution have a process to review and, where appropriate, update customer information relating to high risk client information? Yes No
- 22 Does your institution have procedures to establish a record for each new customer noting their respective identification documents and 'Know Your Customer' information? Yes No
- 23 Does your institution complete a risk-based assessment to understand the normal and expected transactions of its customers? Yes No

IV. Reportable Transactions for Prevention and Detection of ML/TF

- 24 Does your institution have policies or practices for the identification and reporting of transactions that are required to be reported to the authorities? Yes No
- 25 Where cash transaction reporting is mandatory, does your institution have procedures to identify transactions structured to avoid such obligations? Yes No
- 26 Does your institution screen customers and transactions against lists of persons, entities or countries issued by government/competent authorities or under the UN Security Council Resolution? Yes No
- 27 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

IV. Transaction Monitoring

- 28 Does your institution have a monitoring program for unusual and potentially suspicious activity that covers funds transfers and monetary instruments such as traveler's checks, money orders, etc? Yes No

V. AML Training

- 29 Does your institution provide AML& CFT training to relevant employees of your organization? Yes No
- 30 Does your institution communicate new AML related laws or changes to existing AML related policies or practices to relevant employees? Yes No
- 31 Does your institution provide AML training to relevant third parties if they are employed to carry out some of the functions of your organization? Yes No

Space for additional information:

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

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D GENERAL

32 Does the responses provided in this Declaration applies to the following entities:

- Head Office and all domestic branches Yes No
- Overseas branches Yes No
- Domestic subsidiaries Yes No
- Overseas subsidiaries Yes No

If the response to any of the above is "No", please provide a list of the branches and /or subsidiaries that are excluded, including the name of the institution, location and contact details.

I, the undersigned, confirm to the best of my knowledge that the information provided in this questionnaire is current, accurate and representative of the anti-money laundering and anti-terrorist financing policies and procedures that are established in my institution.

I also confirm that I am authorized to complete this questionnaire on behalf of my institution.

Signature : 

Name : Md. Asadul Islam Khan
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