**"KNOW YOUR CUSTOMER" QUESTIONNAIRE**

**(for Legal Entities, Branches/Representatives)**

*It is obligatory to fill in all fields*

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| The questionnaire is to be filled out in accordance with the requirements of legal acts of the International Financial Center Astana (“AIFC”) AIFC Anti-Money Laundering, Counter-Terrorist Financing and Sanctions. Rules, of the Law of the Republic of Kazakhstan «On counteracting legalization (laundering) of proceeds obtained through criminal means and financing of terrorism».ITS Ltd. guarantees the confidentiality of the information received from you. Complete the questionnaire in block letters in black or blue ink, and where appropriate, mark with an "X". |

[ ]  *To be filled in for the first time (for new Customers)* [ ]  *Updating/changing profile records*

ITS Ltd. guarantees the confidentiality of the information contained in this Questionnaire.

**1. Information on the sources of financing of transactions, counterparties, business partners**

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| --- | --- |
| * 1. **Source of financing of transactions/operations planned to be carried out in ITS**
 | [ ]  recurring revenues arising from operating activities[ ]  voluntary property contributions[ ]  Profit from incidental transactions and deals[ ]  investments of participants (shareholders)[ ]  loan funds (specify from whom)[ ]  dividends[ ]  donations[ ]  receipts from buyers or recipients of goods/services[ ]  third-party receipts [[1]](#footnote-1):      [ ]  other:       |
| * 1. **Main business partners (counterparties) of the organization, with whom long-term contracts have been concluded, or new contracts are regularly concluded**
 |       |
| * 1. **Average monthly turnover of the organization, including cash and non-cash payments**
 | [ ]  up to 10,000,000 KZT[ ]  from 10,000,000 KZT to 50,000,000 KZT[ ]  from 50,000,000 KZT to 100,000,000 KZT[ ]  over 100,000,000 KZT |
| * 1. **Planned maximum investment volume**
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**2. Information on branches/subsidiaries**

Please indicate all branches or subsidiaries according to table:

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Short name | Address of registration | Actual address |
|  |  |  |  |

**3. General information**

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| 3.1. | Please provide details of person responsible for AML/CFT  | Full name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name of position, department:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_contact details:e-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_contact phone \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 3.2. | Is your institution a publicly traded company? | [ ]  Yes [ ]  No |
| *If your answer is “Yes,” please list Exchange & Symbol of your institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 3.3. | Do the requirements of your internal AML/CFT documents of your parent organization apply to your branches/subsidiaries? | [ ]  Yes [ ]  No |
| *If the answer is "No" please provide a detailed explanation:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 3.4. | Is identification or any AML/CFT functions performed by 3rd parties? | [ ]  Yes [ ]  No |
| *If the answer is "Yes", please provide details, by whom is it carried out, company name, what are the functions?* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 3.5. | Have there been any significant changes in ownership (exceeding 25%) over the last five years? | [ ]  Yes [ ]  No |
| *If yes, please provide details:*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 3.6. | Have there been any financial regulators fines imposed for non-compliance with Anti-Money Laundering (AML) regulations, including Know Your Customer (KYC), and customers due diligence (CDD), as well as sanctions violations during the last five years? | [ ]  Yes [ ]  No |
| *If the answer is "Yes", you must provide detailed information \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |

**4. Anti-Money Laundering & Financing Terrorism Controls**

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| --- | --- | --- | --- |
| **Question** | **Yes** | **No** | **N/a** |
| 4.1. Are there laws / regulations designed to prevent and deal with money laundering and terrorist financing in the country of incorporation of your company?If yes, please list the names of the relevant laws:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | [ ]  | [ ]  | [ ]  |
| 4.2. Does your AML/CFT policy comply with local AML/CFT legislation and the FATF (Financial Action Task Force) standards?*If the answer is "Yes", it is necessary to list the internal AML/CFT documents, according to the form below:*

|  |  |  |  |
| --- | --- | --- | --- |
| Name of the document | Date of approval | Amended date | By which body was approved internal document |
|  |  |  |  |

 | [ ]  | [ ]  | [ ]  |
| 4. 3. Are there separate provisions of the AML/CFT policy or internal documents developed for the purpose of monitoring suspicious activity and reporting data on suspicious activity/transactions and possible cases of terrorist financing to the authorized bodies? | [ ]  | [ ]  | [ ]  |
| 4.4. Is your company subject to the supervision of any regulatory authority?*If yes, please give the name of the supervisory/regulatory authority:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | [ ]  | [ ]  | [ ]  |
| 4.5. Does these laws and regulations prohibit your company from conducting business with or on behalf shell companies/shell banks? | [ ]  | [ ]  | [ ]  |
| 4.6. Does your company policy require you to identify the source of your customers’ funds or income? | [ ]  | [ ]  | [ ]  |
| 4.7. In addition to inspections by the government supervisors/regulators, does your company have an internal audit function or other independent third party that assesses AML policies and practices on a regular basis?*If the answer is "Yes", specify the name of division/third party:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | [ ]  | [ ]  | [ ]  |
| 4.8. Does your company have an established Anti-bribery and corruption Policy?  | [ ]  | [ ]  | [ ]  |
| 4.9. Does your company have policies to cover relationships with Politically Exposed Persons (PEPs), their families and close associates? | [ ]  | [ ]  | [ ]  |
| 4.10. Does your company have appropriate record retention procedures pursuant to applicable laws?*If yes, please state the period of time for which records are kept:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | [ ]  | [ ]  | [ ]  |
| 4.11. Does your company have a risk-based assessment of customer base and their transactions, including with the results of financial monitoring of operations/transactions? | [ ]  | [ ]  | [ ]  |
| 4.12. Does your company’s internal control policy provide for enhanced due diligence measures for customers with a high risk of money laundering/financing of terrorism? | [ ]  | [ ]  | [ ]  |
| 4.13. Does your company require the verification of identification information for all customers and counterparties (individuals or entities) at the establishment of the relationship? (such as; name, nationality, address, telephone number, occupation, age/date of birth, number and type of valid official identification, as well as the name of the country/state that issued it)? | [ ]  | [ ]  | [ ]  |
| 4.14. Does your company have procedures to establish a record for each new customer that contains their respective identification documents and ‘Know Your Customer’ information? |  |  |  |
| 4.15. Is the degree of exposure of your company's services (products) to ML/TF risks assessed on a periodic basis, accompanied by a description of possible measures aimed at minimizing the identified risks, including changes in procedures for identifying and monitoring customer transactions, setting limits on transactions, changing the terms and conditions of services (products), and refusal to provide services (products)? | [ ]  | [ ]  | [ ]  |
| 4.16. Does your customer identification program require that enhanced due diligence be conducted regarding certain customers that may present a heightened level of money laundering and terrorist financing risk to your institution, such as international private banking and correspondent banking customers, or customers from high risk money laundering and terrorist financing jurisdictions? | [ ]  | [ ]  | [ ]  |
| 4.17. Does your company have a periodic process to review and, where appropriate, update high-risk customer information? | [ ]  | [ ]  | [ ]  |
| 4.18. Does your company have policies or practices for the identification and reporting of transactions that are required to be reported to the authorities? Including identification of suspicious activity by money laundering typologies and schemes developed by the regulator | [ ]  | [ ]  | [x]  |
| 4.19. Does your company provide AML/CFT/sanctions and embargo training to staff, that includes:1. Identifying and reporting data on transactions subject to financial monitoring including transactions and activities with the ML/FT signs and sector-specific typologies/schemes;
2. Examples of different forms of money laundering involving the institution’s products and services;
3. International AML, local regulatory AML requirements and the company’s internal AML policy and procedures requirements;
4. Employee roles and responsibilities;
5. If yes, how often are these trainings conducted?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | [ ]  | [ ]  | [ ]  |
| 4.20. Does your company retain records of its training sessions including attendance records and relevant training materials used? | [ ]  | [ ]  | [ ]  |
| 4.21. Does your company have policies to communicate new ML/CTF/Sanctions & Embargoes related laws or changes to existing AML/CTF/Sanctions & Embargoes related policies or practices to relevant employees? | [ ]  | [ ]  | [ ]  |
| 4.22. Does your company employ third parties to carry out some of the AML/CFT/ Sanctions & Embargoes functions of the institution?If YES kindly answer below question.Whether training is provided to third party in relation to:- Identifying and reporting transactions that are required to be reported to government authorities.☐Yes ☐ No- Typical schemes for laundering the proceeds of crime using your financial institution’s products and services.☐Yes ☐ No- Internal policies to prevent money laundering.☐Yes ☐ No | [ ]  | [ ]  | [ ]  |
| 4.22. Does your company screen clients and transactions for presence of sanctions risks? | [ ]  | [ ]  | [ ]  |
| 4.23. Do you confirm that no sanctions have been imposed on your company, beneficial owner/founder/shareholder, member of the governing body, representative, chief executive officer of the company by the United Nations Security Council, the United States of America, the European Union and the United Kingdom? | [ ]  | [ ]  | [ ]  |
| 4.24. Is it prohibited to establish/continue business relationships with a client/counterparty/bank subject to sanctions restrictions imposed by the United Nations Security Council, the United States of America, the European Union and the United Kingdom? | [ ]  | [ ]  | [ ]  |
| 4.25. Is it prohibited to establish/continue business relationships with a customer/counterparty/bank which place of registration is the Democratic People's Republic of Korea, the Islamic Republic of Iran, the Republic of Cuba, the Syrian Arab Republic, the Republic of Crimea, the Lugansk People's Republic, the Donetsk People's Republic, the Federal Republic of Somalia, the Democratic Republic of the Congo, the Republic of Iraq, the State of Libya, the Republic of Yemen, the Republic of South Sudan, as well as to carry out activities or planned activity in the envisaged jurisdictions/territories? | [ ]  | [ ]  | [ ]  |
| 4.26. Please specify which lists your company is screening against in relation to clients, beneficial owners/founders/shareholders, members of the governing body, representatives, chief executive officer:☐ OFAC ☐ UN ☐ EU ☐ HM Treasury Sanctions List ☐ Local lists, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_1. ☐ Other lists, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| 4.27. Please give the name of the authority to which you must report in case of a suspicion of money laundering and terrorist financing:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Date of Completion of Questionnaire: «     »       20     .

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(Full name and position of the authorized person with the right of first signature) (signature, stamp)

**For internal use:**

Employees of ITS Ltd. responsible for the completeness of the questionnaire and verification of the accuracy of information:

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(Full name) (date) (signature)

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(Full name) (date) (signature)

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(Full name) (date) (signature)

1. The customer needs to provide a loan agreement, contract, invoice or other documents [↑](#footnote-ref-1)