



Anti Money Laundering (AML) Questionnaire

| A. GENERAL INFORMATION | | | | |
|--|---|--|-------------------------------------|----|
| 1 | Full Name of Institution | FIRST GULF BANK PJSC | | |
| 2 | License Number & Date | 1005190, 1979 | | |
| 3 | License Issuing authority | CENTRAL BANK OF THE UAE | | |
| 4 | Address - Registered office - Principal place of business - Location of Head Office - Website address | P. O. BOX 6316, ZAYED THE 1 ST ST, KHALIDIYA, ABU DHABI, UAE UAE ABU DHABI, UAE http://www.fgb.ae | | |
| 5 | Principal business activities | CORPORATE & RETAIL BANKING, TREASURY & INVESTMENTS | | |
| 6 | Name of Compliance Officer - Title - Address - Phone Number - E-mail | ARIF SHAIKH SENIOR EXECUTIVE VICE PRESIDENT P. O. BOX 6316, ZAYED THE 1 ST ST, KHALIDIYA, ABU DHABI, UAE +971-2-6920370 ARIF.SHAIKH@FGB.AE | | |
| 7 | Name of the supervisory authority | CENTRAL BANK OF THE UAE | | |
| 8 | Does your bank have a 'physical presence'? | YES | <input checked="" type="checkbox"/> | NO |
| 9 | If your institution is publicly traded? If yes, give name(s) of stock exchange(s). | YES | <input checked="" type="checkbox"/> | NO |
| | | ABU DHABI SECURITIES EXCHANGE (http://www.adx.ae) | | |
| B. GENERAL AML/KYC POLICIES, PRACTICES & REGULATORY REQUIREMENTS | | | | |
| 1 | Has your country established laws designed to prevent money laundering and terrorist financing | YES | <input checked="" type="checkbox"/> | NO |
| 2 | If answer to above question is 'yes', please provide reference of such law | FEDERAL LAW NO (4) of 2002 – CRIMINALIZATION OF MONEY LAUNDERING CENTRAL BANK OF THE UAE REGULATION 24/2000 | | |
| 3 | Is your institution subject to such Laws? | YES | <input checked="" type="checkbox"/> | NO |
| 4 | Does your institution have a legal & regulatory compliance framework that includes a designated compliance officer that is responsible for coordinating & overseeing the AML/KYC program on a day-to-day basis, which has been approved by senior management? | YES | <input checked="" type="checkbox"/> | NO |
| 5 | Does the AML/KYC compliance program require approval of your institution's board or a senior management committee thereof? | YES | <input checked="" type="checkbox"/> | NO |
| 6 | Has your institution developed written policies documenting the processes that they have in place to prevent, detect and report suspicious transactions that has been approved by senior management? | YES | <input checked="" type="checkbox"/> | NO |
| 7 | In addition to inspection by the government supervisors/regulators, does your institution have an internal audit function or other independent third party that assesses AML/KYC policies and practices? If yes, how frequently? | YES | <input checked="" type="checkbox"/> | NO |
| | | YEARLY | | |
| 8 | 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 | YES | <input checked="" type="checkbox"/> | NO |





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| | group)? | | |
| 9 | Does your institution offer anonymous accounts? | YES | NO ✓ |
| 10 | Does your institution have policies covering relationships with politically exposed persons consistent with relevant regulatory requirements and industry best practices? | YES ✓ | NO |
| 11 | Does your institution have appropriate record retention procedures pursuant to applicable law? What is the minimum period of record retention? | YES ✓ | NO |
| | | 5 YEARS | |
| 12 | Does your institution have USA Patriot Act certification? | YES ✓ | NO |
| 13 | Does your institution follow FATF recommendations on money laundering and terrorist financing? | YES ✓ | NO |
| 8 | Does your institution require that its AML/KYC policies and practices be applied to all of your branches and subsidiaries both in the home country and in locations outside of the home country? | Head Office & Domestic Branches | YES ✓ NO |
| | | International Branches | YES ✓ NO |
| | | Domestic Subsidiaries | YES ✓ NO |
| | | International Subsidiaries | YES ✓ NO |
| | Note: These are applicable in addition to the local law in each jurisdiction as applicable | | |
| C. RISK ASSESSMENT | | | |
| 1 | Does your institution have a risk focused assessment of its customer base and transactions of its customers? | YES ✓ | NO |
| 2 | Does your institution determine the appropriate level of enhanced due diligence necessary for those categories of customers and transactions? | YES ✓ | NO |
| D. KNOW YOUR CUSTOMER DUE DILIGENCE AND ENHANCED DUE DILIGENCE | | | |
| 1 | Has your institution implemented systems for the identification of its customers, including customer information in the case of recorded transactions, account opening, etc (for example name, nationality, address, telephone number, occupation, age/date of birth, valid official identification, as well as the name of the country/state that issued it)? | YES ✓ | NO |
| 2 | Does your institution have a requirement to collect information regarding its customer's business activities? | YES ✓ | NO |
| 3 | Does your institution collect information and assess your correspondent bank's AML/KYC policies or practices? | YES ✓ | NO |
| 4 | Does your institution take steps to understand the normal and expected transaction of its customers based on its risk assessment of its customers? | YES ✓ | NO |
| E. REPORTABLE TRANSACTIONS AND PREVENTION AND DETECTION OF TRANSACTIONS WITH ILLEGALLY OBTAINED FUNDS | | | |
| 1 | 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 |
| 2 | Does your institution have procedures to identify transactions structured to avoid large cash reporting requirements? | YES ✓ | NO |
| 3 | Does your institution screen transaction for all customers as well as those transactions your institution deems to be of significantly high risk (which may include persons, entities or countries that are contained on lists issued by government/ international bodies) that special attention to such customers or transactions is necessary prior to completing any such transactions? | YES ✓ | NO |





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| 4 | Does your institution have policies to reasonably ensure that it will not conduct transactions with or on behalf of shell banks through any of its accounts or products? | YES ✓ | NO |
| 5 | Does your institution have policies to reasonably ensure that it only operates with correspondent banks that possess license to operate in their countries of origin? | YES ✓ | NO |
| F. TRANSACTION MONITORING | | | |
| 1 | Does your institution have a monitoring program for suspicious or unusual activity that covers funds transfer and monetary instrument such as travelers checks, bank drafts etc? | YES ✓ | NO |
| G. AML/KYC TRAINING | | | |
| 1 | Does your institution provides AML/KYC training to relevant employees which includes identification and reporting of transactions that must be reported to government authorities, examples of different forms of money laundering/terrorist financing involving your institution's product and services and internal policies to prevent money laundering? | YES ✓ | NO |
| 2 | Does your institution retain records of its training sessions including attendance records and relevant materials used? | YES ✓ | NO |
| 3 | Does your institution have policies to communicate new AML/KYC related laws or changes to existing AML/KYC policies or practices to relevant employees? | YES ✓ | NO |
| 4 | Does your institution employ agents to carry out some of the functions of the institution and if so does your institution provides AML/KYC training to relevant agents that includes identification and reporting of transactions that must be reported to government authorities, examples of different forms of money laundering involving your institution's products and services and internal policies to prevent money laundering? | YES ✓ | NO |
| H. OTHERS | | | |
| 1 | Does your institution provide payable through account? (i.e. allow direct use of your institution's correspondent accounts by third parties to transact business on behalf of your institution) | YES | NO ✓ |
| 2 | Has your institution had any regulatory or criminal enforcement actions resulting from violations of AML/KYC laws or regulations in the last five years? | YES | NO ✓ |
| | | IF YES, PLEASE COMMENT: N/A | |
| 3 | Does your institution have policies to communicate new AML related laws or changes to existing AML related policies or practices to relevant employees? | YES ✓ | NO |





For further enquiries, please do not hesitate to contact the following

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