### Chinese Mercantile Bank (“CMB”)

### Additional Customer Due Diligence Questions

### Please provide the following required information for our due diligence process.

|  |  |  |
| --- | --- | --- |
| 1 | Bank Name |   |
| 2 | Swift code |   |
| 3 | Bank Ranking (Region / Country), if applicable | Rating period:Source: |
| 4 | Length of Relationship with CMB |  |
| 5 | Product / Service used / to be used in CMB | * Authenticated RMA Relationship
* Nostro account *(Please specify the currency:\_\_\_\_)*
* Vostro account *(Please specify the currency:\_\_\_\_)*
* Others (*Please specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)*
 |
| 6 | Purpose of account | * Correspondent banking services purpose *(Please continue to complete Question 7a&7b)*
* Own corporate or settlement purpose *(Please continue to complete Question 8)*
 |
| 7a | Purpose of account | * Flow of trade business
* Flow of treasury business
* Flow of remittance business
* Flow of settlement business
* Others (*Please specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)*
 |
| 7b | Involvement of transfer of payment? | * Yes
* No
 |
| 8 | Anticipated level of activity with CMB | **Credit**Transaction volume (per month): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Transaction amount (per month): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Debit**Transaction volume (per month): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Transaction amount (per month): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 9 | Please provide a current list of Directors of your Broad | *Please provide names of the Board of Directors* |
| 10 | Please provide a current list of Senior Managing Officials in your institution. *(“Senior Managing Official” refers to individuals who have significant responsibility to control, manage or direct your bank, for example, Chairman/Deputy Chairman of the Board, Chief Executive Officer, Chief Financial Officer, Chief Information Officer, Chief Operating Officer, etc. )* | *Please provide name and positions of the senior managing officials* |
| 11 | Has there been a major turnover of key personnel (ownership & management) in your institution in the past 3 years? | * No
* Yes

*If yes, please provide relevant record (e.g. Audited Report) and explain the changes.* |
| 12 | Are there any Politically Exposed Persons (PEPs) who are: a) Your direct or indirect shareholders with controlling interest (10% or more); or b) Members of the Board of Directors or holding a position in senior management?  | * No
* Yes

*If yes, please indicate (i) name, (ii) the political position held, and (iii) current position in your institution* |
| 13 | Does your institution, your parent companies, branches or subsidiaries have business operation in jurisdictions which is subject to sanctions administered by the UN, OFAC, EU, UK, HK? | * No
* Yes

*If yes, please specify (i) the countries/regions involved (ii) the function of the branch/subsidiary/representative office. In addition, please explain how does the bank ensure that these operations/businesses do not violate Sanction Programs?* |
| 14 | Has there been any material non-organic growth (e.g. through M&A) in your institution's customer base over the past 2 years? | * No
* Yes

*If yes, please provide details.* |
| 15 | Does your institution provide products / services to any sanctioned countries under sanctions programs administered by the UN, OFAC, EU, UK, HK?  | * No
* Yes

*If yes, please specify (i) the countries/regions involved and (ii) the products / services provided. In addition, please explain how does the bank ensure that there is no violation of Sanction Programs?* |
| 16 | Does your institution provide products / services to any sanctioned individuals / entities under sanctions programs administered by the UN, OFAC, EU, UK, HK?  | * No
* Yes

*If yes, please specify (i) the name of the sanctioned parties and (ii) the products / services provided. In addition, please explain how does the bank ensure that there is no violation of Sanction Programs?* |
| 17 | Is there AML / CTF legislation enacted in the place of domicile of your institution?  | * No
* Yes

*If yes, please specify the name of the legislation and provide relevant information (e.g. Website).* |
| 18 | Has your institution been involved in any regulatory or criminal enforcement actions resulting from violation of laws or regulations against money laundering and terrorist financing in the past 5 years? | * No
* Yes

*If yes, please explain the details and provide relevant record (e.g. Audited Report).*  |
| 19 | Were there any findings and/or corrective actions that resulted from the most recent Financial Crime (including AML/CTF and Sanctions) Audit? | * No
* Yes

*If yes, the respondent bank is expected to provide specific details of the findings / breaches (e.g. Lack of Policy & Procedure / Training, Inappropriate Customer Risk Assessment Methodology, Insufficient control on Customer / UBO Identification & Verification, Omission of Annual Review on High Risk Customers, Delay in reporting of suspicious transactions (STR), Insufficient control on post-STR review, violation of sanctions programs, etc.) and specify the remedial actions taken (e.g. policy amendment, system enhancement, strengthened monitoring, staff training, etc.).* |
| 20 | Please provide your top 3 USD settlement bank*(Applicable if vostro/nostro account is / will be established)* | *Please provide name and swiftcode of the settlement banks.*  |
| 21 | Please provide your top 3 EUR settlement bank*(Applicable if vostro/nostro account is / will be established)*  | *Please provide name and swiftcode of the settlement banks.* |
| 22 | Please provide your list of Standard Settlement Instruction. |   |

|  |
| --- |
| ***THIS QUESTIONNAIRE WAS COMPLETED BY****:* |
| NAME: |
| POSITION: |
| DATE: |
| NAME OF INSTITUTION:. |
| TELEPHONE: |
| SIGNATURE: |