

KEB Hana Bank Tokyo Branch AML/ CFT Questionnaire

In accordance with our AML Policy, we need to verify the identity of our counterparties who have a correspondent arrangement (e.g. SWIFT RMA) with us through this AML/CFT questionnaire. While this form is basically geared towards BANKS, we kindly ask all of our valued FI customers including non-bank financial institutions to reply to this Questionnaire. In this questionnaire, we refer ourselves, KEB Hana Bank, Tokyo Branch, as “**KOEXJPJT**”.

SECTION 1 GENERAL INFORMATION		
1.	Full legal name	
2.	Full legal (registered) address *address of your branch/unit if you are not Head Office. <u>(Also, please provide business (operating) address, if it is different from the above legal (registered) address)</u>	
3.	SWIFT BIC (11 digits)	
4.	Date of establishment/incorporation	
5.	Official Website address	
6.	Location (city, country) of the Head Office	
7.	Location (city, country) of the branches and principal subsidiaries	
8.	Applicable Regulatory bodies	
9.	Banking license <u>Also, please provide the information of your banking license or any other applicable license such as Commercial License.</u>	<input type="checkbox"/> No (our institution is a non-bank financial institution) <input type="checkbox"/> YES Date: Licensing Body: Country:
10.	Is your institution operating under offshore banking license?	<input type="checkbox"/> No <input type="checkbox"/> YES → Please provide the license information below. Date: Licensing body: Country:

11.	Does your institution have a branch or a subsidiary operating under offshore banking license?	<input type="checkbox"/> No <input type="checkbox"/> YES → Please provide the license information below. Date: Licensing body: Country:
12.	Name of external auditor(s)	
13.	Listing (stock exchange): Is your institution's shares listed on any stock exchange markets?	<input type="checkbox"/> No <input type="checkbox"/> YES → Please provide the information below. Name of stock exchange: Stock symbol :
14.	Number of employees	
SECTION 2 OWNERSHIP STRUCTURE AND MANAGEMENT INFORMATION		
15.	Shareholders: Please list all of your institution's shareholders with shareholding greater than 5%.	1) Name: Percentage of ownership (%) 2) Name: Percentage of ownership (%) 3) Name: Percentage of ownership (%)
16.	Government ownership: Is your institution a government-owned institution* ¹ ? <i>*¹ An entity which is owned by a government with shareholding of more than 50% either directly or indirectly.</i>	<input type="checkbox"/> No <input type="checkbox"/> YES
17.	Who is the ultimate beneficial owner (UBO) * ² of your institution?	Name: Percentage of ownership (%): Title (position): Date of Birth: Country of Domicile: Other Position (if any): <i>Note: Please provide information of all UBOs by adding lines.</i>

	<p>Q17^{*2} (supplementary explanation related to UBO)</p> <p>(A) If your institution adopts the principle of capital majority rule (e.g. a joint-stock corporation, etc.)</p> <p>i) The natural person(s) who holds 25% or more of the shares with voting rights directly and indirectly ⇒UBO</p> <p>ii) (If the above i) does not apply,) the natural person(s) who exercises control over the business activities ⇒UBO</p> <p>iii) (If the above i) and ii) do not apply,) the natural person(s) who represents the legal person and executes its business ⇒UBO</p> <p>(B) If your institution does NOT adopt the principle of capital majority rule (e.g. an incorporated foundation, etc.,)</p> <p>i) The natural person(s) who is entitled to receive 25% or more of the dividend or distribution of the total profit/property, or the natural person who exercises control over the legal person through means other than holding the entitlement to receive the distribution ⇒UBO</p> <p>ii) (if the above i) does not apply,) the natural person(s) who represents the legal person and executes its business ⇒UBO</p>	
<p>18.</p>	<p>Are there any Politically Exposed Persons (“PEP”) in the UBOs? If Yes, please provide information of all PEPs acting as UBO.</p> <p><u>A “PEP” is a domestic or foreign individual entrusted with or otherwise holding a prominent public function. Family members, their associates as well as legal entities established for the benefit of a PEP are also regarded as PEPs.</u></p>	<p><input type="checkbox"/> No <input type="checkbox"/> YES → Please provide information below.</p> <p>1) Name: Title (position): Date of Birth : Country of Domicile: Other Position (if any): Type of PEP: Domestic PEP / Foreign PEP / International Organization PEP</p> <p><i>Note: Please provide information of all PEPs in the UBOs by adding lines.</i></p> <p>If there are any Foreign PEP(s)^{*3}, please provide information on the source of wealth as well as source of funds of such PEP(s).</p> <p>^{*3} Foreign PEP is an individual who is or has been entrusted with prominent public functions by a foreign country.</p>
<p>19.</p>	<p>Please provide information of your institution’s principal senior management: Executive committee’s members (e.g. Chairman, President, Chief Executive Officer, Chief Financial Officer, Deputy Chairman, Deputy President or other senior directors). If an executive committee does not exist, members of the board of directors.</p>	<p>1) Name: Title (position): Date of Birth: Country of Domicile: Other Position (if any): Type: Executive / Non-Executive (Independent)</p> <p>2) Name: Title (position): Date of Birth: Country of Domicile: Other Position (if any): Type: Executive / Non-Executive (Independent)</p>

		<p>3) Name: Title (position): Date of Birth Country of Domicile: Other Position (if any): Type: Executive / Non-Executive (Independent)</p> <p><i>Note: Please provide information of senior management including at least three members of top level of executive committee.</i></p> <p><i>In addition, please provide all senior management either by adding lines or by attaching list of the members.</i></p>
20.	<p>Are there any PEP(s) in the senior management? If Yes, please provide information of all PEPs acting as senior management.</p>	<p><input type="checkbox"/> No <input type="checkbox"/> YES, → Please provide information below.</p> <p>1) Name: Title (position): Date of Birth Country of Domicile: Other Position (if any): Responsibility/roles in management: Delegation of authority for management: Type of PEP: Domestic PEP / Foreign PEP / International Organization PEP</p> <p><i>Note: Please provide information of all senior management by adding lines.</i></p> <p><i>If there are any Foreign PEP(s) ^{*3}, please provide information on the source of wealth as well as source of funds of such PEP(s).</i></p> <p>^{*3} Foreign PEP is an individual who is or has been entrusted with prominent public functions by a foreign country</p>
SECTION 3 NATURE OF YOUR INSTITUTION'S BUSINESS		
21.	<p>Please describe your institution's type of legal entity.</p>	<p><input type="checkbox"/> Limited company <input type="checkbox"/> Cooperative bank <input type="checkbox"/> Joint-stock bank <input type="checkbox"/> Saving bank (under social law) <input type="checkbox"/> Non-banking financial institution <input type="checkbox"/> Government-owned bank (over 50 percent, direct or indirect) <input type="checkbox"/> Others, <u>please specify</u>:</p>

22.	Business activities: 1) Please indicate areas of your institution's business activities. 2) From the activities selected in the above questions (Commercial banking, retail banking, etc.), if your bank is focused on a specific business activity/activities, please indicate the business activity/activities in which your bank is focused on.	<input type="checkbox"/> Commercial banking <input type="checkbox"/> Retail banking <input type="checkbox"/> Investment banking <input type="checkbox"/> Asset management <input type="checkbox"/> Private banking (Wealth management towards high net worth individuals (HNWIs)) <input type="checkbox"/> Others, <u>please specify</u> : <input type="checkbox"/> Yes. We focus on the below business activities. (Please choose from the activities selected) 1) 2)	
23.	Products and services 1) Please describe your institution's principal products and services. 2) Does your institution provide funds transfer services to your customers through MSBs (such as cross-border fund remittance utilizing MSB's service platform)?	<input type="checkbox"/> Trade finance products (e.g. FX, letter of credit, ECA financing, et al) <input type="checkbox"/> Lending activities <input type="checkbox"/> Trust and asset management services <input type="checkbox"/> Investment products (e.g. securities, commercial/government bonds) <input type="checkbox"/> Correspondent banking <input type="checkbox"/> International funds transfers <input type="checkbox"/> Others, <u>please specify</u> : <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide following information: - Are all of your counterparty MSBs regulated? - Where are such MSBs located (domestic/international) - What are the currencies of funds transfer through MSBs? - Local currency clearing or cross-border clearing? - Name of MSB with which your institution has alliance.	
24.			
25.			
26.	Please provide information on the types of business conducted with KOEXJPJT: 1) KOEXJPJT's products and services other than Nostro Account; and 2) <u>purposes of products and services described above.</u>	1) Product & Service	2) Purpose

27.	Does your institution handle (sell or buy) travelers checks or demand drafts?	<input type="checkbox"/> No <input type="checkbox"/> YES
28.		
29.	<p>Payable Through Account**2: Does your institution allow your customers to have direct access to your correspondent account as a sub-account holder?</p> <p><i>**2 Payable-through accounts are demand deposit accounts maintained at financial institutions by foreign banks or corporations. The foreign bank funnels the deposits and checks of its customers (usually individuals or businesses located outside the country) into a single account that the foreign bank holds at the local bank. The foreign customers have signing authority over the account as sub-account holders, and can thereby conduct normal international banking activities.</i></p>	<input type="checkbox"/> No <input type="checkbox"/> YES
30.		
31.		
32.	<p>Nested Account**3/ Downstream Correspondent Clearing Services: Is your correspondent account being used to provide nested account or downstream correspondent clearing services to other financial institutions?</p> <p><i>**3 Nested accounts occur when a financial institution accesses the financial system in another country (in effect anonymously) by operating through a correspondent banking account belonging to another financial institution.</i></p>	<input type="checkbox"/> No <input type="checkbox"/> YES
33.		
34.		
SECTION 4 NATURE OF YOUR CUSTOMER'S INDUSTRY SECTOR AND TRADING AREA		
35.	<p>1) Customer's business/ Market served: Please provide industry sectors of which your institution's customers belong to.</p>	<input type="checkbox"/> Manufacture; <input type="checkbox"/> Agriculture: <input type="checkbox"/> Service: <input type="checkbox"/> Retail: <input type="checkbox"/> Trade:

	<p>2) From the sector selected in the above questions (Manufacture, Agriculture, etc.), if there are any concentration to a specific sector, please indicate the sector in which there is concentration.</p>	<input type="checkbox"/> Real Estate: <input type="checkbox"/> Money Service Bureaus: <input type="checkbox"/> Government related entities; <input type="checkbox"/> Other, please specify: <input type="checkbox"/> There is concentration of customer's business / market served for the below indicated sectors. 1) Manufacture 2)
36.	<p>Are there any sanctioned jurisdictions or high risk country amongst the countries where your institution or your institution's customer conducts business? If yes, please specify the countries and types of business activities.</p>	<input type="checkbox"/> No <input type="checkbox"/> YES → please specify the countries and type of business below: Country: Business activity:
37.	<p>Please list or attach information of: 1) your "SSI (Standard Settlement Instructions)", 2) Nostro institutions, or any other partnering institutions for network management purpose; and 3) Name of Institution, Country, Currency and Type of Partnership.</p>	1) 2) 3) <input type="checkbox"/> Information Attached
38.	<p>Do any of the listed financial institutions in Q37 operate under offshore banking license?</p>	<input type="checkbox"/> No <input type="checkbox"/> YES → please provide name of applicable institutions and type of business below:

SECTION 5 AML/CFT REGULATORY ENVIRONMENT – *About your institution*

39.	<p>In the past two years, has your institution received any civil or criminal penalties, etc. due to failures identified in your institution's AML/CFT program?</p>	<input type="checkbox"/> No <input type="checkbox"/> YES → please provide below information. 1) Date: (agreement with the authorities, announcement by the authorities, press release, et al): 2) Type of regulator's action: (cease and desist order, differed prosecution agreement, et al): 3) Enforcement agencies and other regulators involved: 4) Nature of the findings or wrongdoings:
-----	---	--

5) Corrective actions and principal achievements to date:

SECTION 6 AML AND COMPLIANCE POLICIES AND PROCEDURES – About your institution

40.	<p><u>Transaction Monitoring</u>^{*4}: Does your institution have a transaction monitoring system to automatically detect <u>suspicious activities/ transactions</u>?</p> <p><i>*4Transaction monitoring is a function to manually or systematically detect suspicious activities/ transactions to file SARs/STRs to the relevant authorities.</i></p>	<p><input type="checkbox"/> No <input type="checkbox"/> YES → please provide the name of the transaction monitoring system.</p> <p>System Name:</p>
41.	<p><u>Sanctions Screening</u>^{*5}: Does your institution have a sanctions screening system to automatically detect a transaction which may involve any sanctioned party?</p> <p><i>*5Sanctions screening is a function to detect a transaction which may involve any sanctioned party manually or systematically in a real time basis against relevant sanctions lists. Also, it sometimes includes a function to manually or systematically search for sanctioned entities amongst new and existing customers.</i></p>	<p><input type="checkbox"/> No <input type="checkbox"/> YES → please provide the name of the sanction screening system.</p> <p>System Name:</p>
42.	How frequently does your institution review or update AML policies and procedures?	
43.	When was the last time your institution's AML policies and procedures were updated?	
44.	Please provide information of your institution's Chief Compliance Officer.	Name: Title:
45.	Please provide the contact point of AML/CFT control at your institution.	Name: Title: Division: Email:
46.	Please list information of Divisions responsible for AML/CFT in your institution.	Division: Location: Number of Staff: Average of Experience:

47.	As a measure to mitigate AML risk, does your institution have any policies to mitigate ML risks associated with business activities of your institution, or your customers, located in a sanctioned jurisdiction or a high risk country?	<input type="checkbox"/> No <input type="checkbox"/> YES If yes, please provide description of such policies, if business activities of your institution or your customers located in a sanctioned jurisdiction or high risk country.
48.	Third Party Vendors Does your institution employ third party vendor(s) to perform any KYC/ AML functions?	<input type="checkbox"/> No <input type="checkbox"/> YES → please provide below information. 1) Function: 2) Name of Third Party Vendor:
49.	Does your institution have a system and control to request and record beneficial owner details for all corporate and correspondent customers?	<input type="checkbox"/> NO <input type="checkbox"/> YES
50.	Do your institution screen beneficial owners against sanctions lists or PEPs* database?	<input type="checkbox"/> NO <input type="checkbox"/> YES
51.	Does your institution conduct periodic AML/CFT risk assessment on all corporate and correspondent customers?	<input type="checkbox"/> NO <input type="checkbox"/> YES → please describe the risk assessment procedure below:
52.	Please describe risk classifications (e.g. high/ medium/ low) and frequency of a periodical review (e.g. 12/ 18/ 24/ 36 months).	

SECTION 7 REQUIRED DOCUMENTS - In addition to this form, please provide the following items to us

53.	WOLFSBERG AML QUESTIONNAIRE Please provide the latest Wolfsberg Questionnaire (No.1 to No.28) prepared by your own institution, or fill in the following blank format sheet (<u>Mandatory</u>).	<input type="checkbox"/> Attached <input type="checkbox"/> Web → please provide web address
54.	GROUP AML POLICY Please provide a copy of your Group AML/ CFT Policy with list of applicable overseas branches and subsidiaries.	<input type="checkbox"/> Attached <input type="checkbox"/> Web → please provide web address <input type="checkbox"/> Not Applicable → please provide a reason.
55.	Banking License	<input type="checkbox"/> Attached <input type="checkbox"/> Web → please provide web address <input type="checkbox"/> Not Applicable → please provide a reason.

56.	Commercial Register	<input type="checkbox"/> Attached <input type="checkbox"/> Web → please provide web address <input type="checkbox"/> Not Applicable → please provide a reason.
57.	Annual Report Please provide website link of the latest annual report or send by post mail.	<input type="checkbox"/> Web → please provide web address <input type="checkbox"/> Post mail

This Form is completed by:

Name:

Address:

Authorized Signature

Date: