

# SPARKASSE BANK DD BIH

## KYC QUESTIONNAIRE FOR FINANCIAL INSTITUTIONS

According to the Law on the Prevention of Money Laundering and Financing of Terrorist Activities (Official Gazette of Bosnia and Herzegovina, No. 46/16), Sparkasse bank dd BiH is obliged to carry out risk based due diligence procedures on its clients. Therefore, we ask for your assistance to provide Sparkasse bank dd BiH with information about your institution's anti financial crime program, policies & procedures, as well as details regarding products, services and customer base.

The data and documents we received will be **treated strictly confidential** and only be used to fulfil the obligations imposed by the regulator.

Please note that the information is requested **additionally** to your institution's Wolfsberg AML Questionnaire. (Where possible we will endeavor to obtain a current copy of this questionnaire from either your institution's website or the Bankers Almanac before requesting a copy directly from you).

1.	General information about your Financial Institution (FI)	
1.1	Company data	
	Legal name of the company	
	Trading/brand name of the company (if applicable)	
	SWIFT / BIC Code	
	Legal form	
	Country of incorporation	
	Date of incorporation	
	Address of registered office (street, city, country/province, state, ZIP Code)	
1.2	Full name and website of your institution's regulatory or supervising authority issuing the license	
1.3	Full name and website of your institution's registration authority	

1.4	Ownership information (if the below table does not suffice please enclose the list as an appendix)						
List of owners (legal entities): State all legal entities in all layers of group structure holding at least 20% of any group company any layer. Also provide a chart of the ultimate beneficial ownership structure (see No. 4.5).							
Company name	Legal form	Registration address including country	City and country of place of business (if different from registration address)	Percentage of ownership	Name of the owned company		
List of ultimate beneficial owners (natural persons): State information about all ultimate beneficial owners (natural persons) in all entity's layers (including their nominees, if their shares are held by nominees), who are holding at least 10% or more of the shares, voting rights or are exercising the control otherwise							
Surname, given name(s)	Gender M(ale) / F(emale)	Date of birth	Country of birth (optional)	Citizenship	City and country of residence	Percentage of ownership	Name of the owned company
1.5	Please provide information about your institution's highest level of executive management, including the CEO (if the below table does not suffice please enclose the list as an appendix).						
Surname, given name(s)	Gender M(ale) / F(emale)	Date of birth	Country of birth (optional)	Citizenship	City and country of residence	Management position	

1.6	Is the business relationship opened on your institution's own behalf?					<input type="checkbox"/> Yes <input type="checkbox"/> No
	If "No" is ticked, please specify, for whom the business relationship is opened in the field below (for natural persons: Full name, gender, date of birth, country of birth, citizenship and city and country of residence; for legal entities: Company name, legal form, registration address).					
1.7	FATCA Status				<input type="checkbox"/> Compliant <input type="checkbox"/> Non-Compliant	
1.8	Global Intermediary Identification Number (GIIN)					

<b>2.</b>	<b>Business relationship</b>					
2.1	Please select your institution's type of products and services offered					
	<input type="checkbox"/> Cash management services, incl. deposit accounts	<input type="checkbox"/> Foreign exchange services	<input type="checkbox"/> Documentary credits	<input type="checkbox"/> Bulk cash activities		
	<input type="checkbox"/> Check clearings	<input type="checkbox"/> International funds transfers	<input type="checkbox"/> Loans	<input type="checkbox"/> Bank notes		
	<input type="checkbox"/> Clearing business	<input type="checkbox"/> Trade finance	<input type="checkbox"/> Investment advisers	<input type="checkbox"/> Money service business provider		
	<input type="checkbox"/> Securities	<input type="checkbox"/> Private banking	<input type="checkbox"/> Overnight investment accounts (sweep accounts)	<input type="checkbox"/> Others:		
2.2	Please select your institution's business focus with regard to geographical region					
	<input type="checkbox"/> Domestic <input type="checkbox"/> Cross-Border					
	In case of Cross-Border:					
	<input type="checkbox"/> Europe	<input type="checkbox"/> Africa	<input type="checkbox"/> North America	<input type="checkbox"/> South America		
	<input type="checkbox"/> Asia	<input type="checkbox"/> Australia	<input type="checkbox"/> Middle East	<input type="checkbox"/> Far East		
2.3	State your institution's core geographical markets					
2.4	State the purpose and nature of the expected business relationship with Sparkasse bank dd BiH					
	<input type="checkbox"/> Current Account	<input type="checkbox"/> Treasury	<input type="checkbox"/> Custody	<input type="checkbox"/> Financing		
	<input type="checkbox"/> Banknotes Trading	<input type="checkbox"/> Trade Finance	<input type="checkbox"/> Others: _____			
2.5	If you maintain/plan current accounts with Sparkasse bank dd BiH, please state for which currency(ies) in the field below					

3.	<b>General AML Policies, Practices and Procedures, Sanctions and Embargoes</b>	
3.1	Is money laundering a criminal offence in your country?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.2	Has your institution established written policies, procedures and controls in accordance with FATF International Standards on Combating Money Laundering and the Financing of Terrorism and Proliferation (The FATF Recommendations)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.3	Has your institution have bank customers, branches or subsidiaries that operate in countries subject to UN, EU, US (OFAC) or other sanctions or applicable blacklists? If "Yes" is ticked, state the mentioned countries subject to sanctions in the field below.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.4	If the answer to question 3.3 is "Yes", does your institution apply enhanced due diligence measures and review the transactions of the above mentioned entities with particular care?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.5	Is your institution, headquarter, branch or subsidiary operating under an off-shore license? If "Yes" is ticked, state the off-shore countries/territories in the field below.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.6	Does your institution monitor and evaluate transactions for sanctioned entities and countries before execution? (Sanction screening refers to transactions involving persons/companies/countries who are named by governmental or international bodies on their black-lists.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
If the answer to question 3.6 is "Yes", please indicate the respective sanction lists in the field below		
<input type="checkbox"/> EU <input type="checkbox"/> US <input type="checkbox"/> UN <input type="checkbox"/> UK <input type="checkbox"/> Others: _____ Which of the options below are screened against these sanctions lists (please mark all that apply): <input type="checkbox"/> Customers <input type="checkbox"/> Connected parties <input type="checkbox"/> Domestic transactions <input type="checkbox"/> International transactions <input type="checkbox"/> Others: _____		
3.7	Does your institution identify the ultimate beneficial owner(s) of its customers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.8	Does your institution verify the source of funds of its customers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.9	Does your institution offer Downstream Correspondent Clearing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.10	If the answer to question 3.9 is "Yes", does your institution apply enhanced due diligence measures and review with particular care each respective transaction regarded as particularly likely, by its nature, to be related to money laundering?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.11	Does your institution offer "payable-through accounts"?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.12	If the answer to question 3.11 is "Yes", does your institution apply enhanced due diligence measures and review with particular care each respective transaction regarded as particularly likely, by its nature, to be related to money laundering?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.13	Does your institution have offshore-clients?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.14	If the answer to question 3.13 is "Yes", does your institution apply enhanced due diligence measures for the above mentioned clients and review with particular care each respective transaction regarded as particularly likely, by its nature, to be related to money laundering?	<input type="checkbox"/> Yes <input type="checkbox"/> No

3.15	Please state in the field below which kind of business areas your institution considers as high risk (e.g.: Gambling, arms, money service business, political parties etc.).	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.16	Does your institution apply enhanced due diligence measures and review the transactions of clients involved in the above mentioned business areas with particular care?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.17	State the name of your institution's external auditor	
3.18	State the date of the last external audit	
3.19	State the name of your institution's local regulatory authority responsible for supervision of AML policies and practices	
3.20	State the date of the last regulatory audit	
3.21	To which authority is your institution reporting AML/CTF suspicious transactions?	
3.22	Was your institution subject to regulatory investigation or fines with regard to material breaches of money laundering, terrorist financing and/or financial sanctions regulations within the last 5 years? If "Yes" is ticked, what measures were implemented for improvement (state in the field below)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.23	Has your institution entered into any binding undertaking or consent to any court order to rectify your AML&CTF compliance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.24	Please state the contact details of your institution's AML Officer in the fields below:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name		
Function		
Telephone		
Email		

4.	<b>Please enclose the following documents in English (or German) language</b>	
4.1	Please enclose the signed copy of Wolfsberg AML questionnaire not older than one year. ( <a href="http://www.wolfsberg-principles.com/pdf/home/Wolfsberg-Anti-Money-Laundering-Questionnaire-2014.pdf">http://www.wolfsberg-principles.com/pdf/home/Wolfsberg-Anti-Money-Laundering-Questionnaire-2014.pdf</a> )	<input type="checkbox"/>
4.2	Please enclose a copy of the license with full name and address of the financial institution, certified by a notary or an auditor or apostilled. For sovereigns banks please enclose a copy of founding laws/statute/local decree or at least the link to the respective documents.	<input type="checkbox"/>
4.3	Please enclose an extract from a trade, public, company or commercial register (alternatively a certificate of incorporation and a certificate/letter of good standing). The document(s) must not be older than 6 weeks. The document(s) shall be certified by a notary or auditor or apostilled.	<input type="checkbox"/>
4.4	Please enclose a copy of the shareholder's agreement, the articles of association or describe the control function and voting function of your institution in the field below.	<input type="checkbox"/>
4.5	Please provide a chart of the ultimate beneficial ownership structure.	<input type="checkbox"/>
4.6	Please enclose US Patriot Act Certification (not older than three years) if applicable.	<input type="checkbox"/>
4.7	Please enclose a copy of your institution's AML Policies and Procedures or complete chapter 5.	<input type="checkbox"/>

5.	<b>Questions regarding the content of the AML Policies and Procedures</b>	
	<b>Please complete this chapter if it is not possible to submit a copy of your institution's AML Policies and Procedures</b>	
5.1	Please summarize the content of the Policies and Procedures in the field below.	
5.2	Does your institution's customer acceptance policy for politically exposed persons (PEP) comprise the following measures?	
<input type="checkbox"/> appropriate risk-based procedures to determine whether the customer is PEP <input type="checkbox"/> to obtain senior management approval before establishing business relationships <input type="checkbox"/> to take adequate measures to establish the source of wealth and source of funds that are involved in the business relationship or transaction <input type="checkbox"/> to conduct enhanced ongoing monitoring of the business relationship		
5.3	Please describe how your institution identifies its customers, the beneficial owner(s) and the authorized signatory (ies) of its customers as well as what measures are taken to verify their identity?	
5.4	Please describe how your institution is verifying the source of funds of customers for both at the event of establishing the customer relationship and in the course of the existing customer relationship.	

5.5	Please describe the business relationship and transaction monitoring procedure of your institution in the field below.	
5.6	Does your institution apply enhanced due diligence measures and review the transactions of clients involved in the above mentioned business areas with particular care?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.7	How often does your institution update the data of high, medium and low risk clients?	
Low: ___ years Medium: ___ years High: ___ years		
5.8	Does your institution carry out an annual risk analysis comprising the evaluation of the inherent AML, CTF, sanctions & embargos and Compliance risks?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.9	If the answer to question 5.11 is "Yes", do you develop and apply risk mitigating measures deriving from the conclusions of the risk analysis?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**I declare that the information I have provided on this form is, to the best of my knowledge and belief, correct, accurate, true and complete.  
Please inform us immediately of any changes of the information provided above!**

**Authorization for Sharing Data within Erste Group**

from: \_\_\_\_\_

to: Sparkasse Bank BiH d.o.o.

We hereby agree that you may disclose our data to all other affiliates of the Erste Group (meaning Erste Group Bank AG and its fully consolidated subsidiaries) to fulfil its Know Your Customer (KYC) duties as defined by Art. 40, Art 40a and Art 40b para 1 and 2 of the Bankwesengesetz (Austrian Banking Act), Austrian Financial Supervisory Authority (FMA) Circular “on the Risk Sensitive Approach”, FMA Circular on “Identification and Verification” and other Circulars, the 3rd EU Money Laundering Directive (Directive 2005/60/EC of the European Parliament and of the Council of 26 October 2005 on the prevention of the use of the financial system for the purpose of money laundering and terrorist financing), EU Regulation No 1781/2006, as well as FATF Recommendations No. 13 and Special Recommendation No. 7, as well as the Wolfsberg Anti Money Laundering Principles for Correspondent Banking. We also expressly release you from the obligation to maintain banking secrecy and data secrecy in this respect.

Data covered by this authorization shall include the following:

- Information and documents for the identification and verification of our financial institution;
- Documents for the verification of our license as a financial institution;
- Information and documents for the identification and verification of authorized representatives and ultimate beneficial owners;
- Information about our group and management structure as well as our business activities;
- The Wolfsberg questionnaire, Erste Group’s AML Questionnaire and US Patriot Act Certification;
- Information and documentation about our internal AML/CTF policies and controls;
- Names and contact details of our responsible AML officers;
- The most recent annual financial statements.

The statements set out herein also apply to data of entities, which are wholly-owned by us, directly or indirectly, at the relevant point in time, and which are therefore treated as our affiliates. To the extent that the words “we” and “our” are used herein, they refer to our affiliates and include them. We confirm that we are authorized by each affiliate in question either to execute this agreement on their behalf or as a result of the framework of the management of our corporate group.

This authorization may be revoked by us at any time.

An up-to-date list of group companies of Erste Group can be found at

<http://www.erstegroup.com/en/About-us/CorporateGovernance> or will be provided to you upon request.

Date: \_\_\_\_\_

**Authorized Signatures & Company Stamp:**

\_\_\_\_\_  
Name, function

\_\_\_\_\_  
Name, function



## **Glossary of terms**

### **Ultimate beneficial owner**

Natural person(s) who ultimately own(s) or control(s) the customer. In particular, the term “beneficial owner” includes the following:

- a) in the case of corporate entities:
  - aa) the natural persons who ultimately own or control a legal entity through
    - direct or indirect ownership or control over a sufficient percentage of the shares or voting rights in that legal entity;
    - ownership or control through bearer share holdings, other than a company listed on a regulated market that is subject to disclosure requirements consistent with community legislation or subject to equivalent international standards;
    - a percentage of 10% plus one share is considered sufficient to meet this criterion;
  - ab) the natural persons who otherwise exercise control over the management of a legal entity;
- b) in the case of legal entities such as foundations, and in the case of trusts which administer and distribute funds:
  - ba) where the future beneficiaries have already been determined, the natural persons who are the beneficiaries of 10% or more of the property of a trust or legal entity;
  - bb) where the individuals who benefit from the trust or legal entity have yet to be determined, the class of persons in whose main interest the trust or legal entity is set up or operates;
  - bc) the natural persons who exercise control over 10% or more of the property of a trust or legal entity.

### **Nested/downstream**

Nested accounts (or downstream correspondent clearing) occur when a foreign financial institution gains access to the financial system by operating through a correspondent account belonging to another foreign financial institution. If the bank is unaware that its foreign correspondent financial institution customer is providing such access to third-party foreign financial institutions, these third-party financial institutions can effectively gain anonymous access to the financial system.

### **A payable-through account (PTA)**

A correspondent account that is used directly by third parties to transact business on their own behalf. This is a service offered by banks (the correspondent) to clients of non-domestic banks. Generally, a bank requests a PTA for its third party clients that want to conduct banking transactions through the respondent's account at the correspondent bank. The respondent bank provides its clients, commonly referred to as “sub-account-holders,” with authority that allows them to draw funds from the respondent's bank account at the correspondent bank.

### **Offshore-client**

Post-office box companies in offshore-destinations without physical presence and without operative business in the respective/registered country.