



As part of global compliance with our Anti-Money Laundering (AML) and Countering the Financing of Terrorism (CFT) policies and procedures, you will find hereunder, AML and CFT Questionnaire which to be completed by your institution and duly signed by an authorized person.  
Please complete and return your responses on this questionnaire to the following address or by return authenticated SWIFT Message

PT Bank of India Indonesia Tbk.  
Financial Institutions Department  
Bank of India Indonesia Building 3<sup>rd</sup> Floor  
Jl. Samanudi No.37  
Jakarta 10710 Indonesia

Please check the appropriate boxes and/or provide the needed information/documents as applicable.  
In the questionnaire, you will find a reference to FI (Financial Institution). This should be read as the Bank on whose behalf you fill in this questionnaire.

**AML & CFT QUESTIONNAIRE**

**A. BANK/RESPONDENT INFORMATION**

1. Institution Name (Full Legal Name) : \_\_\_\_\_
2. Registration Certificate No. : \_\_\_\_\_
3. License No. : \_\_\_\_\_
4. Address : \_\_\_\_\_
5. Registered Office : \_\_\_\_\_
6. Principal Place of Business : \_\_\_\_\_
7. Location of the Head Office : \_\_\_\_\_
8. SWIFT and Website Address : \_\_\_\_\_
9. Telephone and Fax Number : \_\_\_\_\_
10. AML/CFT Compliance Officer  
Name : \_\_\_\_\_  
Address : \_\_\_\_\_  
Contact Telephone : \_\_\_\_\_  
Email Address : \_\_\_\_\_

**B. PHYSICAL PRESENCE**

Do you have a 'physical presence' or are you a regulated affiliate of an entity with a 'physical presence'?

Yes  No

**C. OWNERSHIP**

1. Is the respondent:  
Public owned and listed ( )  
Public owned and unlisted ( )  
Government owned ( )  
Private owned ( )

If the respondent is privately owned, what is/are name/s and address/es of the principal owner/s?

Name : \_\_\_\_\_  
Address : \_\_\_\_\_

If the respondent is publicly owned and listed, please provide the name of exchange

2. What are the names and addresses of beneficial owners, if any? (please attach additional paper if necessary)

Name : \_\_\_\_\_

Address : \_\_\_\_\_

Name : \_\_\_\_\_

Address : \_\_\_\_\_

3. Is the respondent a subsidiary corporation? Yes  No

#### D. AML & CFT POLICIES, PRACTICES AND PROCEDURES

1. Has your country establish laws design to prevent money laundering and countering the financing of terrorism? Yes  No

Is the FI subject to such laws? Yes  No

What is the name of your key regulatory authority/national supervisory institution?

2. Has the FI developed written policies and implemented internal procedures and controls to combat money laundering and terrorist financing?

Has the FI developed written policies documenting the processes that they have in place to prevent, detect and report suspicious transactions to the authorities?

Yes  No

3. Does the FI require that its AML and CFT policies and practices be applied to all branches and subsidiaries of the FI both in the home country and in location outside of the home country?

Yes  No

4. Has the FI been subjected to a money laundering or financing of terrorists investigation in the last five years?

Yes  No

5. Does the FI have an AML/CFT officer that is responsible for coordinating and monitoring compliance?

Yes  No

6. Does the FI have a policy prohibiting accounts/relationships with shell banks (A Shell Bank is define as a bank incorporated in a jurisdiction in which it has no physical presence and which is unaffiliated with a regulated financial group)

Yes  No

7. Does the FI have a monitoring program for suspicious or unusual activity that covers funds transfers and monetary instruments?

Yes  No

8. Has the FI implemented systems for the verification of the identity of its customers, such as full name, identity card/passport number or business registration number, address and telephone, date of birth/incorporation, nationality or place of incorporation? Yes  No

Does the FI have policies covering relationships with politically exposed persons consistent with industry best practices? Yes  No

9. Does the FI keep any anonymous or numbered accounts? Yes  No

10. Does the FI have a requirement to collect information regarding its customers' business activities?

Yes  No

11. Does the FI collect information and assess its FI customers' AML/CFT policies or practices? Yes  No

12. Does the FI have record retention procedures? Yes  No

What are the records, which are kept about the customer and their transactions?

What is the record retention period?

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13. Does the FI take steps to understand the normal and expected transactions of its customers based on its risk assessment of its customers?

Yes  No

14. Does the FI have procedures to identify transactions structured to avoid large cash reporting requirements?

Yes  No

15. Does the FI screen transactions for customers or transactions the FI deems to be of significantly high risk (which may include person, entities, countries or amount) that special attentions is necessary prior to completing any such transaction?

Yes  No

16. Does the FI have policies to reasonably, ensure that it only operates with correspondent banks that possess licenses to operate in their countries of origin?

Yes  No

17. Does the FI allow direct use of the correspondent account by third parties to transact business in their own behalf (i.e. payable through accounts)? Yes  No

If yes, does the FI conduct verification of the identity of such third parties? Yes  No

Does the FI willing to provide the customer identification information of such third parties upon request? Yes  No

18. Do you have an employee-training program for prevention of money laundering and terrorist financing requiring all staff to undertake training? Yes  No

If so, how frequent? \_\_\_\_\_

19. Does the FI have policies to communicate new AML/CFT related laws or changes to existing AML/CFT related policies or practices to relevant employees?

Yes  No

#### E. GENERAL

I certify that I have read and understood this questionnaire and that the statements made in this questionnaire are complete and correct, and that I am authorized to execute this questionnaire on behalf of \_\_\_\_\_

Name : \_\_\_\_\_

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

Title : \_\_\_\_\_

Signature : \_\_\_\_\_