



Solomon JFZ (Asia) Holdings Limited 華贏東方(亞洲)控股有限公司

**ANTI-MONEY LAUNDERING / COUNTERING THE FINANCING OF TERRORISM (“AML/CFT”)
QUESTIONNAIRE CUSTOMER DUE DILIGENCE FOR CORRESPONDENT ACCOUNTS**

PART A. CORPORATE INFORMATION		
1	NAME OF FINANCIAL INSTITUTION	
2	COUNTRY OF INCORPORATION	
3	PRINCIPAL PLACE OF OPERATION	

PART B. GENERAL BACKGROUND		
1	Provide an estimated percentage of your institution’s customers:	Locally Overseas
	I. Retail Customers	_____ % _____ %
	II. Corporate Customers	_____ % _____ %
	III. Financial Institutions	_____ % _____ %
	IV. Others (please state) _____	_____ % _____ %
	Total (values to add up to 100%):	_____ %
2	List your institution’s main business activity (e.g. fund management, private banking, retail banking, stock broking etc.) _____	
3	State the purpose and nature of having a securities trading account with Solomon JFZ (Asia) Holdings Limited? (e.g. to trade securities for your institution or on behalf of your institution’s clients) _____	
4	Is your institution publicly listed/quoted for trading on any stock exchange(s)? _____	
5	Is there a regulatory body that oversees your institution? _____	
6	State all subsidiaries and branches that have business operations in any country/jurisdictions other than the principal place of operation. (where applicable)	
	<u>Name of Subsidiary/Branch</u>	<u>Country/Jurisdiction</u>
	_____	_____
	_____	_____



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7 State all current and/or former **Politically Exposed Persons** (“PEP”) or **Relatives & Close Associates** (“RCA”) amongst your Board of Directors / Senior Management. (where applicable)

Name & Company Designation

For PEP, to provide public function

For RCA, to provide name of PEP, public function and relationship

PEP: Defined as a domestic politically exposed person, foreign politically exposed person or international organisation politically exposed person; and means a natural person who is or has been entrusted with prominent public functions.

RCA: Defined as a natural person who is closely connected to a PEP, either socially or professionally, or a family member of a PEP.

Prominent public functions include the roles held by a head of state, a head of government, government ministers, senior civil or public servants, senior judicial or military officials, senior executives of state owned corporations, senior political party officials, members of the legislature and senior management of international organisations.

8 Has your institution been subjected to any investigation(s) or regulatory action(s) including any fine(s) and/or reprimand(s) from regulators in relation to Money Laundering or Terrorism Financing?

Provide all information pertaining to the investigation(s)/regulatory action(s) e.g. the period involved and any remedial action(s) taken by the institution? As a guide, please furnish such information for at least the past 10 years.

PART C. AML/CFT CONTROLS

Note: A “Yes” response to the following question is generally indicative of the existence of the respective control, policy, practice.

If the response is “No” to any question, please provide additional relevant information in the space provided at the end of this part.

1	Does the country where your institution is established/operates in, have regulatory requirements to prevent money laundering and/or terrorism financing?	<input type="checkbox"/> YES <input type="checkbox"/> NO
2	Does your institution have written policies and procedures to comply with the governing AML/CFT regulatory requirements?	<input type="checkbox"/> YES <input type="checkbox"/> NO
3	Is your AML/CFT compliance program approved by your institution’s Board or a senior management committee?	<input type="checkbox"/> YES <input type="checkbox"/> NO



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4	Does your institution have a designated management level executive responsible for coordinating and overseeing the AML/CFT compliance program? If yes, please state: Name: _____ Designation: _____ Email address: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
5	Does your institution have an internal audit function or other independent third party function which assesses AML policies and practices on a regular basis?	<input type="checkbox"/> YES <input type="checkbox"/> NO
6	Are your institution's AML policies and practices being applied to all branches and subsidiaries both in the home country and foreign country?	<input type="checkbox"/> YES <input type="checkbox"/> NO
7	Does your institution have a policy prohibiting opening or maintaining anonymous accounts or accounts in fictitious names?	<input type="checkbox"/> YES <input type="checkbox"/> NO
8	Does your institution assess your FI customers' AML policies or practices?	<input type="checkbox"/> YES <input type="checkbox"/> NO
9	Does your institution have a policy prohibiting accounts/relationships with shell FIs? ("Shell FI" refers to an FI incorporated in a jurisdiction in which it has no physical presence and which is unaffiliated with a regulated financial group)	<input type="checkbox"/> YES <input type="checkbox"/> NO
10	Does your institution implement processes for the identification of customers, e.g. obtaining and maintaining record/document on relevant information including full name, identification number, residential address, date of birth, nationality, business activities etc.?	<input type="checkbox"/> YES <input type="checkbox"/> NO
11	Does your institution have procedures to review and, where appropriate, update customer information relating to high risk customer information?	<input type="checkbox"/> YES <input type="checkbox"/> NO
12	Does your institution identify the beneficial owners for legal persons or legal arrangements? (I.e. any natural person owning more than 25% of the legal person or legal arrangement, taking into account any aggregated ownership for companies with cross-shareholdings.)	<input type="checkbox"/> YES <input type="checkbox"/> NO
13	Does your institution verify the identity of the institution's customers using reliable and independent sources including where business relations are established or financial services are provided without face-to-face contact?	<input type="checkbox"/> YES <input type="checkbox"/> NO
14	Does your institution have enhanced CDD procedures in place for high risk customers that: ● Are Politically Exposed Persons (PEP) or Relatives & Close Associates (RCA); ● Are from High Risk and Non-Cooperative Jurisdictions (FATF); ● Are known to have high tax risk ; and/or ● Are known by your institution to pose ML/TF risk.	<input type="checkbox"/> YES <input type="checkbox"/> NO
15	Does your institution screen customers against lists of persons, entities or countries issued by regulatory/competent authorities (e.g. UN sanctions lists)?	<input type="checkbox"/> YES <input type="checkbox"/> NO
16	Does your institution, on an ongoing basis, monitor business relations with all customers?	<input type="checkbox"/> YES <input type="checkbox"/> NO
17	Does your institution observe the conduct of customers' accounts and scrutinize transactions undertaken to ensure that the transactions are consistent with your institution's knowledge of the customers?	<input type="checkbox"/> YES <input type="checkbox"/> NO
18	Does your institution perform a risk-based assessment of its customer base and their transactions, determine and perform the appropriate level of enhanced due diligence on high risk customers?	<input type="checkbox"/> YES <input type="checkbox"/> NO



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19	Does your institution carry out AML/CFT controls on third party payments and deposits?	<input type="checkbox"/> YES <input type="checkbox"/> NO
20	Does your institution periodically review the adequacy of customers' identification information obtained in respect of customers and beneficial owners and ensure that the information is kept up-to-date, particularly for high risk categories of customers?	<input type="checkbox"/> YES <input type="checkbox"/> NO
21	Does your institution have procedures in place to identify transactions which are possibly intended to avoid suspicious reporting thresholds?	<input type="checkbox"/> YES <input type="checkbox"/> NO
22	Does your institution have procedures to identify suspicious transactions?	<input type="checkbox"/> YES <input type="checkbox"/> NO
23	Does your institution have procedures for reporting suspicious transactions to the authorities?	<input type="checkbox"/> YES <input type="checkbox"/> NO
24	Does your institution have a record keeping policy that is in accordance with the applicable laws?	<input type="checkbox"/> YES <input type="checkbox"/> NO
25	Does your institution provide regular AML/CFT training to relevant employees to help prevent/detect money laundering and terrorist financing?	<input type="checkbox"/> YES <input type="checkbox"/> NO
26	Does your institution retain records of its training sessions including attendance records and relevant training materials used?	<input type="checkbox"/> YES <input type="checkbox"/> NO
27	Does your institution communicate new AML related laws or changes to existing AML related policies or practices to relevant employees?	<input type="checkbox"/> YES <input type="checkbox"/> NO

Note: Please indicate which question in Part C (where applicable) the information relates to.



PART D. ADDITIONAL AML/CFT CONTROLS		
**“Yes” response is generally indicative of the existence of the respective control, policy, practice. **If the response is “No”, provide additional relevant information at the end of this part.		
1	<p>Does your institution engage third parties to carry out some functions of the FI? (E.g. KYC, CDD, AML screening, client onboarding, transactions monitoring, etc.)</p> <p>➤ If the response to the above is yes, does your FI provide AML/CFT training to the relevant third parties on:</p> <ul style="list-style-type: none">● identification and reporting of transactions that must be reported to government authorities;● examples of different forms of money laundering/suspicious transactions involving your institution’s products and services; and● your institution’s AML/CFT policies?	<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES* <input type="checkbox"/> NO**
2	<p>Does your institution provide Correspondent Account Services? (I.e. the provision of financial services (e.g. trading accounts) to other financial institutions located locally or abroad)</p> <p>➤ If response to the above is yes, does your institution have policies to:</p> <ul style="list-style-type: none">● review and update new information of the other financial institution on a regular basis after account opening;● assess the other financial institution’s AML policies and practices;● document the basis of your assessment on the suitability of the other financial institution for the provision of Correspondent Account services; and● disallow any Correspondent Account relations with other financial institutions that do not have adequate controls against criminal activities or not effectively supervised by the relevant authorities, or shell financial institutions?	<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES* <input type="checkbox"/> NO**
Note: Please indicate which question in Part D (where applicable) the information relates to.		



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PART E. CHECKLIST OF DOCUMENTS REQUIRED & DECLARATIONS

Please tick the boxes where there are updates to:

- (a) Person(s) authorized to operate the account
- (b) Signatories of the board resolution, director(s) and corporate secretary

For changes to (a) and (b), please attach certified true copies of the IC/passport for identification purposes

- (c) Board Resolution
- (d) Certificate of Change of Name or equivalent
- (e) List of authorized signatories with name, IC/passport no, designations and specimen signatures
- (f) List of natural person(s) who ultimately owns more than 25% of the shareholdings
- (g) Register of Directors, Corporate Secretary, Members/ Shareholders of the Company

For changes to (c) to (g), please attach supporting documents which are certified true copy by any authorized signatories / notary public / a lawyer / certified accountant

By signing below, I/we, on behalf of my/our institution, hereby affirm that the above questionnaire is fully completed and the information is given to the best of my/our institution's knowledge and belief, and it is an accurate representation of the existing state of my/our financial institution's AML/CFT controls.

➤ *****Signing and Confirmation by Executive Director(s) / Authorized Person(s) Date: _____**

Signature 1: _____ Signature 2: _____

Name 1: _____ Name 1: _____

****Authorized signatures are referred to as your institution's assigned person(s) authorized to operate the Solomon JFZ (Asia) Holdings Limited account and to execute all documentation in relation to this account. Please refer to the latest Board Resolution sent to Solomon JFZ (Asia) Holdings Limited.*



FOR OFFICIAL USE : AML RISK ASSESSMENT

NOTE: (DO NOT SEND THIS PAGE TO THE FINANCIAL INSTITUTION**)**

The pointers below serve as a general guide for assessing the AML risk of the Financial Institution (FI).

Professional judgment must be exercised in deciding whether to onboard/retain the client.

General Pointers for Risk Assessment (to be completed by relationship officer)

***Please circle where
Applicable***

Is the FI's country of incorporation/place of operations in or has subsidiaries/branches located in **FATF high-risk or non-cooperative jurisdictions including tax havens?**

Yes No

Please provide justifications below whether to on-board/retain the client, if the answer is yes :-

Is there any **PEP** or **RCA** among the FI's board of directors or senior management?

Yes No

Please provide justifications below whether to on-board/retain the client, if the answer is yes :-

Has the FI been subjected to any **money laundering or terrorist financing investigation(s) or regulatory action(s)** including any fine(s) and/or reprimand(s)?

Yes No

Please provide justifications below whether to on-board/retain the client, if the answer is yes :-

Is there any director or beneficial owner(s) or relevant person(s) with **adverse news/records** based on relevant searches performed by APU (e.g. via Dow Jones Factiva)?

Yes No

Please provide justifications below whether to on-board/retain the client, if the answer is yes :-

In the questionnaire, did the FI answer a **"No"** to any of the questions in Part C? (An indication of inadequate policies and procedures, policies/procedures not approved, no KYC/CDD procedures, etc.)

Yes No

Please provide justifications below whether to on-board/retain the client, if the answer is yes :-

Does the FI engage **third parties** to carry out some functions of the FI and/or provide **Correspondent Account Services** to other financial institutions located locally or abroad?

Yes No

Please provide justifications below whether to on-board/retain the client, if the answer is yes :-



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Does the FI provide banking/financial services to or engage in business with **shell financial institutions**? Yes No

Please provide justifications below whether to on-board/retain the client, if the answer is yes :-

Does the FI provide **products and services that pose higher AML Risks** (e.g. Wire Transfer, Correspondent Banking, Private Banking Relationships, etc.) and/or deals with high risk customers (e.g. PEPs, RCAs, customers located in FATF High-risk and non-cooperative jurisdictions) Yes No

Please provide justifications below whether to on-board/retain the client, if the answer is yes :-

OFFICIAL ASSESSMENT

NOTE: (**DO NOT SEND THIS PAGE TO THE FINANCIAL INSTITUTION**)

General Pointers for Risk Assessment

*Please circle where
Applicable*

➤ **Risk Rating of the FI (Low-ML/TF Risk is only applicable to FIs with “No” answered to all questions in the AML Risk Assessment)** Low High

Name:

Date of Assessment: