

**KYC Questionnaire**

In order for us, “**Priorbank**“ **Joint stock company**, to comply with our obligations relating to the RBI Group Standards which derive from the requirements stipulated in the 4th EU Anti Money Laundering Directive and Belarus legal acts, please duly complete this questionnaire  
(hereinafter “**KYC Questionnaire**”) on behalf of the institution mentioned below:

# General Information

|  |  |
| --- | --- |
| Name of the entity |  |
| Registered address |  |
| Website |  |

## Please provide the following ID numbers if available:

Registration Number:

Registration Date:

UID/VAT:            

GIIN Number (for FATCA):\*

Tax residence(s) & TIN(s) (for CRS):\*

\*In case multiple TINs and tax residences are available  
please provide all of them

## What type of institution are you?

Bank:

Universal (Private Individuals and Corporate Customers)  Commercial (Corporate Customers)

Central Bank (Please complete section I and VII)  Specialised:

Insurance:  
 Life  Non-Life  
  
Others:  
 Investment Fund  Asset Manager  Payment Service Provider  
 Investment Entity  MSB  Others:

## Are you acting on your own behalf or on the account of a third party (trustor)? For own account On behalf of a third party If you are acting on account of a third party, please provide a list of all trustees (name(s), incl. trust agreement and for legal entities notarized and apostilled extract from commercial register or notarized and apostilled passport copies for private individuals)

## Who is/are the owner/s of your Entity?

\* **Owner** (legal entity)/**Beneficial Owner** (natural Person) means (i) the legal entity(ies)/natural person(s) who ultimately owns or controls the bank through direct or indirect ownership or control over a sufficient percentage of the shares or voting rights in the legal entity **(10%),** including through bearer share holdings, other than a company listed on a regulated market that is subject to disclosure requirements equivalent to EU legislation or to international standards. (ii) legal entity(ies)/natural person(s) who otherwise exercises control over the management of a legal entity.  
  
 This information is not necessary, if there are no owners – as described above. In this case, please confirm by ticking the box.

Legal Entity – Owner/Shareholder[[1]](#footnote-1)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Company Name | Legal Form | Registration Address and Country | Residence Address and Country | Percentage | Level in Ownership Structure (L1/L2/L3…)[[2]](#footnote-2)  / Control |
|  |  |  |  |  |  |
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This information is not necessary, if there are no beneficial owners – as described above. In this case, please confirm by ticking the box.

Natural Person - Beneficial Owner

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Full Name  (Surname, First Name) | Date of Birth | Country of Birth | Gender | Citizenship(s) | Residence Address and Country (at least country) | Percentage | Shares (1) / Participation (2)/  Control (3) |
|  |  |  |  |  |  |  |  |
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Telephone number for Beneficial Owner(s)[[3]](#footnote-3):

Important Notice: Please provide RBI immediately with information about any changes in the ownership!

## Please provide information about your executive board members:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Full Name  (Surname, First Name) | Date of Birth | Country of Birth | Gender | Citizenship(s) | Residence Address and Country (at least country) | Function |
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## Please provide information regarding your FATCA Status:

Compliant  Non-Compliant  Deemed-Compliant

Exempt (please specify)

Please provide the contact details of the FATCA responsible person:

Name:

Title:

Telephone:

Email:

## Please provide **the total number** of employees

and the **number of AML related** **staff**[[4]](#footnote-4)

## Have you issued bearer shares which are not listed on a regulated stock exchange?

yes  no

If yes, are the issued shares with a custodian?   
 yes  no

If yes, is the custodian obliged to notify you of any changes?  
 yes  no

## Please provide information regarding the purpose of your business relationship with “**Priorbank**“ **Joint stock company**:

Current Account  Treasury  Custody  Financing  
 Banknotes Trading  Trade Finance  Others:

If you ticked current accounts in the upper box, please provide the following information:

|  |  |  |
| --- | --- | --- |
| Currency | Expected Number of Transactions per month | Expected turnover per month |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

If you ticked banknotes trading in the upper box, please provide the following information:

|  |  |  |
| --- | --- | --- |
| Currency | Expected frequency of trading per month | Expected volume and denomination per deal |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Purpose of banknotes trading:

Proprietary Trading  For third parties  Buying  Selling  
  
In case you ticked Proprietary and Third Parties please provide the approximate ratio in percentage:

## Are you subject to laws tailored to combat money laundering and terrorist financing in your country?

yes  no

If yes, are you subject to a regulatory authority?

yes  no

Name of your regulatory authority:

## Are all of your domestic/foreign branches and majority owned subsidiaries subject to the same anti-money laundering policy as your head office as provided by FATF Recommendation No. 8?

yes  no

## Does your institution open accounts and/or maintains business relations for persons using fictitious names, who want to obtain "bearer" status or who refuse to disclose their identity or that of other persons when conducting financial transactions on behalf of or for the benefit of such persons?

yes  no

## Does your institution have a “physical presence” at the address to which we are sending this KYC Questionnaire?

**\* Physical Presence** means that your institution maintains a place of business that is located at a fixed address (other than solely an electronic address) in a country in which it is authorised or licensed by such country to conduct business activities and, at which location it employs one or more individuals on a full-time basis and maintains operating records related to its activities; and is subject to inspection by the your authority that authorised or licensed it to conduct your business activities.

yes  no

If no, please provide the address of your actual physical presence:

## Do you service banks without physical presence (“shell banks”) as clients?

yes  no

## Were you subject to regulatory investigation or fines with regards to material breaches of Money Laundering, Terrorist Financing and/or Financial Sanctions regulations, within the last 3 years?

yes  no  
  
If yes, please provide a detailed explanation:

## Do you have a presence (branches and subsidiaries) in sanctioned countries like Iran, Syria, North Korea?

yes  no  
  
If yes, please specify:

# Business Modell

## What is your business focus with regard to country, industry and product?

Country:  
 Domestic  Cross-Border   
  
If Cross-Border:  
 Europe  Africa  North America  South America  
 Asia  Australia  Middle East  Far East  CIS/CEE   
  
Industry:  
 Trade and Services  Construction  Food & Agricultural Manufacturing  
 Finance & Insurance  Transport, Infrastructure & Communication  
  
Product:  
 Loans  Accounts  Savings   
 Trade Finance  Others:         

## Do you restrict any of the below industries within your organisation?

Gambling  Arms  Money Service Business   
 Atomic Power

## Describe your customer structure

Total number of customers:         
 Private Individual (     %)  SME (     %)  Large Corporations (     %)  FIs (     %)  
 Others(     %)

## Do you have customers/offer services in sanctioned countries (i.e. Iran, Syria, North Korea)?

yes  no

## Do you have offshore-clients?

**Offshore-client** means post-office box companies in offshore-destinations as BVI, Panama etc. without physical presence and without operative business in the respective/registered country   
 yes  no

If yes, do you have an enhanced due diligence for offshore-clients in place?  
 yes  no

## Please indicate the percentage of resident, non-resident and offshore-clients.

Private Individuals:  resident(     %)  non-resident (     %)  
Corporations:  resident(     %)  non-resident (     %)  offshore (     %)  
Financial Institutions:  resident(     %)  non-resident (     %)  offshore (     %)

## Do you offer “payable-through accounts”?

The term **payable-through accounts** refers to correspondent accounts at your institution that are used directly by third parties to transact business on their own behalf. These accounts are different from typical correspondent banking accounts.

yes  no

If yes, please describe the level of due diligence you are applying to these third parties. Please state, how you identify the third parties using these accounts and to which extent you are monitoring the transaction activity. Please inform us whether you can provide information related to the third parties and the transaction activity on these accounts upon written request.

## Do you offer clearing business (downstream payments) for your Financial Institution Clients?

yes  no  
  
If yes, please provide a list of your LORO correspondent banking relationships (name of the correspondents).

## Do you have walk-in clients?

**Walk-in client** meansperson who walks into a branch office initiating a business transaction without actually having an account or any other financial dealings with the bank (i.e.: cashing a check without having an account at the bank)

yes  no  
  
Please state in percentage and explain in detail your identification and verification process regarding your walk-in clients?

1. **AML-Procedures**

## Do you have written policies to prevent money laundering and financing terrorism?

yes  no

## Do you have policies and procedures for the identification and reporting of transactions that are required to be reported to the authorities?

yes  no

## Have you implemented suspicious activity reporting guidelines?

yes  no

## Have you implemented a risk-based approach?

yes  no

## Please provide information regarding your procedures/information for establishing a customer relationship.

Customer Identification  Business Activities  Beneficial Owner   
 Ownership Structure  Executive Management  Business Partners  
 Information about signatories  Expected Turnover  AML Risk Rating   
 Plausibility Check  Compliance Approval  Sanction Screening   
 Management Approval

## Do you have a customer acceptance policy for politically exposed persons (PEP)?

**PEP** means natural persons who are or have been entrusted with prominent public functions and immediate family members, or persons known to be close associates, of such persons (e.g., heads of state, government, ministers; members of parliaments, senior judges, senior party functionaries, influential functionaries in nationalized industries, etc.)

yes  no  
  
If yes, what activities are covered:

High Risk-Rating  Management Approval  Compliance Approval  
 Review of PEP-status  Enhanced Due-Diligence   
  
If no, please explain how you comply with FATF Recommendation No. 12 and No. 22 regarding PEP handling:

## Please describe any of your additional procedures/information for entering into a business relation with high risk customers.

## How do you identify and verify the beneficial owner of your customer? Please describe your internal processes and state acceptable sources.

**Beneficial owner** means: (i) the natural person(s) who ultimately owns or controls the customer through direct or indirect ownership or control over a sufficient percentage of the shares or voting rights in the legal entity, including through bearer share holdings, other than a company listed on a regulated market that is subject to disclosure requirements equivalent to EU legislation or to international standards. (ii) natural person(s) who otherwise exercises control over the management of a legal entity.

## Do you verify the source of funds of your customers for both at the event of establishing the customer relationship and in the course of the existing customer relationship?

yes  no  
  
If yes, please specify by selecting from the following. (Please select in both a) and b))  
a) Customer Types:  
 All Customers  High risk only  Walk-in Customers  
 Resident  Non-resident  Domestic PEPs   
 Foreign PEPs   
  
b) Accepted Documents:  
 Bank Statement  Income statement  
 Tax declaration  Salary slip  Documentary proof   
 Contracts  Threshold based (please specify)

## In case you are providing correspondent banking services (Question 24): Do you inquire additional information about your customers' customer transactions (ratio private persons and corporates, respectively expected volumes)?

yes  no  
  
If yes, how do you monitor these transactions of your correspondent bank clients?

## Do you have a monitoring program for suspicious or unusual activities?

yes  no  
  
If yes:  
 Purchased  In-house Solution

## Do you screen 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

yes  no

If yes, please state the respective sanction lists

EU  US  UN  UK  Others:        

## Do you offer banknotes services to customers?

yes  no  
  
If yes, who can use this service:  
 Private Individual  SME  Large Corporations  FIs   
 Others  
  
Which procedures are in place:  
 Monitoring of volumes  Plausibility check of frequency and denomination  
 check of source of funds  Identity Check  Enhanced due diligence

## Do you update your customer data?

yes  no  
  
If yes, what is the frequency:        

## Do you have an AML employee training in place?

yes  no

If yes, please answer the following:  
 Webbased (online)  class-room training   
Frequency:        

## Have you appointed a money laundering reporting officer or other senior official designated to monitor suspicious activities and to train staff in internal money laundering prevention controls and procedures? Please provide the official’s name, telephone number and e-mail address:

yes  no  
  
If yes, please provide the following information:

Name:     

Title:

Telephone:     

Email:

Please provide the contact details of the person in charge of AML related topics (i.e. transaction requests, KYC update) in case it is different to the person above:

Name:

Title:

Telephone:

Email:

1. **Sanctions Statement**

## Does your entity have any clients that are targeted by any sanctions?

yes  no

If yes, please be informed that we do not accept any sanctioned payment.

## Does your entity have branches, subsidiaries, joint-ventures which are located in a sanctioned country[[5]](#footnote-5)?

yes  no

If yes, please provide details:

## Does your entity have any subsidiary or joint-venture which is directly or indirectly sanctioned under the US and/or European Union (EU) economic sanctions/embargoes?

1. sanctioned subsidiary

yes  no

If yes, please indicate exact details of entities (name, address, Company ID, other relevant details):

1. sanctioned joint venture

yes  no  
  
If yes, please indicate exact details of entities (name, address, Company ID, other relevant details):

1. sanctioned participation

yes  no

If yes, please indicate exact details of entities (name, address, Company ID, other relevant details)?

## Does your entity have any entity or private individual in the management structure which is directly or indirectly sanctioned under the US and/or European Union (EU) economic sanctions/embargoes?

yes  no

If yes, please indicate exact details of entities, private individuals (name, address, Company ID/DOB, nationality, other relevant details):

## Does your entity have any entity or private individual in the ownership structure which is directly or indirectly sanctioned under the US and/or European Union (EU) economic sanctions/embargoes?

yes  no

If yes, please indicate exact details of entities, private individuals (name, address, Company ID/DOB, nationality, other relevant details)?

## Does your entity have any activity which is directly or indirectly connected to military industry and services, nuclear power or gaming/gambling?

yes  no

If yes, please indicate exact details of relevant activity:

## Does your entity conduct sanctions screening of the customer database? If yes, please indicate the frequency of the screening, what information is screened and inform us which sanctions lists are you using.

Screening relevant information

Client Name yes  no

Beneficial Owner  yes  no

Owners  yes  no

Authorized Persons yes  no

Company Organs  yes  no

Trustor  yes  no

Trustee  yes  no

Any other screening relevant information

Sanctions lists:  
EU yes  no  
OFAC  yes  no

UN  yes  no

UKHMT  yes  no

Any other sanctions lists

If any, please specify the name of the lists

## What transaction types does your entity screen and which sanctions lists are you using for the transaction screening?

Transaction types:  
MT1XX  yes  no  
MT2XX  yes  no

MT7XX  yes  no

Any other transaction types

If any, please specify the transaction types

Sanctions lists:  
EU  yes  no  
OFAC  yes  no

UN  yes  no

UKHMT  yes  no

Any other sanctions lists

If any, please specify the name of the lists

## Who is the provider of your sanction lists?

## Does your entity maintain business policies with regard to sanctioned countries[[6]](#footnote-6)?

yes  no

If yes, please describe:

## Please confirm that your entity does not route transactions, prohibited by applicable European Union (EU) and/or US sanctions, via/to “**Priorbank**“ **Joint stock company**.

yes  no

1. **Counter Fraud and Anti-Bribery and Corruption Activities (ABC)**

## Please explain how the risk of financial crime, in particular fraud and corruption/bribery, is managed in your institution (responsibilities, approach etc.)

## Do you have a dedicated team which manages Fraud and ABC?

yes  no

If yes, please explain management approach, activities etc.:

If no, please explain reasoning:

## To whom does the team report you?

## How many employees are allocated to the team?

## Has your institution or have individuals working for your institution ever been convicted/fined because of transgressions under the UK-Bribery Act, the FCPA Act or any local Fraud/Bribery-Corruption legislation?

yes  no

If yes, please explain:

1. **Payment Service Provider** (Non-Banks only)

## Please submit a certified copy of a valid license for providing payment services/issuance of electronic money?

## How does your company business model look like? Please provide us with your business model and describe your activities and the types of products and transactions offered by your institution in written form.

If you also issue e-money or small value payment instruments which do not require the identification of the customers under the applicable law, rules or regulations please also describe these products and provide us with a list of all merchants who accept these instruments and describe your activities and the types of products and transactions offered by your institution.

## How many merchants in total do you have?

## Please provide a merchant list.

In which kind of business fields are your merchants?  
  
 Trade and Services  Construction  Food & Agricultural  Manufacturing   
 Finance & Insurance  Transport, Infrastructure & Communication  
 Online Gambling  Sports Betting

## Do you have merchants without physical presence as clients?

yes  no

## Do you offer payment services to other Payment Service Provider?

yes  no

If yes, do you inquire additional information about the customers' customer/merchants and do you have a monitoring program or procedure in this respect?

1. **Central Banks**

## What are the mandated responsibilities?

Monetary Policy  Financial Stability   
 Supervisory Authority  Commercial Bank Activities

## Do you have written policies to prevent money laundering and financing terrorism?

yes  no

## If you ticked banknotes trading in Section I, please provide the following information:

If Third Parties:  
 Private Individual  SME  Large Corporations  FIs   
 Others:       

Which procedures are in place:  
 Monitoring of volumes  Plausibility check of frequency and denomination  
 check of source of funds  Identity Check  Enhanced due diligence

## Have you appointed a senior official designated to monitor suspicious activities and to train staff in internal money laundering prevention controls and procedures? Please provide the official’s name, telephone number and e-mail address:

yes  no  
  
If yes, please provide the following information:

Name:

Title:

Telephone:

Email:

## Please confirm that your entity does not route transactions, prohibited by applicable sanctions, via/to “**Priorbank**“ **Joint stock company**.

yes  no

## List of KYC Documents

Please provide RBI with copies of the below listed documents currently in force and valid for your company (hereinafter “**KYC Documents**”)

a) this KYC-Questionnaire as well as the included data

b) a legally binding extract of your list of authorized representatives (i.e. company register or any equal documentation such as an official certificate of directors) OR  
a Swift confirmation that the signatories are authorized representatives of your institution (*please refer in field 20 of the swift message to “Update of your KYC documents)*

c) passport copy/passport copies of the signatory/signatories of this KYC

d) Company Register Extract / Proof of Registration

e) License

f) other documents requested by RBI for KYC purposes within RBI Group and Raffeisen Banking Group

**Consent to Information Disclosure to Raiffeisen Entities**

By duly signing below we, the above mentioned institution, give our consent that “**Priorbank**“ **Joint stock company** may disclose, as “**Priorbank**“ **Joint stock company** considers necessary or appropriate, to any entity of the RBI group, or the Raiffeisen Banking Group and to all organizational units within RBI in and outside Austria (collectively hereinafter "Raiffeisen Entity"), the information provided by us in and on the basis of this KYC Questionnaire as well as the KYC Documents, if any, and the information regarding ourselves, our affiliates and our direct and indirect shareholders and our beneficial owners, which have been provided to “**Priorbank**“ **Joint stock company** by us in and on the basis of the KYC Questionnaire and the KYC Documents, if any, for the purpose of the Raiffeisen Entities being able to comply with their statutory and/or regulatory requirements of identifying their customers, including the beneficial owners of their customers (KYC-requirements) in connection with the Raiffeisen Entities.

* entering into, maintaining and analyzing a business relationship with ourselves, our affiliates or shareholders; or
* entering into a potential transaction with ourselves, our affiliates or shareholders; or
* suspecting or having reasons to assume that we, our affiliates or our share holder have committed violations against anti money laundering, terrorism financing or other criminal rules and regulations.

**Authorised[[7]](#footnote-7) Signatures & Company Stamp**

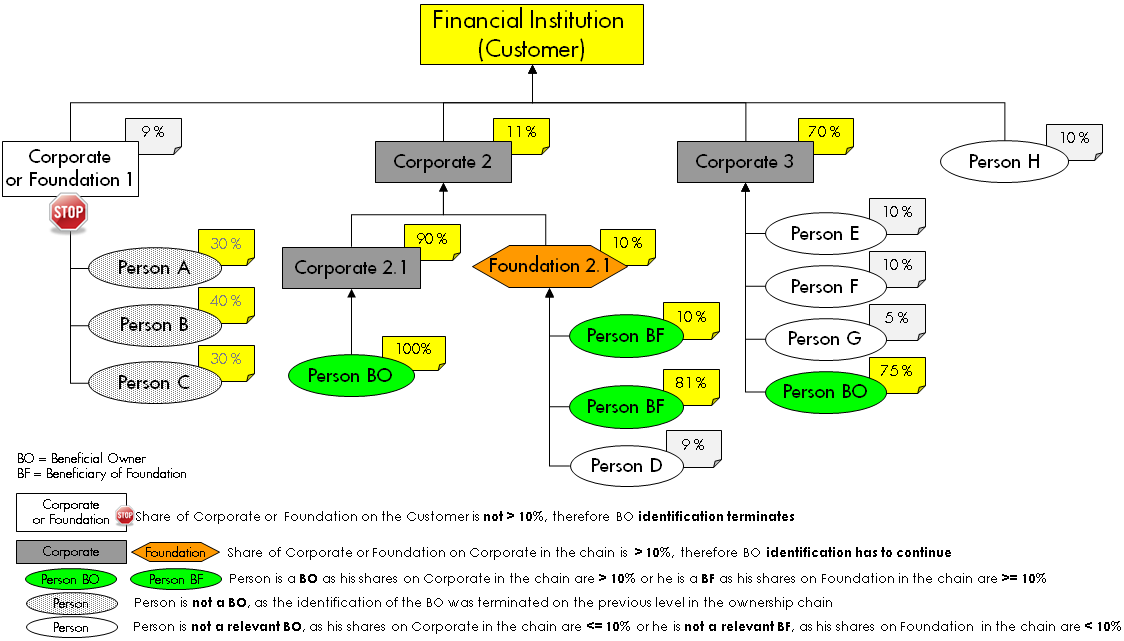
Signature on behalf of the Company < Date >

< Name in Capital Letters of Signee's >

< Company Name/Company Stamp >

**Attachment:**

**Examples for the definition of Beneficial Owners**



Example how to fill in the "Level of Ownership" in the table “Legal Entities“ on page 2:

* L1: Corporate or Institution 2 and Corporate or Institution 3
* L2: Corporate 2.1 or Institution and Trust 2.1

1. Please also provide a complete duly signed ownership structure (name, legal form, percentages, registered country) [↑](#footnote-ref-1)
2. Please find in the enclosed document at the end examples how to fill in the column "Level in Ownership Structure" [↑](#footnote-ref-2)
3. Optional information [↑](#footnote-ref-3)
4. Not necessarily only Compliance staff [↑](#footnote-ref-4)
5. Definition of the term sanctioned countries:

   North Korea, Syria, Iran, Russia, Ukraine, Crimea, Belarus, Cuba, Sudan [↑](#footnote-ref-5)
6. Definition of the term sanctioned countries:

   North Korea, Syria, Iran, Russia, Ukraine, Crimea, Belarus, Cuba, Sudan [↑](#footnote-ref-6)
7. Please provide authorized signature and company stamp. Please provide proof of the signatories’ signing authority by either providing to us

   a legally binding extract of your list of authorized representatives (eg certificate of directors or company register) and passport copies of the signatories; or

   a Swift confirmation that the signatories are authorized representatives of your institution [↑](#footnote-ref-7)