ANTI-MONEY LAUNDERING & COMBATING FINANCING OF TERRORISM QUESTIONNAIRE FOR CORRESPONDENT RELATIONSHIP

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Α.	BAS	IC INFORMATION		The A	
	1.	Name of the Institution:	Community Bank Bangladesh PLC.		
	2.	Registered Address:	Police Plaza Concord, (Level 10, Tower 2), Gulshan 1,Dhaka 1212	Plot 2, Ro	ad 144,
	3.	Website Address:	www.communitybankbd.com		
	4.	Principal Business Activities:	General Banking, Credit and Foreign Trade		
	5.	Regulatory Authority:	Bangladesh Bank		
	6.	Operational Status:		1	
		Does your Bank maintain a ph	ysical presence in the licensing country?	Yes	No No
В.	<u>ow</u>	NERSHIP / MANAGEMENT			
	7.	Is your institution listed in any	stock exchange?	Yes	No
		If so, which stock exchange?			
	8.	If "No" to Q7, please provide a more than 10% shares in your	a list of the major shareholders holding institution.		
		-	yan Trust (BPKT) is the ultimate lds 99.9999986% of Shares.		
C.	ANT	I-MONEY LAUNDERING AN	D TERRORIST FINANCING CONTROLS		
		ou answer "no" to any question, stionnaire.	additional information can be supplied at the	he end of	the
	I.	General AML & CFT Polici	es, Practices and Procedures:		
	9.		n place policies and procedures approved or senior management to prevent Money ncing of Terrorism?	Yes	🗌 No
	10.		legal and regulatory compliance program officer that is responsible for coordinating framework?	Yes	🗌 No
	11.		oped written policies documenting the in place to prevent, detect and report	Yes	🗌 No
	12.	with shell banks? (<i>A shell bank is defined as</i> which it has no physical pl	policy prohibiting accounts/ relationships a bank incorporated in a jurisdiction in resence and which is unaffiliated with a	Yes	🗌 No
	13.	<i>regulated financial group.</i>) Does your institution permit accounts by customers?	the opening of anonymous or numbered	Yes	No
	14.	not conduct transactions with of its accounts or products?	olicies to reasonably ensure that they will n or on behalf of shell banks through any	,	🗌 No
	15.	Does your institution have po Exposed Persons (PEP's), the	licies covering relationships with Politically ir family and close associates?	Yes	No No
	16.	Does your institution have po	Page 1 of 3	- Yes	No No

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all the records related to customer identification and their transactions?

If "Yes", for how long?

Yes. CBBL have policy to keep records related to customer identification and their transections at **least 5 years** after closure of account but if any investigation in going on, documents record keeping period has no expiry. That means documents will be hold until settlement of the case.

II. Risk Assessment

17. Does your institution have a risk-based assessment of its customer V Yes No base and their transactions?

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No

No

No No

No

18. Does your institution determine the appropriate level of enhanced due VY Yes No diligence necessary for those categories of customers and transactions that the FI has reason to believe pose a heightened risk of illicit activities at or through the FI?

III. Know Your Customer, Due Diligence and Enhanced Due Diligence
19. Has your institution implemented processes for the identification of Yes

- those customers on whose behalf it maintains or operates accounts or conducts transactions?
 20. Does your institution have a requirement to collect information Yes No regarding its customers' business activities?
- 21. Does your institution have a process to review and, where appropriate, Yes No update customer information relating to high risk client information?
- 22. Does your institution have procedures to establish a record for each Ves new customer noting their respective identification documents and 'Know Your Customer' information?
- 23 Does your institution complete a risk-based assessment to understand V Yes No the normal and expected transactions of its customers?

IV. Reportable Transactions for Prevention and Detection of ML/TF

- 24. Does your institution have policies or practices for the identification √Yes No and reporting of transactions that are required to be reported to the authorities?
- 25. Where cash transaction reporting is mandatory, does your institution \checkmark Yes \square No have procedures to identify transactions structured to avoid such obligations?
- 26. Does your institution screen customers and transactions against lists \checkmark Yes of persons, entities or countries issued by government/competent authorities or under the UN security Council Resolution?
- 27. Does your institution have policies to reasonably ensure that it only operates with correspondent banks that possess licenses to operate in their countries of origin?

V. Transaction Monitoring

AML Training

VI.

28. Does your institution have a monitoring program for unusual and [✓] Yes No potentially suspicious activity that covers funds transfers and monetary instruments such as traveler's checks, money orders, etc?

Page 2 of 3

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- 29. Does your institution provide AML & CFT training to relevant Ves No employees of your organization?
- 30. Does your institution communicate new AML related laws or changes Ves No to existing AML related policies or practices to relevant employees?
- 31. Does your institution provide AML training to relevant third parties if Yes No they are employed to carry out some of the functions of your organization?

Space for additional information:

(Please indicate which question the information is referring to.)

Additional Information regarding Anonymous or Numbered accounts (Under section C (I) (5) : CBBL did not allow any anonymous account as per recommendations of "Customer Due Diligence Policy for Banks 2001" Paper by Basel committee, also don't allow any numbered account.

D.	GENERAL				
	32. D	oes the responses provided in this Declaration apply to th	e following	entities:	
	٠	Head Office and all domestic branches	Yes	🗌 No	N/A
	•	Overseas branches	Yes	🗌 No	N/A
	•	Domestic subsidiaries	Yes	🗌 No	N/A
	. •	Overseas subsidiaries	Yes	🗌 No	N/A

If the response to any of the above is "No", please provide a list of the branches and/or subsidiaries that are excluded, including the name of the institution, location and contact details.

I, the undersigned, confirm to the best of my knowledge that the information provided in this questionnaire is current, accurate and representative of the anti-money laundering and anti-terrorist financing policies and procedures that are established in my institution.

I also confirm that I am authorized to complete this questionnaire on behalf of my institution.

Signature:	
Name:	Shamsur Haque Sufyani
Designation:	Senior Executive Vice President & CAMLCO
Date:	05-January-2025
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