



I. Customer Identification

1. Legal Name of Correspondent Banking Client (Institution):

2. Other name/s by which your institution is know (if any):

(a) _____

(b) _____

3. Principal Place of Business (Address):

4. Corporate Legal Form (i.e. Stock Corporation) and Registration Number:

5. Tax Identification Number / VAT Number or its equivalent:

6. Number of Domestic / Foreign (if any) Branches, as of _____:

7. Name of licensing authority and regulatory / country of jurisdiction:

8. Type of Banking license / Date issued:

9. Name of external auditors:

10. Authorized Officers responsible for the account / relationship:

11. Purpose of the account to be maintained/Nature of correspondent banking relationship, including the anticipated level of activities:

II. Ownership and Management Structure

12. Is your institution a publicly listed entity? If yes, where is it listed and under which symbol are its shares traded?

13. If bank is privately owned, i.e., not listed in the major stock exchanges, list down the names of person(s) or entity(ies) owning 5% or more of the voting stock in table below and their respective interests (%) in the institution.

Name and Domicile

% Ownership

14. If any of the above owners is a legal entity, indicate below the names of the shareholders of the legal entity and their respective shareholders' ownership and nature of ownership (Note: If any legal entity is publicly held. Please indicate only that it is publicly held and the exchanges on which shares are traded.)
Please use separate sheets, if necessary.

Entity Shareholders Ownership Interest (%) Nature of Ownership (Direct/ Indirect)

15. Name of ultimate parent company:

16. Address of parent company:

17. Relationship with parent: (Branch / Subsidiary / Agency)

18. Jurisdiction of licensing authority and regulator of parent company:

19. Is your parent company a publicly listed entity? If yes, where is it listed and under which symbol are its shares traded?

20. Executive Management: Please provide the names of Senior Executive by completing the table below:

Name of Senior Executive

Position

Years of Service

21. Are there any Politically Exposed Persons (PEP)* within your institution's ownership structure or executive management? If yes, please provide details, i.e., names and position in the organization.

() YES

() NO

NAME

POSITION

*Politically Exposed Persons (PEPs) are individuals who are or have been entrusted with prominent public functions, for example: Heads of State or government, senior politicians, senior government, judicial or military officials, senior executives of state-owned corporations, important political party officials, or their family members or close associates. The definition is not intended to cover middle ranking or more junior individuals in the foregoing categories.

III. Business Activity

22. List down the principal types of financial products and services offered by your institution to your client base and geographical markets covered:

Market Coverage

Brief Description of Financial Products & Services

23. Confirmation that your institution is **not** a shell** bank: () YES () NO
Does your institution conduct business with a shell bank? () YES () NO

**Shell Bank is a bank that (1) does not conduct business at a fixed address in a jurisdiction in which the shell bank is authorized to engage in banking activities; (2) does not employ one or more individuals on a full-time basis at this fixed address; (3) does not maintain operating records at this address; and (4) is not subject to inspection by the banking authority that licensed it to conduct banking activities.

24. Has the FI been subjected to administrative and/or monetary penalty/ies for violation of Anti-Money Laundering rules and regulations? If Yes, please provide details.

Please provide contact details of your Compliance Officer or the person in charge for the AML/KYC programme.

Name : _____

Title : _____

Telephone No. : _____

E-mail address : _____

Signature : _____

Date : _____