

AL BARAKA TURK PARTICIPATION BANK

ANTIMONEY LAUNDERING AND KNOW YOUR CUSTOMER QUESTIONNAIRE

Please fill in below Questionnaire by crossing the Y (Yes) or N (No) box. Please note that there are no correct or incorrect responses. IF you answer a question with No, please provide us with an explanation. If you answer a question with a yes and you like to provide us with more background information you can do this as well.

PART [1] - GENERAL ADMINISTRATIVE INFORMATION

1.	Registered Name:	ALBARAKA TURK KATILIM BANKASI A.Ş.	
2.	Trading Name (if different):	ALBARAKA TURK KATILIM BANKASI A.Ş.	
3.	Registered Address:	Saray Mahallesi Dr. Adnan Büyükdeniz Caddesi, No: 6, Ümraniye İstanbul / TÜRKİYE	
		Physical presence at this address?	Yes / No
4.	Head Office Address:	Saray Mahallesi Dr. Adnan Büyükdeniz Caddesi, No: 6, Ümraniye İstanbul / TÜRKİYE	
		Physical presence at this address?	Yes / No
5.	Banking License No. & Date & Place Issued:	License No: 206671-154214 / Date: 21/01/1985 Place: Turkey	
6.	License Type:	Banking License	
7.	Commercial Registration No. and Expiry (if any):	Registration No : 206671-154214/ Date: 05/11/1984 Expiry: There is no expiry date	
8.	Principal Local Regulator:	Banking Regulation and Supervision Agency (http://www.bddk.org.tr/WebSitesi/English.aspx)	
9.	Web Address:	https://www.albaraka.com.tr/en/default.aspx	
10.	Name of External Auditor:	Akis Bağımsız Denetim ve Serbest Muhasebeci Mali Müşavirlik A.Ş. a member of KPMG International Cooperative	
11.	SWIFT Address:	BTFH TRIS	
12.	Are your shares publicly traded? If 'yes', list exchanges and symbols:	YES - Borsa Istanbul - ALBRK	
13.	Name of Parent Company (if applicable):	Albaraka Banking Group	
14.	Country of Incorporation of Parent Company:	Bahrain	
15.	Number of your branches inside and outside of your home country:	214 Local and 1 Foreign (Iraq-Erbil) - as of 27.11.2017	
16.	Purpose for which the account will be opened:		
17.	FATCA Status and GIIN Number: If not, what is your intention on becoming FATCA Compliant?	Reporting Model 1 FFI GIIN: 86IIBW.00007.ME.792	

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İşletme Merkezi : Saray Mah. Dr. Adnan Büyükdeniz Cad. No:6
34768 Ümraniye/İstanbul
İnternet Sitesi Adresi: www.albarakaturk.com.tr
Form No: E146 / 02

Commercial Title: Albaraka Türk Participation Bank
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PART [2] - MANAGEMENT & COMPOSITION OF SHAREHOLDERS

1) OWNERSHIP INFORMATION - SHARE HOLDERS

Please list (or attach a listing of) all parties owning 10% or more of the issued capital of your institution:

Name	Ownership Interest (percentage)	Nature of ownership (direct / indirect)
Albaraka Banking Group	54,06%	Direct
Local Partners	8,95%	Direct
Publicly traded	25,05%	Direct

2) Management Structure - Board of Directors

Please provide us with list of Board of Directors and top Management showing by nationality and country of resident:

Name	Nationality	Country of Residence	Date of Birth
Adnan Ahmed Yusuf ABDULMALEK (Chairman of the Board of Directors)	BH	BAHRAIN	01.01.1955
Yalçın ÖNER (Vice Chairman of the Board of Directors)	TR	TURKEY	19.07.1938
Osman AKYÜZ (Member)	TR	TURKEY	03.05.1954
Ibrahim Fayez Humaid ALSHAMSI (Member)	UAE	UNITED ARAB EMIRATES	31.12.1949
Hamad Abdulla A. EQAB (Member)	BH	BAHRAIN	01.01.1970
Fahad Abdullah A. ALRAJHI (Member)	SA	SAUDI ARABIA	08.12.1961
Hood Hashem Ahmed HASHEM (Member)	BH	BAHRAIN	15.05.1965
Kemal VAROL (Independent Member)	TR	TURKEY	11.09.1943
Muhammad Zarrug M. RAJAB (Independent Member)	LY	LIBYA	16.11.1937
Bekir PAKDEMİRLİ (Member)	TR	TURKEY	10.11.1973
Khalid Abdulla Mohamed ATEEQ (Member)	BH	BAHRAIN	1955
Mustafa BÜYÜKABACI (Member)	TR	TURKEY	12.09.1961
Melikşah UTKU (Member)	TR	TURKEY	17.04.1968

PART [3]- BUSINESS ACTIVITIES

Please list the principal areas of business in which your bank participates in terms of contribution to Revenue:

Principal Areas of Business Activity (e.g.: Commercial, Private, Corporate, wholesale, Insurance etc.)	Approximate % of Revenue*

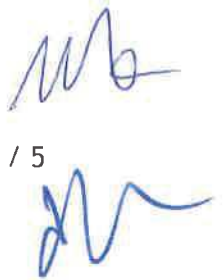
*Kindly check our annual report which based on most recent published at our Bank's website.

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PART [4] - POLICIES & PROCEDURES

		YES	NO
1-	Has your country established laws/regulations concerning Anti-Money Laundering (AML) and Combating the Financing of Terrorism (CFT)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2-	Has your country established laws/regulations Combating the Financing of Terrorism (CFT)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3-	Is your institution subject to such laws/regulations?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4 a)	Do you have a written policy and operational procedures for prevention of money laundering and terrorist financing?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4 b)	If not, are they planned to be introduced? Please indicate the estimated date of implementation:	<input type="checkbox"/>	<input type="checkbox"/>
5-	Are your policies / procedures compliant with local laws & regulations with regard to AML / CFT?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6-	Are your policies / procedures compliant with the Financial Action Task Force's (40) Recommendations?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7-	Would you provide us with a copy of your policies if we requested them?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8-	Are the AML/CFT policies and procedures applicable to your head office also applied to your foreign branches and majority owned subsidiaries (both local and overseas)? If 'no' please give / attach details of any units that are excluded:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9-	Does your policy require you to: a) Verify the true identity of all customers prior to entering into a business relationship / undertaking any transactions? b) Verify the true identity of underlying beneficial owners, if any? c) Verify the source of wealth / funds and the level of economic activity of your customers? d) 'Risk rate' your customer base based on criteria such as residence / volume and type of activity? e) Apply enhanced customer due diligence on those customers identified as having a higher risk profile? f) Periodically update due diligence information obtained? g) Review the AML/CFT controls of respondent banks before opening an account for them?	a) <input checked="" type="checkbox"/> b) <input checked="" type="checkbox"/> c) <input checked="" type="checkbox"/> d) <input checked="" type="checkbox"/> e) <input checked="" type="checkbox"/> f) <input checked="" type="checkbox"/> g) <input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
10-	Do you retain copies of all relevant customer Identity Documents and transactions information? If 'yes' for what period? For 10 years	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11-	Do you have appropriate risk management systems to determine whether a customer is a Politically Exposed Person (PEP)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12-	Do your policies and procedures permit you to open or maintain anonymous accounts?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13-	Do your policies and procedures permit you to conduct business with Shell banks, i.e., banks which maintain no physical presence in the country of their incorporation (except if a subsidiary of a regulated financial group)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14-	Are any third parties (e.g., 'payable through' accounts) allowed direct access to the account (if any) maintained with Albaraka Turk?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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15-	If 'yes' has their identity been verified in accordance with your AML/KYC policies and procedures?	<input type="checkbox"/>	<input type="checkbox"/>
16-	Does your institution comply with FATF Special Recommendation VII and ensure that full originator information is included in all payments that you make?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
17-	Does your institution have procedures for identifying payments / transactions related to persons / entities (appearing in relevant regulatory lists) suspected of terrorism? If 'yes' are these automated or manual? Automated	<input checked="" type="checkbox"/>	<input type="checkbox"/>
18-	Do you have a system for detecting abnormal customer transactions or patterns of activity in relation to the expected norm? Is this manual or automated? Automated	<input checked="" type="checkbox"/>	<input type="checkbox"/>
19-	Do you have policies and procedures for the identification and reporting of transactions that are required to be reported to the authorities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
20-	Are you permitted by your local regulations to share relevant customer identification data with your correspondents should this be requested?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
21-	If 'yes', would you be willing to do so if required by us where a legitimate need has arisen?	<input type="checkbox"/>	<input type="checkbox"/>
22-	Does your institution have an established audit and / or compliance review function to test the adequacy of compliance with your AML / CFT policies and procedures?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
23-	Does the Regulatory body / competent authority in your country conduct AML / CFT reviews of your institution.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
24-	To the best of your knowledge are you in compliance in all material respects with all relevant AML / CFT laws and regulations?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
25-	Has your institution been subject to any investigation, indictment, conviction or civil enforcement related to money laundering and terrorism financing in the past five years? If 'yes' please attach details.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
26-	Does your institution have an established employee training program to teach employees about money laundering and to assist them in identifying suspicious transactions? If 'yes' with what frequency is training required? Annually	<input checked="" type="checkbox"/>	<input type="checkbox"/>
27-	Do you provide Downstream Correspondent Banking Services ("Nested" Accounts)? If yes, do you assess and examine the AML/CFT controls of those client institutions to which you offer the Downstream Correspondent services and satisfy yourself as to their AML/CFT and CDD standards and controls?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
28-	Does the FI adhere to the Wolfsberg Transparency Principles and the appropriate usage of the SWIFT MT 202/202COV and MT 205/205COV message formats? ¹	<input checked="" type="checkbox"/>	<input type="checkbox"/>
29-	Does your institution have a transaction monitoring system to automatically detect a transaction which may involve any sanctioned party? If yes, which sanction lists do you screen against? (E.g. OFAC, UN,HMT,EU)	<input checked="" type="checkbox"/>	<input type="checkbox"/>

¹ The four payment message standards to be observed are: i) FIs should not omit, delete, or alter information in payment messages or orders for the purpose of avoiding detection of that information by any other FI in the payment process; ii) FIs should not use any particular payment message for the purpose of avoiding detection of information by any other FI in the payment process; iii) Subject to applicable laws, FIs should cooperate as fully as practicable with other FIs in the payment process when requesting to provide information about the parties involved; and (iv) FIs should strongly encourage their correspondent banks to observe these principles. Source: [http://www.wolfsberg-principles.com/pdf/Wolfsberg_NYCH_Statement_on_Payment_Message_Standards_\(2007\).pdf](http://www.wolfsberg-principles.com/pdf/Wolfsberg_NYCH_Statement_on_Payment_Message_Standards_(2007).pdf)

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PART [5] - CONTACT DETAILS

Has your institution appointed a Money Laundering Reporting Officer (MLRO)? If 'yes' please provide details of MLRO:

Name:	HAKAN KURBETCİ	Phone:	+90 216 666 01 71
Address:	Saray Mahallesi Dr. Adnan Büyükdeniz Caddesi, No: 6, Ümraniye İstanbul / TÜRKİYE	Fax:	faxuyumbirimi@albarakaturk.com.tr +90 216 666 16 19
Title:	Head of Legislation and Compliance	E-Mail:	hkurbetci@albarakaturk.com.tr

ACKNOWLEDGEMENT OF RESPONSIBILITIES

We confirm that:

- We will ensure that full due diligence is performed on all our customers who are party to any transactions involving Our Bank or upon whose behalf payments are to be routed through accounts (if any) maintained with you.
- We will not allow a third party direct access to the account without prior notification to Our Bank.

I certify that I am authorized to complete this questionnaire and that to the best of my knowledge the information given is complete and correct

Signed: 

Date: 27.11.2017

Where different to part [5] above, form completed by:

Name:	HAKAN KURBETCİ	Phone:	+90 216 666 01 71
Address:	Saray Mahallesi Dr. Adnan Büyükdeniz Caddesi, No: 6, Ümraniye İstanbul / TÜRKİYE	Fax:	faxuyumbirimi@albarakaturk.com.tr +90 216 666 16 19
Title:	Head of Legislation and Compliance	E-Mail:	hkurbetci@albarakaturk.com.tr

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