

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:	
2.	Trading Name (if different):	
3.	Registered Address:	
		Physical presence at this address?
4.	Head Office Address:	
		Physical presence at this address?
5.	Banking License No. & Date & Place Issued:	
6.	License Type:	
7.	Commercial Registration No. and Expiry (if any):	
8.	Principal Local Regulator:	
9.	Web Address:	
10.	Name of External Auditor:	
11.	SWIFT Address:	
12.	Are your shares publicly traded? If 'yes', list exchanges and symbols:	
13.	Name of Parent Company (if applicable):	
14.	Country of Incorporation of Parent Company:	
15.	Number of your branches inside and outside of your home country:	
16.	Purpose for which the account will be	

Ticaret Unvanı : Albaraka Türk Katılım Bankası A.Ş.
 Sicil Numarası : İstanbul Ticaret Sicil Memurluğu/206671
 İşletme Merkezi : Saray Mah. Dr. Adnan Büyükdeniz Cad. No:6
 34768 Ümraniye/İstanbul

İnternet Sitesi Adresi: www.albarakaturk.com.tr

Commercial Title: Albaraka Türk Participation Bank
 Registry Number : İstanbul Trade Registry/206671
 Head Office : Dr. Adnan Büyükdeniz Street No:6
 Ümraniye/İstanbul

Website : www.albarakaturk.com.tr

	opened:	
17.	FATCA Status and GIIN Number: If not, what is your intention on becoming FATCA Compliant?	

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)

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

HİZMETE ÖZEL

Kişisel Veri İçermez

Ticaret Unvanı : Albaraka Türk Katılım Bankası A.Ş.
Sicil Numarası : İstanbul Ticaret Sicil Memurluğu/206671
İşletme Merkezi : Saray Mah. Dr. Adnan Büyükdenez Cad. No:6
34768 Ümraniye/İstanbul

İnternet Sitesi Adresi: www.albarakaturk.com.tr

Form No: E146 / 02

Commercial Title: Albaraka Türk Participation Bank
Registry Number : İstanbul Trade Registry/206671
Head Office : Dr. Adnan Büyükdenez Street No:6
Ümraniye/İstanbul
Website : www.albarakaturk.com.tr

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*

*Based on most recent published financial statements

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)		
2-	Has your country established laws/regulations Combating the Financing of Terrorism (CFT)		
3-	Is your institution subject to such laws/regulations?		
4 a)	Do you have a written policy and operational procedures for prevention of money laundering and terrorist financing?		
4 b)	If not, are they planned to be introduced? Please indicate the estimated date of implementation:		
5-	Are your policies / procedures compliant with local laws & regulations with regard to AML / CFT?		
6-	Are your policies / procedures compliant with the Financial Action Task Force's (40) Recommendations?		
7-	Would you provide us with a copy of your policies if we requested them?		
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		

HİZMETE ÖZEL

Kişisel Veri İçermez

Ticaret Unvanı : Albaraka Türk Katılım Bankası A.Ş.
Sicil Numarası : İstanbul Ticaret Sicil Memurluğu/206671
İşletme Merkezi : Saray Mah. Dr. Adnan Büyükdeniz Cad. No:6
34768 Ümraniye/İstanbul

İnternet Sitesi Adresi: www.albarakaturk.com.tr

Commercial Title: Albaraka Türk Participation Bank
Registry Number : İstanbul Trade Registry/206671
Head Office : Dr. Adnan Büyükdeniz Street No:6
Ümraniye/İstanbul
Website : www.albarakaturk.com.tr

	overseas)? If 'no' please give / attach details of any units that are excluded:		
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) b) c) d) e) f) g)	
10-	Do you retain copies of all relevant customer Identity Documents and transactions information? If 'yes' for what period?		
11-	Do you have appropriate risk management systems to determine whether a customer is a Politically Exposed Person (PEP)?		
12-	Do your policies and procedures permit you to open or maintain anonymous accounts?		
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)?		
14-	Are any third parties (e.g., 'payable through' accounts) allowed direct access to the account (if any) maintained with Albaraka Turk?		
15-	If 'yes' has their identity been verified in accordance with your AML/KYC policies and procedures?		
16-	Does your institution comply with FATF Special Recommendation VII and ensure that full originator information is included in all payments that you make?		
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?		
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?		
19-	Do you have policies and procedures for the identification and reporting of transactions that are required to be reported to the authorities?		
20-	Are you permitted by your local regulations to share relevant customer identification data with your correspondents should this be requested?		
21-	If 'yes', would you be willing to do so if required by us where a legitimate need has arisen?		
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		

HİZMETE ÖZEL

Kişisel Veri İçermez

Ticaret Unvanı : Albaraka Türk Katılım Bankası A.Ş.
Sicil Numarası : İstanbul Ticaret Sicil Memurluğu/206671
İşletme Merkezi : Saray Mah. Dr. Adnan Büyükdenez Cad. No:6
34768 Ümraniye/İstanbul

İnternet Sitesi Adresi: www.albarakaturk.com.tr

Commercial Title: Albaraka Türk Participation Bank
Registry Number : İstanbul Trade Registry/206671
Head Office : Dr. Adnan Büyükdenez Street No:6
Ümraniye/İstanbul
Website : www.albarakaturk.com.tr

	procedures?		
23-	Does the Regulatory body / competent authority in your country conduct AML / CFT reviews of your institution. If 'yes' with what frequency:		
24-	To the best of your knowledge are you in compliance in all material respects with all relevant AML / CFT laws and regulations?		
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.		
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?		
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?		
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		
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)		

PART [5] - CONTACT DETAILS

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

Name:		Phone:	
Address:		Fax:	
Title:		E-Mail:	

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)

HİZMETE ÖZEL
Kişisel Veri İçermez
Ticaret Unvanı : Albaraka Türk Katılım Bankası A.Ş.
Sicil Numarası : İstanbul Ticaret Sicil Memurluğu/206671
İşletme Merkezi : Saray Mah. Dr. Adnan Büyükdenez Cad. No:6
34768 Ümraniye/İstanbul

Commercial Title: Albaraka Türk Participation Bank
Registry Number : İstanbul Trade Registry/206671
Head Office : Dr. Adnan Büyükdenez Street No:6
Ümraniye/İstanbul
Website : www.albarakaturk.com.tr

İnternet Sitesi Adresi: www.albarakaturk.com.tr

Form No: E146 / 02

5 / 6

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: 1

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

Name:		Phone:	
Address		Fax:	
Title		E-Mail	

HİZMETE ÖZEL

Kişisel Veri İçermez

Ticaret Unvanı : Albaraka Türk Katılım Bankası A.Ş.
Sicil Numarası : İstanbul Ticaret Sicil Memurluğu/206671
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
Registry Number : İstanbul Trade Registry/206671
Head Office : Dr. Adnan Büyükdeniz Street No:6
Ümraniye/İstanbul
Website : www.albarakaturk.com.tr