



## Due Diligence Questionnaire

Financial Institution (FI) Name:

Parent Company name and country (if applicable):

Address:

Regulator:

Registration Number:

If you answer "no" to any question, additional information can be supplied at the end of the questionnaire.

### I. General AML Policies, Practices and Procedures

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| 1. Is your AML compliance program approved by your board or a senior committee?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. Do you have a designated officer, such as an MLRO, who is responsible for coordinating and overseeing the AML framework?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. Have you developed written policies documenting the processes that you have in place to prevent, detect and report suspicious transactions?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. In addition to inspections by the government supervisors/regulators, do you have an internal audit function or other independent third party that assesses AML policies and practices on a regular basis?                                     | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5. Do you have a policy prohibiting accounts/relationships with shell banks? (A shell bank is defined as a bank incorporated in a jurisdiction in which it has no physical presence and which is unaffiliated with a regulated financial group.) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 6. Do you have policies to reasonably ensure that you will not conduct transactions with or on behalf of shell banks through any of your accounts or products?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 7. Do you have policies covering relationships with Politically Exposed Persons (PEP's), their family and close associates?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 8. Do you have record retention procedures that comply with applicable law?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 9. Are your AML policies and practices being applied to all branches and subsidiaries both in your home country and in locations outside of that jurisdiction?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

### II. Risk Assessment

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 10. Do you have a risk-based assessment of your customer base and their transactions?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 11. Do you determine the appropriate level of enhanced due diligence necessary for those categories of customers and transactions that you have reason to believe pose a heightened risk of illicit activities at or through your firm? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |



### III. Know Your Customer, Due Diligence and Enhanced Due Diligence

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 12. Have you implemented processes for the identification of all customers on whose behalf you maintain or operate accounts or conduct transactions?          | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 13. Do you have a requirement to collect information regarding your customers' business activities?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 14. Do you assess your customers' AML policies or practices?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 15. Do you have a process to review and, where appropriate, update customer information relating to high risk clients?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 16. Do you have procedures to establish a record for each new customer noting their respective identification documents and 'Know Your Customer' information? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 17. Do you complete a risk-based assessment to understand the normal and expected transaction of your customers?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

### IV. Prevention and Detection of Transactions with Illegally Obtained Funds

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 18. Do you screen customers and transactions against lists of persons, entities or countries issued by government/competent authorities?                  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 19. Do you have policies to reasonably ensure that you only operate with correspondent banks that possess licenses to operate in the countries of origin? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

### V. Transaction Monitoring

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 20. Do you have a monitoring program for unusual and potentially suspicious activity that covers funds transfers and monetary instruments such as travelers cheques, money orders, etc? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|---|------------------------------|-----------------------------|

### VI. AML Training

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| 21. Do you provide ongoing AML training to relevant employees? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|--|------------------------------|-----------------------------|

## Additional information

Please indicate which question the information is referring to

Signature:

Completed by:

MLRO/Authorised Signatory/Director:

Date:

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