

E-GLOBEX SDN BHD

Wholesale Customer Due Diligence (CDD) Questionnaire

Background of the Company

Company Name	_____
Reg No	_____
License Type	_____
License No	_____

**Please fill in Remarks if (NO) or (N/A) is selected*

(I)	General AML Policies, Practices and Procedures	YES	NO	N/A
1	<p>Does your company have a AML/CFT compliance program and how frequent is it being reviewed?</p> <p>Remarks: _____</p> <p>_____</p>			
2	<p>Does the changes/updates in your company's AML/CFT Compliance Program require approval of the director?</p> <p>Remarks: _____</p> <p>_____</p>			
3	<p>Does your company designate a Compliance Officer who is responsible for coordinating and overseeing the AML program on a day-to-day basis?</p> <p><u>If Yes, kindly fill in the details</u></p> <p>Name : _____</p> <p>Contact No : _____</p> <p>Email : _____</p>			
4	<p>Has the Company developed written policies documenting the processes that they have in place to prevent, detect and report suspicious transactions?</p> <p>Remarks: _____</p> <p>_____</p>			
5	<p>In addition to inspections by the government supervisors/regulators, does the Company have an internal audit function or other independent third party that assesses that AML policies and practices on a regular basis? If Yes, how frequent?</p> <p>Remarks: _____</p> <p>_____</p>			

6	<p>Does the Company have a policy prohibiting accounts / relationships with shell companies/shell bank?</p> <p>Remarks: _____</p> <p>_____</p>			
7	<p>Does the Company have policies covering relationship with politically exposed persons consistent with industry best practices?</p> <p>Remarks: _____</p> <p>_____</p>			
8	<p>Does the Company have appropriate record retention procedures pursuant to applicable law? If yes, how long is the retention period?</p> <p>Remarks: _____</p> <p>_____</p>			
(II)	Risk Assessment	YES	NO	N/A
9	<p>Does the Company have a risk-focused assessment of its customer base and transactions of its customers?</p> <p>Remarks: _____</p> <p>_____</p>			
10	<p>Does the Company apply appropriate level of enhanced due diligence necessary for those categories of customers and transactions that the Company has reason to believe pose a heightened risk of illicit activities or through the Company?</p> <p>Remarks: _____</p> <p>_____</p>			
(III)	Know Your Customer, Due Diligence and Enhanced Due Diligence	YES	NO	N/A
11	<p>Has the Company implemented systems for the identification of its customers, including customer information in the case of recorded transactions, etc. (for example: name, nationality, address, telephone number, occupation, age/date of birth, number and type of valid official identification, as well as the name of the country/state that issued it)?</p> <p>Remarks: _____</p> <p>_____</p>			
12	<p>Does the Company have a requirement to collect information regarding its customers' business activities?</p> <p>Remarks: _____</p> <p>_____</p>			

(IV)	Reportable Transactions and Prevention & Detection of Transactions with Illegally Obtained Funds	YES	NO	N/A
13	<p>Does the Company have procedures to establish a record for each customer noting their respective identification documents and Know Your Customer Information collected during registration?</p> <p><i>Remarks:</i> _____</p> <p>_____</p>			
14	<p>Does the Company take steps to understand the normal and expected transactions of its customers based on its risk assessment of its customers?</p> <p><i>Remarks:</i> _____</p> <p>_____</p>			
15	<p>Does the Company, if regulated, has policies or practices for identification and reporting of transactions that are required to be reported to the authorities?</p> <p><i>Remarks:</i> _____</p> <p>_____</p>			
16	<p>Does the Company screens transactions for customers or transactions that Company deems to be significantly high risk (which may include persons, entities or countries that are contained on lists issued by government / international bodies) that special attention to such customers or transactions is necessary prior to completing any such transactions?</p> <p><i>Remarks:</i> _____</p> <p>_____</p>			
17	<p>Does the Company have policies to reasonably ensure that they will not conduct transactions with or on behalf of shell companies or shell banks through any of its accounts or products?</p> <p><i>Remarks:</i> _____</p> <p>_____</p>			
(V)	Transaction Monitoring	YES	NO	N/A
18	<p>Does the Company have a monitoring program for suspicious or unusual activity that covers funds and monetary instruments (such as traveller's cheques, remittances, etc.)?</p> <p><i>Remarks:</i> _____</p> <p>_____</p>			
(VI)	AML Training	YES	NO	N/A
19	<p>Does the Company provide AML training to relevant employees that includes identification and reporting of transactions that must be reported to government authorities?</p> <p><i>Remarks:</i> _____</p> <p>_____</p>			

<p>20</p>	<p>Does the Company have policies to communicate new AML related laws or changes to existing AML related policies or practices to relevant employees?</p> <p>Remarks: _____ _____</p>			
<p>(VII) Settlement</p>		<p>YES</p>	<p>NO</p>	<p>N/A</p>
<p>21</p>	<p>Does the Company do settlement other than cash?</p> <p><u>If Yes, please state the bank details as below</u></p> <p>Bank : _____ Acc No : _____ Acc Holder : _____</p> <p>If the Company has more than one bank for settlement purpose, please attach the details in a separate sheet.</p>			

I confirm that I am authorized to complete this document. I declare that the information furnished above is true and correct to the best of my knowledge.

Signature : _____

Name : _____

Title : _____

Date : _____

Company Stamp :