



**Appendix E: Know Your Client
DUE DILIGENCE QUESTIONNAIRE**

It is RBC policy to obtain information from all financial institutions doing business with RBC relative to their anti-money laundering, anti-terrorism controls. Your cooperation in completing this questionnaire is greatly appreciated.

SECTION 1 of 6 : Entity Information				
1	Entity Legal Name			
2	Entity Address (Civic Address, PO Boxes are not acceptable)			
3	Please indicate the primary business activities of the institution. <i>(If information is available on your website please provide the link)</i>		<input type="checkbox"/> Personal banking	<input type="checkbox"/> Corporate Banking
			<input type="checkbox"/> Private Banking	<input type="checkbox"/> Trade Finance
			<input type="checkbox"/> Investments	<input type="checkbox"/> Insurance
			<input type="checkbox"/> Correspondent Banking	<input type="checkbox"/> Wealth Management
			<input type="checkbox"/> Other	
			Refer to website:	
4	i	Total number of domestic branches and subsidiaries	Branches: Subsidiaries:	
	ii	Total number of international branches and subsidiaries	Branches: Subsidiaries:	
	iii	Does your institution have branches or subsidiaries which are located in countries against which the US and or European Union (EU) have enacted economic sanctions/embargoes? US: http://www.treasury.gov/RESOURCE-CENTER/SANCTIONS/Programs/Pages/Programs.aspx EU: http://eeas.europa.eu/cfsp/sanctions/docs/measures_en.pdf	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	If yes, please indicate countries?			
	iv	Total number of employees		
5	v	List the top 3 countries/jurisdictions your institution operates in and the percentage of business in each location.	Market Location % of overall business	
		1.	%	
		2.	%	
		3.	%	
5	Does this questionnaire apply to your head office as well as branches and/or subsidiaries?		Yes <input type="checkbox"/> No <input type="checkbox"/>	

6	Please provide a list of the banks with which your financial institution holds correspondent relationships (nostro accounts). <i>If information is available from a public source (i.e. Bankers Almanac etc.), please provide link.</i> <input type="checkbox"/> Attached <input type="checkbox"/> Information available at electronic source		
7	Please indicate whether your financial institution provides accounts (vostro accounts) for banks that are listed on the following government control lists: <ul style="list-style-type: none"> • USA Patriot ACT Section 311 • OFAC <i>List available at: http://www.fincen.gov/statutes_regs/patriot/section311.html</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7b	If answer is yes, provide bank names		

SECTION 2 OF 6: AML Laws

1	Has the country in which you are located established laws designed to prevent money laundering? If yes, please complete the following questions. Law: Year Enacted: Year Amended (if applicable):	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2	Has the country in which you are located established laws designed to prevent terrorist financing? If yes, please complete the following questions. Law: Year Enacted: Year Amended (if applicable):	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3	Has the country in which you are located established a central reporting agency or financial intelligence unit for the purpose of collecting and assessing suspicious transaction reports?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3b	If yes, please advise name of the Agency:		

SECTION 3 OF 6: Client Due Diligence

1	Is your institution's AML compliance program approved by board of directors or a senior committee at your financial institution?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2	Has your institution implemented written policies and procedures on KYC? If the answer is yes, please proceed to question 4.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3	If the answer to question 2 is no, please explain why not. Is your institution taking steps to implement written KYC policies? When will the policies be implemented?		
4	Has your institution implemented systems and processes for the identification of its customers, including customer record keeping information for account opening, one-off transactions, etc? <i>(I.e. Know Your Customer Information: name, nationality, street address, telephone number, occupation, age/ date of birth, number and type of valid government issued identification, as well as the name of the country/state that issued it.)</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

5	Does your institution initiate/process transactions on behalf of non-clients (i.e. clients that conduct one-off transactions)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5b	If the answer to question 5 is yes, please advise if you have policies in place to monitor unusual/suspicious activities related to these non-client(s)?		
6	Does your institution have a requirement to collect the nature of customers' business activities?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7	Does your institution confirm the existence of corporations / non corporate entities using independent source documents?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
8	Does your institution collect information regarding, and assess, your financial institution customers' (i.e. correspondent banks) AML policies and practices?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
9	Does your institution have policies to reasonably ensure that it only provides vostro accounts for banks that have a license to operate in the country in which it is located?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
10	Does your institution take steps to understand the normal and expected transactions of your customers based on your risk assessment of your customers?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
11	Does your institution open or maintain anonymous accounts or numbered accounts?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
11b	<p>If you responded "yes" to question 11, please confirm the following:</p> <p>(a) Does your institution screen your client database and transaction on these accounts on an ongoing basis?</p> <p>(b) How does your institution know who the ultimate beneficial owner of the account is?</p> <p>(c) What type of products and services does your institution offer to these account holders on these accounts (e.g. wire payment, cheque, etc.)?</p> <p>(d) Would any funds from these accounts flow through your account(s) held at RBC and are they fully transparent? (e.g. disclose the originator name, and address)</p>	<p>Yes <input type="checkbox"/></p> <p>Yes <input type="checkbox"/></p>	<p>No <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>
12	Does your institution have policies that cover relationships with politically exposed persons (i.e. PEPs) and, their families?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
13	Does your institution have policies that cover relationships with close associates of Politically Exposed Persons? <i>(A close associate of a PEP is defined as an individual with whom a PEP is widely or publicly known to have a very close personal or business relationship such as a PEP's inner circle, very close colleagues, personal advisors, or persons acting in a financial fiduciary capacity)</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
14	Does your institution conduct enhanced due diligence and a senior management one-up approval process for high risk clients such as Politically Exposed Persons, Correspondent Banks, Money Service Businesses?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
15	Has your institution implemented procedures related to record retention pursuant to applicable law?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

SECTION 4 OF 6: Transaction Monitoring

1	Has your institution developed written policies documenting the processes and practices to prevent, detect and report suspicious transactions that have been approved by senior management?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2	Does your institution rely on automated processes in order to detect unusual activity related to money laundering?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2b	If the monitoring is done manually, please advise the frequency (e.g. daily, weekly, monthly, etc.)		
3	Does your institution have a monitoring program for suspicious or unusual activity that covers electronic funds transfers?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4	Does your institution have a monitoring program for suspicious or unusual activity that covers negotiable instruments (such as travelers' cheques, money orders, etc.)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5	Is your institution required to report large cash transactions conducted by, or for the benefit of the same individual within a 24 hour period)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6	If you responded "yes" to question 5, does your institution have procedures to identify transactions structured to avoid large cash reporting requirements?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7	Is your institution required to report large value electronic funds transfers conducted by, or for the benefit of the same individual within a 24 hour period?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
8	If you responded "yes" to question 7, does your institution have procedures to identify structured large dollar electronic funds transfers?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
9	Does your institution screen your customer database to ensure that it is not providing financial services to a listed person or entity?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
10	Is this client screening process completed through an automated system?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
11	If the client screening is done manually, please advise the frequency (e.g. daily, weekly, monthly, etc.).		
12	Does your institution screen transactions (e.g. wire payment) to ensure that financial services are not facilitated on behalf of, in favour of a listed individual/entity/country?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
13	Is the screening process for question 12 automated?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
13b	If the transaction screening is done manually, please advise the frequency (e.g. daily, weekly, monthly, etc.)		
14	Please confirm which lists you screen your client database/transactions against:		
	<input type="checkbox"/> United Nations Security Council Resolution 1267 (1999) <input type="checkbox"/> United Nations Security Council Resolution 1988 (2011) <input type="checkbox"/> United Nations Security Council Resolution 1373 (2001) <input type="checkbox"/> Office of Foreign Assets Control (OFAC)		

15	Does the financial institution adhere to the Wolfsberg Transparency Principles and the appropriate usage of the SWIFT MT202/202 COV and MT 205/205 COV message formats?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
16	Will your account(s) with RBC be used to provide downstream clearing to other financial institutions? If response to this question is no, please proceed to section 5.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
16b	If answer to question 16 is yes, does your institution conduct ongoing due diligence on the financial institutions to which you provide downstream clearing services?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
16c	If answer to question 16 is yes, are any of the downstream financial institutions you service listed on the following control lists? <ul style="list-style-type: none"> • USA Patriot ACT Section 311 • OFAC List: http://www.fincen.gov/statutes_regs/patriot/section311.html	Yes <input type="checkbox"/>	No <input type="checkbox"/>
16d	If answer to question 16c is yes, please provide names of the downstream FIs that are listed on Control Lists?		

SECTION 5 OF 6: Training And Audit

1	Does your institution have an employee-training program to teach employees about money laundering/terrorist financing and to assist them in identifying/reporting suspicious activities?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2	Does your institution have an established audit and compliance review function to test the adequacy of your Anti-Money Laundering/Terrorist Financing policies and programs?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3	Does your institution communicate new AML related laws, or changes to existing AML related policies or practices to relevant employees?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4	Does your institution employ third parties to carry out some of the AML functions and processes of the financial institution?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4b	If the answer to question 4 is yes, does your institution provide AML training to relevant third parties?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

SECTION 6 OF 6: Compliance With Regulatory Requirements

1	Is your institution compliant with the anti-money laundering laws/terrorist financing laws of the jurisdiction in which you operate?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2	Within the past 5 years, has your institution been subject to civil or criminal penalties stemming from deficiencies in your AML/ATF program?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2b	If the answer is yes, please provide a detailed explanation on the penalty and the measures that your institution has undertaken to improve matters.		

Contact Information

Do you have a primary compliance officer who is responsible for Anti-Money Laundering (AML) and "Know Your Customer" (KYC) compliance?
If "yes", please provide compliance officer information

Name:

Title

Address:

Email:

Telephone Number:

Please provide contact information on the individual completing this form.

Same individual as named above

Name:

Title

Address:

Email:

Telephone Number:

I confirm that the above information is current, accurate and reflective of my institution's Know Your Customer/Anti-Money Laundering policies.

Name:

Authorized Signature : _____

Date(DD/MM/YYYY):