Bank of Commerce

Anti-Money Laundering (AML) Questionnaire

A. Basic Information

Legal name of Institution	
Principal place of business	
Registration number	
Type of license	
Year the Institution was established	
Number of branches	Domestic : Foreign (if any) :
Name of ultimate parent Institution (if applicable)	
Parent Institution's physical business address	
Relationship with parent (branch / agency / subsidiary)	
Is your parent company a publicly listed entity? If yes, where is it listed and under which symbol are its shares traded?	
Name of authorized officer responsible for the maintenance of correspondent banking/account relationship, designation and contact details	

B . Ownership/Management

1. Is your Institution publicly listed? [ ] YES [ ] NO
   If yes, please indicate the exchange on which its shares are traded.

2. Is your Institution privately owned? [ ] YES [ ] NO
If yes, please list the names of all owners in the table below and their respective interests (%) in the Institution. Add additional rows, if necessary.

Name	% Ownership

Note: An "owner" is any person or legal entity that directly or indirectly owns or controls any class of securities or other voting interests of the Institution.

3. If any of the above owners is a juridical entity, indicate below the name of the shareholders of the juridical entity, and their ownership interest in the juridical entity. If these shareholders are also juridical entities, please indicate their respective shareholders' names, ownership and nature of ownership. Please follow this process until the true beneficial owners are identified.

Note: If the corporate stockholder is publicly listed, please indicate only that it is publicly held and the exchange on which its shares are traded.

Entity	Shareholders	Ownership Interest (%)	Nature of Ownership (Direct / Indirect)

4. Had there been any significant changes in ownership over the past five years? [ ] YES [ ] NO
If so, please provide details.

5. Please provide the name of the Institution's senior officers, position and years of service. Add additional rows, if necessary.

Name of Senior Executive	Position	Years of Service

6. Are there any Politically Exposed Persons (PEP) among your Institution's ownership structure and executive management?
[ ] YES [ ] NO If yes, please provide name and role.

Name of PEP	Role

Note: Politically Exposed Person (PEP) is an individual who is or has been entrusted with prominent public positions in the Philippines or in a foreign state, including Heads of State or of government, senior politicians, senior national or local government, judicial or military officials, senior executives of government or state owned or controlled corporations and important political party officials.

C. Business Activity

1. Please provide the principal types of financial products and services offered by your Institution to your client base and geographical markets covered.

2. Is your Institution a shell bank? [ ] YES [ ] NO
Does your Institution conduct business with a shell bank? [ ] YES [ ] NO

Note: Shell bank means a bank incorporated in a jurisdiction in which has no physical presence and which is unaffiliated with a regulated financial group.

D. Regulatory Status

Primary regulatory body and the jurisdiction of local licensing authority	
Regulatory authority responsible for anti-money laundering supervision of the Institution If none, please indicate the name of industry supervisor and / or industry code of self-regulation.	
Name of external auditors	
Had there been any negative articles or information on the press about your Institution, its officers, directors, employees, owners, or customers in the last three (3) years that would reflect on the Institution's reputation for legal compliance?	

E. Anti-Money Laundering Control

1. Please describe your Institution's Know-Your-Customer (KYC) policies. Provide information on account opening procedures, documentation requirements and record retention policies, the identification of beneficial owners and the acceptance of high risk customers (such as non-FATF based customers, PEP, etc.).

2. Is your Institution subject to the AML and KYC policies and procedures of your ultimate parent company?
   [ ] YES [ ] NO

3. Does your institution open / maintain account for customers which are not identified (anonymous accounts)?
   [ ] YES [ ] NO

4. Please describe your procedures for updating and reviewing customer information.

5. Does your institution ensure that its credit / financial institution customers have adequate AML and KYC procedures in place?
   [ ] YES [ ] NO

6. How do you monitor transactions so that unusual activity would raise alerts and suspicious activity detected?

7. Please describe your policies and procedures in reporting suspicious activities / transactions. Does your policy provide protection to employees for reporting suspicious transactions?

8. What money laundering deterrence training do you provide to your officers and staff?

9. Please describe whether the AML and KYC measures implemented and described above are subject to independent and periodic internal and external audit reviews.

10. Please provide the name and contact details (email address and telephone number) of your Compliance Officer or the person in-charge of the AML/KYC programme.

Certification

Questionnaire completed by (duly authorized officer of the Institution)

Name :

Title :

Date :

Signature : _____