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| **Self-Evaluation Survey** | | | | | | |
| **I. Primary Information of the respondent bank** | | | | | | |
| 1. Full legal name | | |  | | | |
| 1. Legal address | | |  | | | |
| 1. Contact address | | |  | | | |
| 1. Organizational - legal form | | |  | | | |
| 1. Type of license for conducting banking operations | | |  | | | |
| 1. Title of the body issuing the license for conducting banking operations | | |  | | | |
| 1. Countries where branches are located | | |  | | | |
| 1. Number of branches | | |  | | | |
| 1. Registration number | | |  | | | |
| 1. Registration date | | |  | | | |
| 1. Ownership structure | | |  | | | |
| 1. Management structure | | |  | | | |
| 1. Politically exposed person working in the administrative board | | |  | | | |
| 1. Financial institution rating | | |  | | | |
| 1. Number of employees | | |  | | | |
| 1. Types of banking activities | | |  | | | |
| 1. Title of the banking regulatory and supervisory authority | | |  | | | |
| 1. Registered capital | | |  | | | |
| 1. PEP person in Bank Management/Shareholder | | |  | | | |
| 1. AML Compliance officer information | | | | | | |
| Name:  Surname:  Title:  Phone:  E-mail: | | |  | | | |
| 1. Information about shareholders and beneficial owners holding 10% or more | | | | | | |
| **Name of shareholder and percentage of shareholding (%)** | **Tax identification number and place of incorporation (residence), full address** | | **Main type of activity** | **Name, date and place of birth of beneficial owner, % of shareholding** | | **Residence address and main type of activity of shareholding** |
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| **II. Experience, rules and procedures on combating the legalization of criminally obtained funds or other property and the financing of terrorism (AML/CFT)** | | | | | **Yes** | **No** |
| 1. Did the management structure of the bank approve the Internal Control System? | | | | |  |  |
| 1. Was a compliance officer appointed to supervise the implementation of the rules and procedures on AML/CFT at the bank? | | | | |  |  |
| 1. Has the bank approved regulation on detection and prevention of suspicious transactions and submission of relevant information to the financial monitoring organ? | | | | |  |  |
| 1. Does the bank possess an internal audit system or other independent audit service which checks the efficiency of the implementation of AML/CFT rules and procedures regularly, besides supervision measures carried out by regulatory and supervision authorities? | | | | |  |  |
| 1. Does the bank have rules and procedures that prohibit establishing or continuing business relations with shell-banks? | | | | |  |  |
| 1. Is there rules and procedures ensuring that no transaction will be conducted with shell banks or on their behalf through any account or product at the bank? | | | | |  |  |
| 1. Does the bank have rules and procedures that cover relations with politically exposed persons of foreign states? | | | | |  |  |
| 1. Does the bank have rules and procedures on ensuring documentation and confidentiality of information in accordance with effective legislation for AML/CFT? | | | | |  |  |
| 1. Are AML/CFT rules and procedures applied in all domestic and overseas branches and representative offices of the bank? | | | | |  |  |
| **III. Risk assessment** | | | | | **Yes** | **No** |
| 1. Are the customers and operations they conduct evaluated in terms of "risk-based approach" principles? | | | | |  |  |
| 1. Has the bank established enhanced due diligence measures for specific categories of high risk customers and operations in AML/CFT field? | | | | |  |  |
| **IV. Identification, verification and enhanced due diligence measures** | | | | | **Yes** | **No** |
| 1. Does the bank possess procedures to reveal the real identities of the holders of the accounts managed by others or conducting transactions? | | | | |  |  |
| 1. Is there a requirement to collect detailed information about the business activities of the customers at the bank? | | | | |  |  |
| 1. Does the bank evaluate AML/CFT experience, rules and procedures of its customers? | | | | |  |  |
| 1. Does the bank have procedures to regularly review and update information concerning high risk customers? | | | | |  |  |
| 1. Does the bank have procedures to record documents and maintain the register for each new customer including information on identification, verification and enhanced due diligence? | | | | |  |  |
| 1. Does the bank use the principle of “risk-basis approach” to analyze normal and expected transactions of the customer? | | | | |  |  |
| **V. Detection and prevention of suspicious transactions and reporting** | | | | | **Yes** | **No** |
| 1. Does the bank have a procedure and experience in detection and reporting of transactions to be submitted to financial monitoring unit? | | | | |  |  |
| 1. Does the bank have procedures in cases of necessity to detect transactions attempting to block the transfer of information concerning cash transactions? | | | | |  |  |
| 1. Does the bank check transactions and customers related to the list of persons and countries prepared by the financial monitoring organ? | | | | |  |  |
| 1. Does the bank investigate whether the correspondent banks with which it is cooperating possess the appropriate license to function their own countries? | | | | |  |  |
| **VI. Monitoring of transactions** | | | | | **Yes** | **No** |
| 1. Does the Bank have a monitoring program for unusual and suspicious transactions such as the transfer of funds, traveller’s cheque, etc? | | | | |  |  |
| **VII. AML/CFT Training** | | | | | **Yes** | **No** |
| 1. Does the Bank deliver training for its employees on the following components:    * Detecting and presenting transactions to be reported to financial monitoring organ;    * various AML/CFT typologies also covering product and services of the bank;    * internal AML/CFT regulations. | | | | |  |  |
| 1. Does the bank retain information on the seminars it held, including relevant seminar materials and notes on attendance? | | | | |  |  |
| 1. Are the bank employees informed about amendments to existing AML/CFT legislation? | | | | |  |  |
| 1. Does the bank involve any third person to its activity? | | | | |  |  |
| 1. If the bank involves any third person to the activity, do those persons deliver trainings on the following subjects:    * Detecting and presenting transactions to be reported to financial monitoring organ;    * various AML/CFT typologies also covering product and services of the bank;    * internal AML/CFT regulations. | | | | |  |  |
| **VIII. Sanctions** | | | | | **Yes** | **No** |
| 1. Does the Entity have a Sanctions Policy approved by management regarding compliance with sanctions law applicable to the Entity, including with respect to its business conducted with, or through accounts held at foreign financial institutions? | | | | |  |  |
| 1. Does the Entity screen its customers, including beneficial ownership information collected by the Entity, during onboarding and regularly thereafter against Sanctions Lists? | | | | |  |  |
| 1. Does the Entity screen all sanctions relevant data, including at a minimum, entity and location information, contained in cross border transactions against Sanctions Lists? | | | | |  |  |
| 1. Indicate the Sanctions Lists used by the Entity in its sanctions screening processes: | | | | | | |
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| 1. When regulatory authorities make updates to their Sanctions list, how many business days before the entity updates their active manual and/or automated screening systems against customer data and transactions? | | | | |  | |
| 1. Does the Entity have a physical presence, e.g. branches, subsidiaries, or representative offices located in countries/regions against which UN, OFAC, OFSI, EU or G7 member countries have enacted comprehensive junsdiction-based Sanctions?  * If yes, please indicate the countries: | | | | |  |  |
| **IX. Certification** | | | | | **Yes** | **No** |
| 1. We have currently active certification of USA Patriot Act. | | | | |  |  |
| 1. We made changes and additions about FATCA in internal procedures | | | | |  |  |
| 1. We affirm that we do not open the accounts for shell banks and do not conduct any transaction on the behalf of such banks directly or using any of their products. | | | | |  |  |
| 1. Have you FATCA GIIN number? İf yes please note   **GIIN no:** | | | | |  |  |
| **On behalf of the bank** | | | | | | |
| **Name** | |  | | | | |
| Position | |  | | | | |
| **Date: \_\_\_\_\_\_\_\_\_\_\_** | | **Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | |
| **Name** | |  | | | | |
| Position | |  | | | | |
| **Date: \_\_\_\_\_\_\_\_\_\_** | | **Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | |