



## 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"/>
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### VI. AML Training

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

Please indicate which question the information is referring to

Signature:

Completed by:

MLRO/Authorised Signatory/Director:

Date:

For more information visit [abrdn.com](http://abrdn.com)

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