



STOPANSKA BANKA AD - SKOPJE
member of NBG group

Stopanska banka AD Skopje, 11 Oktomvri 7, 1000 Skopje, Republic of Macedonia,
tel. +389 2 3295-295, fax +389 2 3114-503, SBANK MB, SWIFT CODE: STOB MK 2X,
e-mail: sbank@stb.com.mk, http://www.stb.com.mk

KNOW YOUR CLIENT AND ANTI-MONEY LAUNDERING QUESTIONNAIRE

If your answer is „no“ to any question, additional information can be supplied at the end of the questionnaire.

SECTION 1 – CORRESPONDENT BANK DETAILS

1.1 Contact Details	
Full legal name:	
Trading name(s) used (if different to above):	
Full address of registered office:	Street details:
	Suburb: Postal/ZIP code:
	Country:
Full mailing address (if different to above):	Street details:
	Suburb: Postal/ZIP code:
	Country:
Address of principal place of business (if different to above):	Street details:
	Suburb: Postal/ZIP code:
	Country:
Country of incorporation and/or registration (if different to above):	
Date of incorporation/establishment:	
Does your Financial Institution maintain a physical presence in where it operates:	<p>a) Which is a fixed address in the jurisdiction in which it is authorized to operate? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>b) And is subject to inspection by the body that authorized the company to operate in that place? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If not, does your financial institution or affiliate operate as a shell company? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
Number of employees:	
Number of branches/sub branches:	
Phone (Main):	
Phone (Alternative):	
Fax:	
SWIFT Address:	
Email:	
Website:	

1.2. Legal Form, Regulatory status and Other Details	
What is the legal form of your Financial Institution (FI)?	
<input type="checkbox"/> Public company	<input type="checkbox"/> Private company
<input type="checkbox"/> State Owned Company	<input type="checkbox"/> Other (please provide full details below)



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Is your FI regulated in its banking /other activities by a financial services regulator?	<input type="checkbox"/> Yes – Please state name of the regulator(s) below
	<input type="checkbox"/> No
Banking license (type, number, issuing date, expire date):	
Financial Institution's (tax) identification number:	
Principle areas of business activity (commercial banking, private, corporate, wholesale, insurance, trade finance etc.) Please indicate the percentage of appropriate business activity your institution is involved. Example: <i>Commercial Banking 100%</i> :	
Clientele (universal, retail, corporate):	
What is the purpose and scope of maintaining correspondent relationship and arrangements with Stopanska Banka AD-Skopje?	
Is your institution publicly listed?	<input type="checkbox"/> Yes – Please state below: a) Name of stock exchange (s): b) Full name of company's securities: c) Stock exchange listing code:
	<input type="checkbox"/> No
Total assets in €:	

SECTION 2 – OWNERSHIP & MANAGEMENT INFORMATION

2.1. Please provide full name, ownership interest and nature of ownership of any ultimate beneficial owners who maintain more than a 25% share, or who control a 25% or more share, of your institution
(For purposes of this question, an "owner" is any person or legal entity that, directly or indirectly, owns, controls or has voting power of 25% or more of share or any class of securities of your institution).

Name	Ownership interest (percentage)	Nature of ownership (direct / Indirect)

If any of the owners is a legal entity, please, list the names of the shareholders of the legal entity, and their ownership interest in the legal entity.¹ (Please attach additional sheets if necessary).

¹ If the second tier shareholders also are legal entities, the third tier shareholders' names, ownership and nature of ownership interests also shall be listed. This exercise continues through the required number of iterations until the true beneficial owners are identified.



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Entity	Shareholders	Ownership interest (percentage)	Nature of ownership (direct / Indirect)

2.2 Please provide your top level management structure and attach full name and position of your institution's directors and chief executive officer(s) or equivalent (especially Board of Directors (e.g. CEO,CFO) and Supervisory Board).

Please attach additional sheets if necessary.

NAME	POSITION
2.3 Do you have any Politically Exposed Persons in the management?	<input type="checkbox"/> Yes – Please state the name and function below <input type="checkbox"/> No

Please confirm the areas of your organization covered by responses to this survey: (If your institution does not own branches/subsidiaries please indicate N/A below):

Head Office & domestic branches Yes No N/A
 Domestic subsidiaries Yes No N/A
 Foreign branches Yes No N/A
 Foreign subsidiaries Yes No N/A

SECTION 3 – ANTI MONEY LAUNDERING (AML) CONTROLS AND ASSESSMENT

3.1 AML overview

1. Is your FI subject to local AML laws/regulation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Is your FI a member of a Group of companies. Does the Ultimate Parent entity require that all members of its Group apply common internal standards of AML controls?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

3.2 Anti-Money Laundering Compliance Program

1. Does your institution have an AML Compliance Program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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<p>2. Does your institution have a legal and regulatory compliance program that includes a designated officer that is responsible for coordinating and overseeing the AML framework?</p> <p>If yes, please provide the name and contact information of an officer Name: Title: Phone/Fax: Email address</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
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3.3 Polices and procedures	
1. Does your AML Compliance Program require the approval of your board or a senior committee thereof?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Does your AML program and written policies and procedures comply with current AML legislations, regulations and guidelines issued by the regulatory bodies in the jurisdiction in which you operate?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Does your institution have written policies that have been approved by senior management documenting the processes that have been put in place to prevent, detect and report suspicious transactions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. In addition to inspections by the government supervisors/regulators, does your institution have an internal audit function or other independent third party that assesses aml policies and practices on a regular basis? If yes, how frequently are these audits/tests conducted (i.e. quarterly, annually)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Does your institution have policies covering relationships with politically exposed persons consistent with world-wide financial services best practices?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Does your institution have appropriate record retention procedures pursuant to applicable law? if yes, how long are records retained?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Does your institution's AML policies and practices apply to all your branches and subsidiaries both in your home country and in locations outside of your home country?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Do you ensure that your policies, procedures and controls are communicated and enforced effectively in your network of domestic and international offices through the following approaches: <ul style="list-style-type: none"> • internal circulars • procedural manuals • internal audit • compliance officer checks • external audit /regulatory inspection 	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Does your institution require full details for wire transactions, i.e. sender and beneficiary names, address and account number	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Does your institution have any restrictions under your banking license e.g. is your institution only limited to conducting business with non-residents or in non-local currencies?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.4 Correspondent Banking	
1. Does your institution have any accounts or 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.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Does your institution have a policy prohibiting correspondent accounts/relationships with shell banks?	<input type="checkbox"/> Yes <input type="checkbox"/> No



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3. Does your institution 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Does your institution have policies to reasonably ensure that it only operates with correspondent banks that possess licenses to operate in their countries of origin?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Does your institution obtain sufficient information to gain an understanding of your correspondents' business, reputation and regulatory history?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Does your institution assess your correspondents' anti-money laundering/counter-terrorist financing controls?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are all new correspondent relationships approved by a senior manager?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Does your institution collect and assess your correspondent's aml policies or practices?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Does your institution offer "payable through accounts" or any other accounts which can transact through nostro and vostro accounts? (payable through accounts are a type of correspondent banking account which is subdivided by the foreign bank into sub-accounts, each in the name of one of the foreign bank's customers, thus giving the foreign bank's customers direct access to the products of the first financial institution). if 'yes' have you verified the identity of and/or do you perform ongoing due diligence on those customers that have direct access to your account?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.5 Risk Assessment		
1. Does your institution have a risk focused assessment of your customer base and their transactions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Does your institution determine the appropriate level of enhanced and ongoing due diligence necessary for those categories of customers and transactions that you have reason to believe pose a heightened risk of money laundering and terrorist financing activities at or through your institution?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Does your institution take steps to understand the normal and expected transactions of your customers based on your risk assessment of your customers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.6 Know Your Customer		
1. Has your institution implemented systems for the identification of all your customers at account opening, including verification of customer information from independent and reliable sources (e.g. name, street address, date of birth, number and type of valid official identification)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Does your institution have procedures to establish a record for each customer noting their respective identification documents and know your customer information collected at account opening?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Does your institution provide anonymous accounts, or numbered accounts for which you do not collect the full details of the beneficial owner?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Does your institution accept wire transfers or any other means of funds transfer on behalf of non-customers without obtaining proof of identification?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Does your institution have a requirement to collect information regarding your customer's business activities/source of funds?	<input type="checkbox"/> Yes	<input type="checkbox"/> No



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3.7 Reportable transactions and revention and detection of Transactions with illegally obtained funds	
1. Does your institution have policies or practices for the identification and reporting of transactions that are required to be reported to the authorities?	<input type="checkbox"/> yes <input type="checkbox"/> no
2. Does your institution have procedures to identify transactions structured to avoid large cash reporting requirements?	<input type="checkbox"/> yes <input type="checkbox"/> no
3. Does your institution screen transactions for customers or transactions you deem to be of significantly heightened 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?	<input type="checkbox"/> yes <input type="checkbox"/> no
3.8 Transaction Monitoring	
1. Does your institution have a monitoring program for suspicious or unusual activity that covers funds transfers and monetary instruments (such as travelers checks, money orders, etc)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Does your institution have a transaction monitoring system to automatically detect suspicious activities/ transactions? If yes, please describe name of system (software), vendor, user divisions and number of staff.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.9 Sanctions Screening	
1. Does your institution filter payments against relevant sanctions lists? If Yes, please describe name of the applicable sanctions list within your institution. UN OFAC EU others (please specify:)	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Does your institution have a transaction monitoring system to automatically detect sanctioned transactions? If yes, please describe name of system (software), vendor, user divisions and number of staff.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.10 AML Training	
1. Does your institution provide AML training to relevant employees that includes identification and reporting of transactions that must be reported to government authorities, examples of different forms of money laundering involving your products and services and internal policies to prevent money laundering?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Does your institution retain records of its training sessions including attendance records and relevant training materials used?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Does your institution have policies to communicate new AML related laws or changes to existing aml related policies or practices to relevant employees?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Does your institution employ third parties to carry out some of the functions of your institution ? if yes, does your institution provide aml training to relevant third parties that includes:	<input type="checkbox"/> Yes <input type="checkbox"/> No
➤ identification and reporting of transactions that must be reported to government authorities	<input type="checkbox"/> Yes <input type="checkbox"/> No
➤ Examples of different forms of money laundering involving the fi's products and services.	<input type="checkbox"/> Yes <input type="checkbox"/> No
➤ internal policies to prevent money laundering	<input type="checkbox"/> Yes <input type="checkbox"/> No



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3.11 AML Regulation	
1. Does your country comply to the 40 Anti-Money Laundering Recommendations and Nine Special Terrorist Financing Recommendations developed by the Financial Action Task Force (FATF)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Is your country member of FATF? If your country is not a member of the FATF please provide the name of the comparable organization to which your country belongs, (e.g. MONEYVAL, AGP – Asia Pacific Group on money laundering).	<input type="checkbox"/> Yes <input type="checkbox"/> No

3.12 Regulatory Action	
1. Has your institution or parent bank been the subject of any money laundering or terrorist financing-related proceedings, investigations, sanctions, punitive actions indictment, had fines, conviction or civil enforcement action imposed on your institution or parent bank by a regulator or law enforcement body during the last five years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Has your institution, to your knowledge, been the subject to any investigation, indictment, penalty, fine, conviction or civil enforcement action related to terrorism financing in the past five years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If the answer to any of the questions from 3.11 are yes, please provide short description:	

SECTION 4 –FATCA STATUS

4.1 FATCA STATUS	
Please provide us with fatca registration status of your bank.	
4.2 GIIN	
Please provide us with GIN of your bank and foreign branches, if any. In case of non registration, please inform us on your current and future situation in this regard.	
4.3. VALID US TAX DOCUMENTATION (i.e. Form W-9; Form W-8 and/or a self-certification form)	
Please provide us with valid US tax documentation (i.e. Form W-9, Form W-8 and/or a self-certification form) and supporting documentation, where applicable.	



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SECTION 5 – REQUIRED DOCUMENTS*

5.1 Wolfsberg Group Anti-Money Laundering Questionnaire	
Please provide the latest Wolfsberg AML Questionnaire (No.1 to No.28) prepared by your own institution.	
5.2 AML POLICY	
Please provide a copy of your AML/ CFT Policy (If part of a Group, your Group AML/ CFT Policy) with list of applicable overseas branches and subsidiaries (if any). If not available please provide us with your AML-CFT LETTER OF CERTIFICATION.	
5.3 USA PATRIOT ACT CERTIFICATION	
Please provide the latest USA Patriot Act Certification (if any).	
5.4 VALIDATE BANKING LICENCE	
Please provide a copy of your validate banking license.	
5.5 VALIDATE EXTRACT FROM THE COURT OF REGISTRY	
Please provide copy of validate extract from the court of registry, not older than six months.	
5.6. ANNUAL REPORT	
Please provide the relevant website link of the latest annual report (English version is much appreciated) or send by post mail.	
5.7. LIST OF AUTHORIZED SIGNATORIES	
Please provide with your latest list of authorized signatories.	
5.8. YOUR TERMS AND CONDITIONS	
5.9. YOUR SSI INSTRUCTIONS REGARDING TREASURY AND COMMERCIAL PAYMENTS	

** Stopanska Banka AD - Skopje will accept receipt of these electronic documents in the following formats: PDF, JPEG, TIF.*

Space for additional information:

(Please indicate which question the information is referring to.)

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SECTION 6 – AML/CTF CERTIFICATION

I, (NAME AND SURNAME), certify that I have read and understood this Questionnaire, that the statements made herein are complete and correct, and that I am authorized to execute this Questionnaire on behalf of (NAME OF YOUR INSTITUTION)

SECTION 7 – THIS FORM WAS COMPLETED BY:

Name:	
Position:	
Address:	
Telephone:	
E-mail:	
Signature	
Date:	