

AML & CFT Compliance Questionnaire For Correspondent Banks (Pls type the relevant information below)

| FIN | ANCI | AL INSTITUTION'S INFOR | MATION | | | | | | |
|------|---|--|---------------------------------|--|---|--|---------------------------|--|--|
| 1 | Reg | istered Name: | | El Nilein Bank Abu Dhabi | | | | | |
| 2 | Reg | istered/Current Address: (Bet/Area, Post/Zip code, State, City, Co | uilding Name, ountry) | ABU DHABI - KHALIFA STREET - MAITHA GHANEM HAMDAN AL FALAHI BUILDING P.O BOX 46013 - ABU DHABI - U.A.E. | | | | | |
| 3 | addre | ing Address: (If different from ess) - (Building Name, Street/Area, o, City, Country) | n the current Post/Zip code, | As Above | | | | | |
| 4 | | site Address: | 97 | www.nileinuae.com | | | | | |
| 5 | Jurisdiction under which incorporated: (Please provide copy of incorporation certificate) United Arab Emirates | | | | | | | | |
| 6 | Institution's Trade / Commercial License No. (Please provide copy of license) CN-1002010 | | | | | | | | |
| 7 | Is there any type of restriction in your institution license? If there is, please elaborate: | | | | | | | | |
| 8 | Nun | ber of Branches / Subsidiarie | es: | Locally: | 1 | Overseas: | Not Applicable | | |
| 9 | | ne of External Auditors: | | HLB | | | | | |
| 10 | - Name of your Central Bank/Regulatory - Central Bank of U.A.E. | | | | | | | | |
| | - Central Bank License number: - 358 | | | | | | | | |
| 11 | What type of relationship is maintained by the FI with El Nilein Bank Correspondent Bank | | | | | | | | |
| SHA | SHAREHOLDING STRUCTURE | | | | | | | | |
| 12 | Is the FI listed on any Stock Exchange? If yes, provide the name: Not Applicable | | | | | | | | |
| 13 | a. | State whether there are Po Bank. | olitically Exp | osed Persons | (PEP) within the ex | recutive bodies of | the | | |
| 14 | b. | If yes, please provide the n the PEPs: | | Not Applicab | | | | | |
| 15 | Plea | se provide the list of the shar | eholding tog | ether with this | questionnaire. El N | lilein Bank - Suda | n | | |
| 16 | PIOV | ide the list of the members of questionnaire. Pls refer to o | of the Board | of Directors an | d Voy Managan | (e.g. CEO, CFO, M | D, GM, etc.) with | | |
| 17 | Prov | ide the list of authorized sign | atories with | this questionna | aire. ?? | | | | |
| GEN | | AML/CFT POLICIES, PRAC | | | | | | | |
| | | your country of registration ecing? If yes, please list the decree, regulation, etc.) belo | Harrie OI VO | aws designed t ur country's re | o combat money la levant laws (Name, | undering and terror Date and No. of t | rist the Y | | |
| 18 | Nam | e of regulatory body: | ank of U.A.E | | | | | | |
| | AML | Law Issued on: | List of Key | / Laws attach | ed | | | | |
| | AML | Law No.: | Federal D | ecree-law No | (20) of 2018 on | ANTI-MONEY LA | UNDERING and FINANCING OF | | |
| 19 | Is the FI in compliance with its jurisdiction's national AML/CTF laws? | | | | | | | | |
| 20 | a. Is the AML compliance program approved by the FI's board or a Senior Management Y | | | | | ent Y | | | |
| 20 | b. | Are the FI's AML Policies and practices being applied to all branches and subsidiaries of the FI both in the home country and in locations outside of that jurisdiction? | | | | | | | |
| NITE | | AMI Questionnaire | | | J | | | | |



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| 30 | Please confirm if the FI have relationship with customers in a sanctioned jurisdiction. If Yes, Please describe the type of business and policy applicable to those customers. | | | | | | | |
|---|--|---|--|--|--|--|--|--|
| 29 | Nar | Does the FI have any branches in sanctioned countries? Please specify the countries: Name of Countries: Not Applicable | | | | | | |
| REPORTABLE TRANSACTIONS & PREVENTION & DETECTION OF TRANSACTIONS From AML & PERSPECTIVE | | | | | | | | |
| | b. | If 28.a is "Yes", please explain the KYC procedures on such customers. Not Applicable | | | | | | |
| 28 | a. | Does the FI o | conduct transactions for non-established customer's i.e. walk-in customers? | | | | | |
| | b. | If 27.a is "Yes", confirm for how many years does the FI is mandated to retain the customer record. Five Years after closing the Relationship | | | | | | |
| 27 | a. | Does the FI have customers Record Retention Procedures that comply with Applicable Law? | | | | | | |
| 20 | b. | Does the FI allow customers to establish "Nested Accounts" / "Downstream Relationships"? (This occurs when an FI has a foreign currency correspondent account with a bank and uses that account to offer services to or facilitate payments for other banks) | | | | | | |
| 26 | a. | Does the FI allow customers to establish "Payable through Accounts"? (Accounts which provide your customers or your correspondent banks' customer with Cheques that enable them to draw on your account at another correspondent bank) | | | | | | |
| 25 | b. | Does the FI have policies to reasonably ensure that they will not conduct transactions with or on behalf of shell banks through any of its accounts or products? | | | | | | |
| 25 | a. | Does the FI have a policy prohibiting accounts/relationships with Shell Banks or Shell Companies? | | | | | | |
| 24 | b. | If 24.a is "Yes", then confirm if the investigating regulatory authority penalized the FI. N/A N/A | | | | | | |
| | a. | Confirm who | requirements. Sether the FI has been subjected to money laundering / terrorist financing in the past or at present. | | | | | |
| 23 | b. | If 23.a is " | Yes", please share what the second state of th | | | | | |
| 22 | a. | practices on a | o inspections by the government supervisors / regulators, does the FI have an it Function or other independent third party that assesses AML policies and a regular basis? | | | | | |
| | b. | the topics cov | res", please briefly share The Policy covers;- AML-CFT Policy & Procedure — Transact Monitoring and Reporting P&P | | | | | |
| 22 | a. | Has the FI developed written policies documenting the processes that they have in place to prevent, detect and report suspicious transactions? | | | | | | |
| | | Designation: Chief Compliance Officer - MLRO Email Address: Shamseldin@nileinuae.com | | | | | | |
| 21 | | Name: Dr. Shamseldin Hassan Mohamed Designation: Chief Compliance Officer - MLRO | | | | | | |
| | resp | Does the FI have a legal and regulatory compliance program that includes a designated officer who is responsible for coordinating and overseeing the AML framework? If yes, please provide the details of the designated compliance / AML officer. | | | | | | |
| | c. | the topics co | The policy Covers; - AML-CFT Policy & Procedure - Regulatory & Compliance Governance P&P - KYC/Risk Based Approach P&P - AN Risk Assessment P&P | | | | | |



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| | Please describ | e: | Not Applicable | | | | |
|-----|--|--------|--|--|---------------------|------|--|
| 31 | Does the FI have policies or practices for the identification and reporting of transactions that are required to be reported to the country's Local Authorities? If yes, please provide a copy. | | | | | | |
| 32 | Where Cash Transaction Reporting is mandatory, does the FI have procedures to identify transactions structured to avoid such obligations? Cash Transaction reporting is not mandatory, however, we have procedures to identify transactions structured to avoid threshold requirement. | | | | | | |
| 33 | a. Does the FI screen customers and transactions against lists of persons, entities or countries issued by government/competent authorities? | | | | | | |
| 33 | | | s "Yes", then share the name ey sanctions lists used. | UN, OFAC, HRMC-UK, EU and UAE Lists | | | |
| 34 | Does the FI have policies to reasonably ensure that it only operates with correspondent banks that possess licenses to operate in their countries of origin? | | | | | | |
| RIS | K ASSESS | MEN | Т | | | | |
| 35 | Does the | e FI h | ave a Risk-Based Assessment of | its customer base and their transactions? | Y | | |
| 36 | Does the their fan | e FI h | nave policies to conduct Enhanc nd close associates? | e Due Diligence on Politically Exposed Persons (PEP's), | Y | | |
| 37 | Does the FI determine the appropriate level of Enhanced Due Diligence necessary for those categories of customers and transactions that the FI has reason to believe pose a heightened risk of illicit activities at or through the FI? | | | | | | |
| | Does the FI accept the following type of customers? If yes, please provide a description of the KYC / due diligence standards applied in dealing with these types of customers; - | | | | | | |
| | Exchange Houses, Money transfer, money service business. YES | | | | | | |
| | 2. Embassies and / or Consulates. Yes | | | | | | |
| | 3. Non-Profit Organizations / Charities. YES | | | | | | |
| | 4. Precious Stones / Jewelers Dealers. No | | | | | | |
| | 5. Companies whose ownership is through bearer shares. No | | | | | | |
| 38 | 6. Trusts. No | | | | | | |
| | 7. Internet banks (banks operating solely on the internet without branches). No | | | | | | |
| | 8. Remote banking clients (clients that are not physically present at the opening of new accounts / relationships). No | | | | | N | |
| | 9. Offshore companies. No | | | | | | |
| | 10. Cash-for-gold shops (shops buying gold objects for cash) No | | | | | | |
| | Please describ | e: : | We have proper Enhanced D and the requirement of obtain | Due Diligence (EDD) Procedures and Risk Assessm ning Management Approval for above-mentioned Cl | nent Proc ients. | cess | |



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| KNO | KNOW YOUR CUSTOMER, DUE DILIGENCE AND ENHANCED DUE DILIGENCE | | | | | | | | |
|------|--|--|------------------|--|---|--|--|--|--|
| 39 | Has the FI implemented processes for the identification of those customers on whose behalf it maintains or operates accounts or conducts transactions? If yes, please provide a copy. | | | | | | | | |
| 40 | Doe | Does the FI have a requirement to collect information regarding its customers' business activities? | | | | | | | |
| 41 | Does the FI assess its FI customers' AML Policies or practices? | | | | | | | | |
| 42 | Does the FI have a process to review and, where appropriate, update customer information relating to High-Risk Client information? | | | | | | | | |
| 43 | Does the FI have procedures to establish a record for each new customer noting their respective identification documents and 'Know Your Customer' information? | | | | | | | | |
| TRAI | TRANSACTION MONITORING | | | | | | | | |
| | a. Does the FI have a monitoring program/solution for unusual and potentially suspicious activity that covers funds transfers and monetary instruments such as traveler's checks, money orders, etc.? If yes, please provide the name of the program/solution. | | | | | | | | |
| 44 | Nar | Name of monitoring system: Egabi + Accuity | | | | | | | |
| | b. | If 44.a is "Yes", please confi perpetual screening of the F | | ng program/solution has the capability to conduct on a periodic basis. | Y | | | | |
| AML | ML TRAINING | | | | | | | | |
| | a. | a. Does the FI provide AML Training to relevant employees? | | | | | | | |
| 45 | b. | Does the AML training contents includes the following: • Identification and reporting of transactions that must be reported to government authorities. • Examples of different forms of money laundering involving the FI's products and services. • Internal policies to prevent money laundering. | | | | | | | |
| | c. | Does the FI retain records of its training sessions including attendance records and relevant training materials used? | | | | | | | |
| | d. | Does the FI communicate new AML related laws or changes to existing AML related policies or practices to relevant employees? | | | | | | | |
| | a. Does the FI employ Third Parties to carry out some of the functions of the FI? | | | | | | | | |
| 46 | b. | b. If 46.a is "Yes", does the FI provide AML training to relevant third parties that includes the same AML contents as mentioned in point 45.b. Not Applicable | | | | | | | |
| FOR | FOREIGN ACCOUNT TAX COMPLIANCE ACT - FATCA | | | | | | | | |
| 47 | a. | Has your Regulator initiated measures/ developments to comply with FATCA, as per US IRS requirement? | | | | | | | |
| | b. | If 47.a is "Yes", Please sp Model Agreement? | ecify the signed | Reporting Model 1 FFI | | | | | |
| | a. | Has your institution initiated measures/ developments to be in compliance with FATCA, as per | | | | | | | |
| 48 | b. | If 48.a is "Yes", Please pr Intermediary Identification | | RNHSQG.00001.ME.784 | | | | | |



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Please share the W8BEN-E form with this questionnaire.

TAX RESIDENCE INFORMATION

Please complete the following table indicating (i) the Country (or Countries) in which the Financial Institution is a Resident for Tax purposes and (ii) the Financial Institution's Taxpayer Identification Number (**TIN**) or functional equivalent for each Country indicated.

If the Financial Institution is not a resident for Tax purposes in any jurisdiction, for example, it is fiscally transparent, please indicate that on line 1 of the following table and provide its place of effective management or country in which its principal office is located. If a TIN is unavailable, please provide reason A, B, C & D where appropriate:

| Reason A | The country where the Financial Institution is liable to pay tax does not issue TINs to its residents. |
|---|--|
| Reason B | The Financial Institution is otherwise unable to obtain a TIN or functional equivalent (please explain why Financial Institution is unable to obtain a TIN in the table below if you have selected this reason). |
| Reason C No TIN is required (note: only select this reason if the authorities of the Country of residence for tax purposes entered below do not require the TIN to be disclosed). | |
| Reason D | The country of Financial Institution's incorporation does not have tax policies. |

| SN | Country of Tax Residence | TIN or Equivalent No. | Reason | Remarks (incase Reason B is selected) |
|----|-----------------------------|--------------------------|--------|---------------------------------------|
| 1 | U.A.E. | 100386253700003 | | |
| 2 | | | | |
| 3 | | | | |

If the answer to any of the above points is "No", then please provide additional details below. (Please indicate which question the information is referring to)

| Name of Authorized Signatory: | DR. Shamseldin Hassan Mohammed | | |
|-------------------------------|-----------------------------------|-------------|------------|
| Designation: | Chief Compliance Officer and MLRO | | |
| Email Address: | Shamseldin@nileinuae.com | Contact No: | 02-6269995 |
| Signature: | Daw Sandin | Date: | 5/6/2020 |

