

Anti-Money Laundering (AML) Questionnaire

A. GENERAL INFORMATION				
1	Full Name of Institution	FIRST GULF BANK PJSC		
2	License Number & Date	1005190, 1979		
3	License Issuing authority	CENTRAL BANK OF THE UAE		
4	Address - Registered office - Principal place of business - Location of Head Office - Website address	P. O. BOX 6316, ZAYED THE 1 ST STREET, KHALIDIYA, ABU DHABI, UNITED ARAB EMIRATES http://www.fgb.ae		
5	Principal business activities	COMMERCIAL BANKING		
6	Name of Compliance Officer - Title - Address - Phone Number - E-mail	T. G. RAMANI HEAD – RISK MANAGEMENT P. O. BOX 6316, ZAYED THE 1 ST STREET, KHALIDIYA, ABU DHABI, UNITED ARAB EMIRATES +971-2-6920534 GOPALA.RAMANI @FGB.AE		
7	Name of the supervisory authority	CENTRAL BANK OF THE UAE		
8	Does your bank have a 'physical presence'?	YES	<input checked="" type="checkbox"/>	NO
9	If your institution is publicly traded? If yes, give name(s) of stock exchange(s).	YES	<input checked="" type="checkbox"/>	NO
		ABU DHABI SECURITIES EXCHANGE (http://www.adx.ae)		
B. GENERAL AML/KYC POLICIES, PRACTICES & REGULATORY REQUIREMENTS				
1	Has your country established laws designed to prevent money laundering and terrorist financing	YES	<input checked="" type="checkbox"/>	NO
2	If answer to above question is 'yes', please provide reference of such law	FEDERAL LAW NO (4) of 2002 – CRIMINALIZATION OF MONEY LAUNDERING CENTRAL BANK OF THE UAE REGULATION 24/2000		
3	Is your institution subject to such Laws?	YES	<input checked="" type="checkbox"/>	NO
4	Does your institution have a legal & regulatory compliance framework that includes a designated compliance officer that is responsible for coordinating & overseeing the AML/KYC program on a day-to-day basis, which has been approved by senior management?	YES	<input checked="" type="checkbox"/>	NO
5	Does the AML/KYC compliance program require approval of your institution's board or a senior management committee thereof?	YES	<input checked="" type="checkbox"/>	NO
6	Has your institution developed written policies documenting the processes that they have in place to prevent, detect and report suspicious transactions that has been approved by senior management?	YES	<input checked="" type="checkbox"/>	NO
7	In addition to inspection by the government supervisors/regulators, does your institution have an internal audit function or other independent third party that assesses AML/KYC policies and practices? If yes, how frequently?	YES	<input checked="" type="checkbox"/>	NO
		YEARLY		
8	Does your institution 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 checked="" type="checkbox"/>	NO
9	Does your institution offer anonymous accounts?	YES	<input type="checkbox"/>	NO
10	Does your institution have policies covering relationships with politically exposed persons consistent with relevant regulatory requirements and industry best practices?	YES	<input checked="" type="checkbox"/>	NO



