

Non-Banking Financial Institution
(NBFI)

Equivalently Regulated Institution
(ERFI)

AML Questionnaire



Overview

This questionnaire is designed to provide HSBC with the confirmation of the existence of a Group Wide AML Standard that apply to multiple entities within your Group. The questionnaire is split into two parts:

- I. **Overview** (this section) – introduces the questionnaire, explaining how it should be filled out.
- II. **Pre-Questionnaire Information – Contact Information.**
- III. **Risk Management/Control Framework** – confirms the existence of a Group Wide AML Standard in order to determine whether your organisation’s financial crime control framework apply to multiple entities within your Group.
- IV. Where entities within the group have their own policies, procedures, processes and systems they must answer the relevant AML questionnaire (or have it answered for them) separately. This is determined by your answer to the Risk Management/Control Framework section. The last part of the section allows you to indicate which of your entities are covered by your answer to the “Risk Management/Control framework section”.

I. Pre-Questionnaire Information: Contact Information

Customer’s Legal Name (“the Company”):

Customer’s Registered Address:

Where the Questionnaire is completed by the Customer

Customer Contact name:

Customer Contact’s function:

Date of completion:

Where the Questionnaire is completed by a HSBC Employee (e.g. Relationship Manager)

Name of the Customer contact providing the information:

Person's Role / Function within the Company:

Date of completion:

How the information was obtained (e.g. call, meeting, email):



II. Risk Management/Control Framework

GROUP WIDE AML STANDARD

Do the Company's AML/CTF policies and practices apply to all branches and subsidiaries, both in the Company's home country and in other jurisdictions?

Yes No

If "Yes", please provide details on how it is communicated and enforced.

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If "Yes", please list all legal entities your organisation's financial crime control framework apply to in Table A, below.

If "No", please provide further details on your organisation's financial crime control framework:

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Table A: All entities for which responses are being provided (please add more rows as required):

No.	Entity Name
1	<i>Parent entity (same as "Customer's name", above)</i>
2	
3	
4	
5	
6	

If you would like to provide any further information that has not been covered above, please do so here:

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