

BANK OF BARODA

KNOW YOUR CUSTOMER (KYC) / ANTI-MONEY LAUNDERING (AML) / COMBATING FINANCING OF TERRORISM (CFT)
QUESTIONNAIRE

1	Full name of Financial Institution	BANK OF BARODA	
2	Legal Form of Financial Institution		
3	SWIFT Address of Financial Institution	BARBINBBXXX	
4	Full Address of the registered office Telephone Number Fax Number Website	Baroda House, P.B No. 506, Mandvi, Baroda-390006. 0265-2316792 www.bankofbaroda.com	
5	Country of Incorporation	INDIA	
7	Principal business activity	Retail and Corporate Banking.	
8	Banking License No & Date	BOM-6 & 20 TH JULY 1908	
9	Principal Local Regulator	RESERVE BANK OF INDIA	
10	Name of External Auditor(s)		
11	Are your shares publicly traded?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	
12	Please provide list of shareholders having more than 25% ownership in your institution:	N.A.	
13	Please confirm the areas of your organization covered by this questionnaire: a) Head Office & Domestic branches : b) Domestic subsidiaries: c) Overseas branches: d) Overseas subsidiaries: If you answered "No" to any of the items above, please explain as to how does your institution's policies, procedures and monitoring specifically outline how to mitigate the potential risks associated with it.	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No
14	Does your institution maintain physical presence in the licensing country	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
15	Is your Institution an Agency, Branch or Subsidiary of a Bank with a physical presence? If yes, please answer the following questions:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No



	<p>1. Name of Affiliate / Parent Company:</p> <p>2. Is Affiliate / Parent Company publicly traded? If Yes, List the Exchange/s & Symbols</p> <p>3. Indicate Affiliation: Agency? Branch? Subsidiary? Physical presence means your institution maintains a physical place of business, other than an electronic address, in a country where it is authorised to conduct banking activities, at which it employs at least one employee on a full time basis and maintains records of its banking activities, and is subject to supervision by the regulators of the country authorizing the institutions license.</p>	
16.	Please list the names of the Principal Officers and Directors of your institution, their respective positions and the number of years they have been employed by the Institution.	<p>Principal officer: Mr. Pankaj Mittal, General Manager (OPERATIONS & SERVICES).</p> <p>Details of our directors are available on our website:- www.bankofbaroda.com</p>

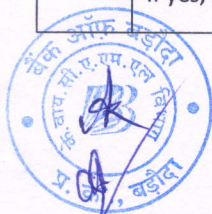
SECTION 2: ANTI-MONEY LAUNDERING QUESTIONNAIRE

I. REGULATORY ENVIRONMENT

17.	<p>Is money laundering a criminal offence in the country where the institution is located? Has your country established laws designed to prevent money laundering and terrorist financing</p> <p>If No, has your institution designed policies to prevent money laundering and terrorist financing and is it in accordance with the Financial Action Task Force (FATF)'s recommendations?</p>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
18.	<p>Do the laws and regulations in your country prohibit your institution from :</p> <p>a. Open/maintain anonymous or numbered accounts?</p> <p>b. Conduct business with Shell banks (i.e. banks with no physical presence in any jurisdiction)?</p>	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> No

II. Sanctions

19.	<p>Does your FI check existing and prospective customers and monitor all transaction against the UN, US, EU sanctions or other applicable official lists?</p> <p>a) If Yes, Please specify if or how SWIFT message are monitored</p> <p>b) If yes, are all confirmed matches reported to competent authority?</p>	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> No
20	Do you provide directly or indirectly services for customers under UN, US, EU sanctions? If yes, Please specify.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
21	<p>Do you Provide directly or indirectly services for customers registered in countries under UN, US or EU sanctions?</p> <p>If yes, Please specify?</p>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No



III. INSTITUTION'S AML POLICIES AND PRACTICES

22.	Does your institution have written policies and internal procedures and controls reasonably designed to prevent and detect money laundering/terrorist financing activities?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
23	Does your institution's AML policies and program have clearly defined roles, responsibilities and accountabilities as they relate to anti-money laundering compliance?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
24	Does your institution have an Anti-Money Laundering Officer or equivalent responsible for coordinating/monitoring compliance with AML requirement? If yes, please provide the details mentioned below: Name : Mr Pankaj Mittal Title : General Manager (Operations & services) Mailing Address : 7th floor, Operations & Services, Baroda Bhavan, Alkapuri, Vadodara, Gujarat-390007 Telephone Number : 0265-2316792. Fax Number : Email Address : gm.ops.ho@bankofbaroda.co.in	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
25.	Does your institution's AML/CFT program include the following:		
	a. A requirement for periodic approval of your institution's AML/CFT policy by your institution's Board or senior committee?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
	b. Customer identification requirements at the inception of the relationship? If yes, are these requirements in line with the Financial Action Task Force (FATF) standards?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
	c. A risk-based assessment of your customer(s) and their transactions? If yes, how often the customer risk assessment program is updated?	<input checked="" type="checkbox"/> Yes Half-Yearly	<input type="checkbox"/> No
	d. Policies and procedures for updating customer information periodically?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
	e. Enhanced Know Your Customer (KYC) routines in relation to the following:		
	i. Dealings with individuals, companies and institutions located in or dealing with high risk countries	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
	ii. Politically Exposed Persons (PEPs)	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
	iii. Non face to face business relationships	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
	iv. Customers (other than those mentioned above) who are assessed to be high risk customers concerning the risk of money	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No



	laundrying and terrorist financing?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f.	Established controls to reasonably identify the origin of funds to a customer's account?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
g.	Permit transaction with non-established or walk in customers? If yes, does your institution have customer identification requirements for such Customers, please specify.	<input checked="" type="checkbox"/> Yes Yes.	<input type="checkbox"/> No
h.	Procedures to monitor large cash deposits and withdrawals?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
i.	Providing complete information for all payments transactions, including sender and beneficiary names, addresses, account numbers and purpose?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
j.	Established method for monitoring and reporting suspicious activities?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
k.	Screening customer against the names appearing in relevant regulatory blacklists?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
l.	Record retention requirements for documentation obtained regarding the customer? If Yes, how long are records retained?	<input checked="" type="checkbox"/> Yes 5 years	<input type="checkbox"/> No
m.	Policies prohibiting business with shell banks (i.e. banks with no physical presence in any jurisdiction)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
n.	Periodic Anti-Money Laundering Training Programs? If yes, how frequently is the training conducted? <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-Annually <input type="checkbox"/> Annually <input checked="" type="checkbox"/> Others	<input checked="" type="checkbox"/> Yes Annually	<input type="checkbox"/> No
o.	Retention of records pertaining to training sessions including attendance records and relevant training material used?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
p.	Policy and procedures for independent audit or testing of the anti-money laundering compliance program? If Yes, how frequently are these audits/tests conducted and by whom? Periodically	<input checked="" type="checkbox"/> Yes Yearly by our Inspection & audit unit. <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
q.	Policies to reasonably ensure that it only operates with correspondent banks that possess licenses to operate in the countries of their origin?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
r.	Policies prohibiting any third party to have direct access to your account with your Correspondent Banks?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
s.	Policies protecting employees, if they report in good faith any suspicious activities/transactions?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

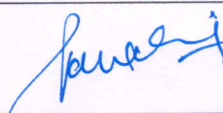
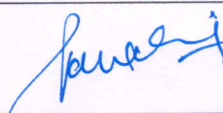
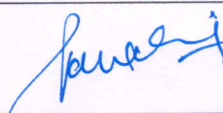


	If you answered "No" to any of the items above, please explain the policies and procedures implemented to mitigate the potential risks associated with it.		
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IV. GENERAL COMPLIANCE QUESTIONS

26	Is your institution able to provide relevant customer identification information on request to any correspondent bank (if required)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
27	Do you gather sufficient information about the respondent institution to understand their business, reputation, quality of supervision and regulatory controls?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
28	<p>Has your institution had any regulatory or criminal enforcement actions resulting from violations of anti-money laundering laws or regulations OR has your institution, been the subject of any investigation, indictment, conviction or civil enforcement action related to financing terrorists in the past five years?</p> <p>If Yes, please provide more details.</p>	<input checked="" type="checkbox"/> Yes <p>In the year 2016, RBI had imposed penalty on the bank for the deficiencies in its KYC AML processes and procedures.</p> <p>In the same matter, FIU-IND has also imposed a penalty on the Bank against which bank made an appeal before the Appellate Tribunal, PMLA.</p> <p>Also, on 18/11/ 2019, RBI had imposed penalty for not undertaking periodical review of the risk categorization in the accounts of the Customer,</p> <p>However, bank has modified its system accordingly and placed various checks in the system to prevent such instances to re occur.</p>	<input type="checkbox"/> No
29	<p>Does your Institution comply with FATF special Recommendation VII?</p> <p>If No, when do you propose to comply with it</p>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

COMMENTS (If any):

30	<p>I confirm that, to the best of my knowledge, the above information is current, accurate and reflective of my institution's anti-money laundering policies and procedures.</p> <table border="1"> <tr> <td>Name</td> <td>Pankaj Mittal</td> </tr> <tr> <td>Title</td> <td>General Manager, Operations & Services</td> </tr> <tr> <td>Signature (Authorized Signatory)</td> <td></td> </tr> <tr> <td>Location</td> <td>Vadodara, Gujarat</td> </tr> <tr> <td>Date</td> <td>19/05/2021</td> </tr> </table>			Name	Pankaj Mittal	Title	General Manager, Operations & Services	Signature (Authorized Signatory)		Location	Vadodara, Gujarat	Date	19/05/2021
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