

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

Full name of Financial Institution	BANK OF BARODA
Legal Form of Financial Institution	Banking Company
SWIFT Address of Financial Institution	BARBINBB
Full Address of the registered office	Suraj Plaza-I, Sayajigunj, Baroda-390 005, India
Telephone Number	+91 0265 2307806
Fax Number	+91 0265 2307808
Website	www.bankofbaroda.com
Country of Incorporation	INDIA
Principal business activity	Banking Business
Banking License No & Date	Bom 6 Dated 14.10.1952
Principal Local Regulator	Reserve Bank of India website: www.rbi.org.in
Name of External Auditor(s)	S.R. Goyal and Company, Jaipur, Rajasthan
Are your shares publicly traded?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If yes, in which stock exchange market(s):	Bombay Stock Exchange and National Stock Exchange

Please provide list of shareholders having more than 25% ownership in your institution:

Name	Ownership %
Majority owned by Government of India	59.24%

<p>Please confirm the areas of your organization covered by this questionnaire:</p> <p>a) Head Office & Domestic branches : <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>b) Domestic subsidiaries: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>c) Overseas branches: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>d) Overseas subsidiaries: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>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.</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Does your institution maintain physical presence in the licensing country	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Is your Institution an Agency, Branch or Subsidiary of a Bank with a physical presence	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<p>If yes, please answer the following questions:</p> <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?</p> <p>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>	NA

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.

Available on our website
www.bankofbaroda.com

I. REGULATORY ENVIRONMENT

1. 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

Yes

No

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?

Yes

No

2. Do the laws and regulations in your country prohibit your institution from :

a. Open/maintain anonymous or numbered accounts?

Yes

No

b. Conduct business with Shell banks (i.e. banks with no physical presence in any jurisdiction)?

Yes

No

II. INSTITUTION'S AML POLICIES AND PRACTICES

3. Does your institution have written policies and internal procedures and controls reasonably designed to prevent and detect money laundering/terrorist financing activities?

Yes

No

4. Does your institution's AML policies and program have clearly defined roles, responsibilities and accountabilities as they relate to anti-money laundering compliance?

Yes

No

5. 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:

Yes

No

Name : Mr. F C Swain

Title : Assistant General Manager

Mailing Address : Suraj Plaza-I, Sayajigunj, Baroda- 390005, India

Telephone Number : +91 0265 2307806

Fax Number : +91 0265 2307808

Email Address : agm.aml.ho@bankofbaroda.com;
aml@bankofbaroda.com

6. 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?

Yes

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?

Yes

No

c. A risk-based assessment of your customer(s) and their transactions? If yes, how often the customer risk assessment program is updated? every 6 months

Yes

No

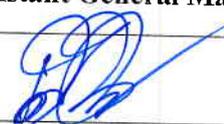
d. Policies and procedures for updating customer information periodically?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
e. Enhanced Know Your Customer (KYC) routines in relation to the following:		
i. Dealings with individuals, companies and institutions located in or dealing with 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 laundering 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. Enhanced Due Diligence to be performed.	<input checked="" type="checkbox"/> 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? 5 Years.	<input checked="" type="checkbox"/> Yes	<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	<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	<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.		

III. GENERAL COMPLIANCE QUESTIONS

7. 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
8. 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
9. 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? If Yes, please provide more details. RBI imposed Penalty on the Bank for deficiencies in its KYC-AML Programme related to forex transactions in one of its branches. However, bank has already taken remedial actions and put in place various checks in the system for prevention of such instances to re- occur in future.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
10. Does your Institution comply with FATF special Recommendation VII If No, when do you propose to comply with it	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

COMMENTS (If any):

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.

Name	F C Swain
Title	Assistant General Manager (KYC- AML)
Signature (Authorized Signatory)	
Location	Bank of Baroda, Head Office, Suraj Plaza-I, Sayajigunj, Baroda-390 005, India
Date	05-06-2017