

To:  
BKS Bank AG  
Attn. Mrs. Ilse Sandriesser  
International & Treasury Division  
St. Veiter Ring 43  
9020 Klagenfurt  
AUSTRIA  
Europe

**Subject:** Return of "Know your Customer and AML-Questionnaire"

Dear Mrs. Sandriesser,

Please find attached our fully answered and signed "KNOW YOUR CUSTOMER AND ANTI MONEY LAUNDERING QUESTIONNAIRE" for your disposition.

Best regards

## KNOW YOUR CUSTOMER AND ANTI MONEY LAUNDERING QUESTIONNAIRE

Name of Financial Institution																		
Registered Address																		
Head Office Address (if different than registration)																		
Date & place of establishment																		
Company type Licence no & Date License type/Issued by																		
SWIFT Address																		
Website Address																		
Local Supervising/Regulation Authority																		
Contact Name																		
Contact Telephone/Email																		
<p>Please confirm the areas of your organization covered by responses to this survey: (If your institution does not own branches/subsidiaries please indicate N/A below):</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 40%;">Head Office &amp; domestic branches</td> <td style="width: 15%;"><input type="checkbox"/> Yes</td> <td style="width: 15%;"><input type="checkbox"/> No</td> <td style="width: 15%;"><input type="checkbox"/> N/A</td> </tr> <tr> <td>Domestic subsidiaries</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> N/A</td> </tr> <tr> <td>Overseas branches</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> N/A</td> </tr> <tr> <td>Overseas subsidiaries</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> N/A</td> </tr> </table>			Head Office & domestic branches	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Domestic subsidiaries	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Overseas branches	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Overseas subsidiaries	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Head Office & domestic branches	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A															
Domestic subsidiaries	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A															
Overseas branches	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A															
Overseas subsidiaries	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A															
<p><b>Please complete all of the questions and related requests for information listed below:</b></p>																		
<b>I. QUESTIONS RELATED TO REGULATORY ENVIRONMENT</b>																		
	YES	NO																
<p>1. Has your country established laws designed to prevent money laundering and terrorist financing and is your institution subject to such laws? If yes, please list the name(s) of your country's relevant law(s) below: Name(s) of Law(s)</p>	<input type="checkbox"/>	<input type="checkbox"/>																
<p>2. Is your institution regulated by a national authority? If "yes" please specify the name.</p>	<input type="checkbox"/>	<input type="checkbox"/>																
<p>3. Do the laws and regulations in your country prohibit your institution from opening an anonymous account?</p>	<input type="checkbox"/>	<input type="checkbox"/>																

	YES	NO			
4. Do you have foreign branches and/or subsidiaries?	<input type="checkbox"/>	<input type="checkbox"/>			
4a. If yes, are these branches and/or subsidiaries subject to the anti money laundering laws applicable to your head office?	<input type="checkbox"/>	<input type="checkbox"/>			
4b. If no, please provide regulatory authorities and relevant regulations for each foreign branch/subsidiary below:	<input type="checkbox"/>	<input type="checkbox"/>			
<table border="0" style="width: 100%;"> <tr> <td style="width: 33%;">Country</td> <td style="width: 33%;">Government Institution</td> <td style="width: 33%;">Name of Law</td> </tr> </table>	Country	Government Institution	Name of Law		
Country	Government Institution	Name of Law			
<b>II. QUESTIONS RELATED TO YOUR INSTITUTION'S AML POLICIES AND PRACTICES</b>					
5. Does your institution have a written policy, controls and procedures reasonably designed to prevent and detect money laundering/terrorist financing activities?	<input type="checkbox"/>	<input type="checkbox"/>			
6. Does your institution appoint a senior officer responsible for your Institution's anti money laundering program?  If yes, please provide the following information: <b>Name:</b> <b>Title:</b> <b>Mailing address:</b> <b>Telephone number:</b> <b>Email address:</b>	<input type="checkbox"/>	<input type="checkbox"/>			
7. Can you attach a copy of your institution's AML policy to this questionnaire?	<input type="checkbox"/>	<input type="checkbox"/>			
8. Are your policies/procedures compliant with local laws & regulations against Money Laundering and Financing Terrorism?	<input type="checkbox"/>	<input type="checkbox"/>			
9. Are your policies/procedures compliant with Financial Action Task Force's (FATF) Recommendations?	<input type="checkbox"/>	<input type="checkbox"/>			
<b>10. Does your institution's AML policy and program include the following?</b>					
10a. Customer identification requirements at the inception of the relationship?	<input type="checkbox"/>	<input type="checkbox"/>			
10b. Customer identification requirements for non-established customers (e.g. walk-ins) such as the sale of monetary instruments or wire transfers?	<input type="checkbox"/>	<input type="checkbox"/>			



	YES	NO
13. If you answered “ <b>YES</b> ” to any of the items in Question 12, does your institution’s policies, procedures and monitoring specifically outline how to mitigate the potential risks associated with these higher risk customer types?	<input type="checkbox"/>	<input type="checkbox"/>
13a. How does your institution mitigate the risk associated with these customers?		
14. Has your institution had any regulatory or criminal enforcement actions resulting from violations of anti money laundering laws or regulations in the past five years?	<input type="checkbox"/>	<input type="checkbox"/>
15. Has your institution, to your knowledge, been the subject of any investigation, indictment, conviction or civil enforcement action related to financing terrorists in the past five years?	<input type="checkbox"/>	<input type="checkbox"/>

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.

Bank:

Signature: \_\_\_\_\_

Title:

Date: