

Sberbank Hungary's KYC QUESTIONNAIRE FOR FINANCIAL INSTITUTIONS

According to European and Hungarian legislation, Sberbank Hungary AG is obliged to carry out risk based due diligence procedures on its clients. Therefore, we ask for your assistance to provide Sberbank Hungary AG with information about your institution's anti financial crime programme, policies & procedures, as well as details regarding products, services and customer base. The data and documents we receive will be treated strictly confidential and only be used to fulfil the obligations imposed by the regulator. Please note that the information is requested additionally to your institution's "Wolfsberg AML Questionnaire".

1.1 General information about your Financial Institution (FI)

Legal name of the company

Trading/brand name of the company (if applicable)

SWIFT / BIC Code

Legal form

Country of incorporation

Date of incorporation

Address of registered office (street, city, country/province, state, ZIP Code)

1.2 Full name and website of your institution's regulatory or supervising authority issuing the license**1.3 Full name and website of your institution's registration authority**

1.4 Ownership information (if the below table does not suffice please enclose the list as an appendix)

List of owners (legal entities): State all legal entities in all layers of group structure holding at least 25% of any group company (not calculated through according to Hungary legislation) at any layer. Also provide a chart of the ultimate beneficial ownership structure (see No. 4.5). Company name Legal form Registration address including country City and country of place of business (if different from registration address) Percentage of ownership Name of the owned company

List of ultimate beneficial owners (natural persons): State information about all ultimate beneficial owners (natural persons) in all entity's layers (including their nominees, if their shares are held by nominees), who are holding at least 25% or more of the shares, voting rights or are exercising the control otherwise (not calculated through according to Hungary legislation) Surname, given name(s) Gender M(ale) / F(emale)

Date of birth Country of birth (optional) Citizenship City and country of residence Percentage of ownership Name of the owned company

1.5 Please provide information about your institution's Board of Directors, including the CEO (if the below table does not suffice please enclose the list as an appendix). Surname, given name(s) Gender: M(ale) / F(emale) Date of Birth Country of birth (optional) Citizenship City and country of residence Management

1.6 Is the business relationship opened on your institution's own behalf?

Yes No

If "No" is ticked, please specify, for whom the business relationship is opened in the field below (for natural persons: Full name, gender, date of birth, country of birth, citizenship and city and country of residence; for legal entities: Company name, legal form, registration address).

1.7 FATCA Status

Compliant Non-Compliant

1.8 Global Intermediary Identification Number (GIIN)

2. Business relationship

2.1 Please select your institution's type of products and services offered

- Cash management services, incl. deposit accounts
- Check clearings
- Clearing business
- Securities
- Foreign exchange services
- International funds transfers
- Trade finance
- Private banking
- Documentary credits
- Loans
- Investment advisers
- Overnight investment accounts (sweep accounts)
- Bulk cash activities
- Bank notes
- Money service business provider
- Others:

2.2 Please select your institution's business focus with regard to geographical region

- Domestic Cross-Border

In case of Cross-Border: Europe Africa North America South America Asia Australia Middle East Far East

2.3 State your institution's core geographical markets

2.4 State the purpose and nature of the expected business relationship with Sberbank Hungary

- Current Account Treasury Custody Financing Banknotes Trading Trade Finance Others:

2.5 If you maintain/plan current accounts with Sberbank Hungary, please state for which currency(ies) in the field below

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3. General AML Policies, Practices and Procedures, Sanctions and Embargoes

3.1 Is money laundering a criminal offence in your country?

Yes No

3.2 Has your institution established written policies, procedures and controls in accordance with FATF International Standards on Combating Money Laundering and the Financing of Terrorism and Proliferation (The FATF Recommendations)?

Yes No

3.3 Does your institution have bank customers, branches or subsidiaries that operate in countries subject to UN, EU, US (OFAC) or other sanctions or applicable blacklists? If "Yes" is ticked, state the mentioned countries subject to sanctions in the field below.

Yes No

3.4 If the answer to question 3.3 is "Yes", does your institution apply enhanced due diligence measures and review the transactions of the above mentioned entities with particular care?

Yes No

3.5 Is your institution, headquarter, branch or subsidiary operating under an off-shore license? If "Yes" is ticked, state the off-shore countries/territories in the field below.

Yes No

3.6 Does your institution monitor and evaluate transactions for sanctioned entities and countries before execution? (Sanction screening refers to transactions involving persons/companies/countries who are named by governmental or international bodies on their black-lists.)

Yes No

If the answer to question 3.6 is "Yes", please indicate the respective sanction lists in the field below

EU US UN UK Others: _____

Which of the options below are screened against these sanctions lists (please mark all that apply):

Customers Connected parties Domestic transactions International transactions

Others: _____

3.7 Does your institution identify the ultimate beneficial owner(s) of its customers?

Yes No

3.8 Does your institution verify the source of funds of its customers?

Yes No

3.9 Does your institution offer Downstream Correspondent Clearing?

Yes No

3.10 If the answer to question 3.9 is "Yes", does your institution apply enhanced due diligence measures and review with particular care each respective transaction regarded as particularly likely, by its nature, to be related to money laundering?

Yes No

3.11 Does your institution offer “payable-through accounts”?

Yes No

3.12 If the answer to question 3.11 is “Yes”, does your institution apply enhanced due diligence measures and review with particular care each respective transaction regarded as particularly likely, by its nature, to be related to money laundering?

Yes No

3.13 Does your institution have offshore-clients?

Yes No

3.14 If the answer to question 3.13 is “Yes”, does your institution apply enhanced due diligence measures for the above mentioned clients and review with particular care each respective transaction regarded as particularly likely, by its nature, to be related to money laundering?

Yes No

3.15 Please state in the field below which kind of business areas your institution considers as high risk (e.g.: Gambling, arms, money service business, political parties etc.).

3.16 Does your institution apply enhanced due diligence measures and review the transactions of clients involved in the above mentioned business areas with particular care?

Yes No

3.17 State the name of your institution’s external auditor

State the date of the last external audit

3.19 State the name of your institution’s local regulatory authority responsible for supervision of AML policies and practices

State the date of the last regulatory audit

3.21 To which authority is your institution reporting AML/CTF suspicious transactions?

3.22 Was your institution subject to regulatory investigation or fines with regard to material breaches of money laundering, terrorist financing and/or financial sanctions regulations within the last 5 years? If “Yes” is ticked, what measures were implemented for improvement (state in the field below)?

Yes No

3.23 Has your institution entered into any binding undertaking or consent to any court order to rectify your AML&CTF compliance?

Yes No

3.24 Please state the contact details of your institution’s AML Officer in the fields below:

Name

Function

Telephone

Email

4. Please enclose the following documents in English language

4.1 Please enclose the signed copy of Wolfsberg AML questionnaire not older than two years.

(<http://www.wolfsberg-principles.com/pdf/home/Wolfsberg-Anti-Money-Laundering-Questionnaire->

4.2 Please enclose a copy of the licence with full name and address of the financial institution. For sovereigns banks please enclose a copy of founding laws/statute/local decree or at least the link to the respective documents.

4.3 Please enclose an extract from a trade-, public-, company- or commercial register (alternatively a certificate of incorporation and a certificate/letter of good standing). The document(s) must not be older

4.4 Please enclose a copy of the shareholder's agreement, the articles of association or describe the control function and voting function of your institution in the field below.

4.5 Please provide a chart of the ultimate beneficial ownership structure.

4.6 Please enclose US Patriot Act Certification (not older than three years) if applicable.

4.7 Please enclose a copy of your institution's AML Policies and Procedures or complete chapter 5.

4.8 Please enclose your institution's latest Annual Report or audited Financial Statements.

5. Questions regarding the content of the AML Policies and Procedures

Please complete this chapter if it is not possible to submit a copy of your institution's AML Policies and Procedures. Please summarize the content of the Policies and Procedures in the field below.

5.2 Does your institution's customer acceptance policy for politically exposed persons (PEP) comprise the following measures?

- appropriate risk-based procedures to determine whether the customer is PEP
- to obtain senior management approval before establishing business relationships
- to take adequate measures to establish the source of wealth and source of funds that are involved in the business relationship or transaction
- to conduct enhanced ongoing monitoring of the business relationship

5.3 Please describe how your institution identifies its customers, the beneficial owner(s) and the authorized signatory(ies) of its customers as well as what measures are taken to verify their identity?

5.4 Please describe how your institution is verifying the source of funds of customers for both at the event of establishing the customer relationship and in the course of the existing customer relationship.

5.5 Please describe the business relationship and transaction monitoring procedure of your institution in the field below.

5.6 Does your institution provide regular AML- and sanctions reports to the Board of Directors on at least annual basis?

- Yes No

5.7 How long is your institution's record retention period for the clients' data?

5.8 Does your institution carry out a risk assessment to categorize the risk level of each client?

- Yes No

5.9 Does your institution carry out periodical updates of the customer information?

- Yes No

5.10 Does your institution carry out an annual risk analysis comprising the evaluation of the inherent AML-, CTF-, sanctions & embargos and Compliance risks?

- Yes No

5.11 If the answer to question 5.10 is "Yes", do you develop and apply risk mitigating measures deriving from the conclusions of the risk analysis?

- Yes No

I declare that the information I have provided on this form is, to the best of my knowledge and belief, correct, accurate, true and complete.

Please inform us immediately of any changes of the information provided above!

Date: _____

Authorized Signatures & Company Stamp:

Name, function Name,