

## ANTI-MONEY LAUNDERING & COMBATING FINANCING OF TERRORISM QUESTIONNAIRE

| 01. | Name of the Institution  | Bhutan National Bank Limited   |
|-----|--|--|
| 02. | Registered Address   | Post Box No.439,<br>Thimphu, Bhutan  |
| 03. | Web Address<br>Swift BIC   | www.bnb.bt<br>BNBTBTBT   |
| 04. | Principal Business Activities  | Deposits, Lending, Trade Finance, Securities   |
| 05. | Regulatory Authority Banking License No. & Date of establishment                       | Royal Monetary Authority of Bhutan<br>1016972 , 2 <sup>nd</sup> September, 1996  |
| 06. | Name of the official authority to whom you must report in case of a suspicion of ML/TF | Financial Intelligence Department, Royal Monetary Authority of Bhutan  |
| 07. | Name and address of the external auditors  | M/s Jigmi Audit & Financials Pvt Ltd,<br>Lodrey Lam 11/B, P.O Box No. 689<br>Thimphu 11001, Bhutan   |
| 08. | Please provide a list of the board of directors and senior executives                  | Board of Directors  1. Dasho Karma Tshiteem  2. Dasho Sonam Tshering  3. Aum Dago Beda  4. Mr. Namgay Tenzin  5. Mr. Ugyen Wangdi  6.Mr. Kinzang Chhogyel  7. Mr. Sonam Tobgay |
|     |  | Senior Executives  1. Mr. Sonam Tobgay  2.Mr. Dorji  3.Mr. Dorji Namgyal Rinchhen  4.Mr. Hem Kumar Acharya   |

## **B. GENERAL INFORMATION**

| 09. Does your bank maintain a physical presence in the licensing country? | Yes⊠  | No |
|---|-------|----|
| 10. Is your institution listed in any stock exchange?                     | Yes 🔀 | No |
| If so, which stock exchange?  |       |    |
| Royal Securities Exchange of Bhutan Limited                               |       |    |

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## C. ANTI-MONEY LAUNDERING AND TERRORIST FINANCING CONTROLS

| I. General AML & CFT Policies, Practices and Procedures:   |       |              |
|--|-------|--------------|
| 11. Does your institution have in place policies and procedures approved   | Yes 🔀 | No 🗌         |
| by your institution's board or senior management to prevent Money  |       |              |
| Laundering and Combat Financing of Terrorism?  |       |              |
| 12. Has your AML/CFT policies recently updated?  | Yes 🖂 | No $\square$ |
| If no, when was it last updated?   |       |              |
| 13. Does your institution have a legal & Regulatory compliance program   | Yes 🔀 | No 🗌         |
| that includes a designated officer that is responsible for coordinating  |       |              |
| and overseeing the AML/CFT Framework?  |       |              |
|  |       |              |
| If yes, please provide the details  Name : Samten Choden  Title : AML/CFT Compliance Officer  Telephone number: 975-2-322767/Extension No.1015  E-mail address : samtenc@bnb.bt  Name : Sangay Wangdi  Title : Chief, Risk Review & Compliance Department  Telephone number: 975-2-322767/Extension No.1400  |       | y            |
| E-mail address : swangdi@bnb.bt  |       |              |
|  |       |              |
| 14. In addition to inspections conducted by the regulators, do you also  | Yes⊠¹ | No           |
| have an independent audit function that assesses the AML/CFT   |       |              |
| policies and practices?  |       |              |
| If yes, what is the interval? Once a year  |       |              |
| The Property and appropriate income and appropriate and approp |       |              |
|  |       |              |
| 15. Does your institution have a policy prohibiting accounts/relationships   | Yes 🔀 | No           |
| with shell banks? (A shell bank is defined as a bank incorporated in   |       |              |
| a jurisdiction in which it has no physical presence, and which is  |       |              |
| unaffiliated with a regulated financial group.)  |       |              |
| 16. Does your institution prohibit the opening of anonymous or numbered  | Yes 🖂 | No 🗆         |
| accounts by customers?   |       |              |
| decount by continuit   |       |              |



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| 17. Does your institution have policies covering relationships with Politically Exposed Persons (PEP's), their family and close associates?  | Yes 🔀         | No 🗌 |
|--|---------------|------|
| 18. Does your institution have policies and procedures that require<br>keeping all the records related to customer identification and their<br>transactions? If "Yes", what is the time frame? 10 years after the termination of the beautiful or the procedure. | Yes X         | No   |
| 19. Does your institution require that the AML policies and practices be applied to all branches and subsidiaries in the home country and its locations outside of the home country?   | Yes 🔀         | No   |
| II. Know your customer, Due Diligence and Enhanced Due Diligence   |               |      |
| 20. Has your institution implemented processes for the identification of those customers on whose behalf it maintains or operates accounts or conducts transactions?   | YesX          | No   |
| 21. Does your institution have a requirement to collect information regarding its customers' business activities?  | Yes           | No   |
| 22. Does your institution have a process to review and, where appropriate, update customer information relating to high risk client information?   | Yes 🔀         | No   |
| 23. Does your institution have procedures to establish a record for each new customer noting their respective identification documents and 'Know Your Customer' information?   | Yes 🔀         | No   |
| 24. Does your institution complete a risk-based assessment to understand the normal and expected transactions of its customers?  | Yes⊠          | No   |
| 25. Does your institution determine the appropriate level of enhanced due diligence necessary for those categories of customers and transactions that the FI has reason to believe pose a heightened risk of illicit activities at or through the FI?            | Yes 🔀         | No   |
| 26. While conducting relationship with the corresponding bank, does your bank assess the respondent bank's AML/CFT controls and are all new relationship approved by your bank's senior manage   | Yes⊠<br>ment? | No   |
| and an annothing approved by for the second  |               |      |

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| 27. Does your institution provide services that allow third parties to directly use your account through another bank? (Eg. Nested transactions/Payable through account)   | Yes   | No 🔀 |
|--|---|------|
| III. Reportable Transactions for Prevention and Detection of ML/TF   |   |      |
| 28. Does your institution have policies or practices for the identification and reporting of transactions that are required to be reported to the authorities?             | Yes 🔀   | No   |
| 29. Where cash transaction reporting is mandatory, does your institution have procedures to identify transactions structured to avoid such obligations?                    | Yes   | No 💢 |
| 30. Does your institution screen customers and transactions against lists of persons, entities or countries issued by government/competent authorities?                    | Yes⊠  | No   |
| 31. Does your institution have policies to reasonably ensure that it only operates with correspondent banks that possess licenses to operate in their countries of origin? | Yes 🔀   | No 🗌 |
| IV. Transaction Monitoring   |   |      |
| 32. Does your institution have a monitoring program for unusual and potentially suspicious activity that covers funds transfers and  | Yes 🔀   | No 🗌 |
| monetary instruments such as traveller checks, money orders, etc.  |   |      |
| V. Training 33. Does your institution provide AML & CFT training to relevant employees of your organization?   | Yes 🔀   | No   |
| 34. Does your institution communicate new AML related laws or  | Yes   | No   |
| changes to existing AML related policies or practices to relevant employees?   |   |      |
| 35. Does your institution retain records of its training sessions including  | Yes 🔀   | No   |
| attendance records and relevant training materials used?   | , , , <del>, , , , , , , , , , , , , , , , </del> |      |
| 36. Does your institution provide AML training to relevant third parties   | Yes∑  | No   |
| if they are employed to carry out some of the functions of your organi   | ization?  |      |





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| Space for additional information:                                 |
|---|
| (Please indicate which question the information is referring to.) |
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|   |
|   |
|   |

I, the undersigned, confirm to the best of my knowledge that the information provided in this questionnaire is current, accurate and representative of the anti-money laundering and antiterrorist financing policies and procedures that are established in my institution.

I also confirm that I am authorized to complete this questionnaire on behalf of my institution.

| Signature   | Ryay                            | Bhutan Bhutan |
|-------------|---------------------------------|---------------|
| Name        | Sonam Tobgay                    | Mational Bar  |
| Designation | Chief Executive Officer         |               |
| Date:       | 02.07.2025                      |               |
| Contact No. | 975-2-322767, Extension No.1000 |               |
| Fax No.     | 975-2-328839                    |               |
| E-mail      | Sonam.tobgay@bnb.bt             |               |