

Anti-Money Laundering (AML) Questionnaire

2015

Part 1	INSTITUTIONAL INFORMATION		
(a)	Legal Name of the Institution		
	Doha Bank (Q.S.C)		
(b)	Mailing Address of the Institution		
	Doha Bank, Head Office,		
	Corniche Street, West Bay, P.O. BOX: 3818,		
	Doha, Qatar		
(c)	Registration / License No. (Please enclose a copy)	Commercial Reg No.7115	
(d)	Web address	www.dohabank.com.qa	
(e)	Are you a publicly traded company? If yes, which stock exchange(s) is your institution listed on? Please include your institution's trading name.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Qatar Exchange(QE)		
(f)	If the answer to (e) above is 'no', then please attach a list of major shareholders of the institution and their respective share holdings.		
(g)	Please confirm the branches and/or subsidiaries of your institution to which the responses to this questionnaire are applicable:		
	Head Office and Domestic Branches Yes		
	International Branches Yes		
	Domestic Subsidiaries Yes		
	International Subsidiaries No		
	Note: These are applicable in addition to the local laws in each jurisdiction		

Anti-Money Laundering (AML) Questionnaire

2015

(h)	Do you have branches or subsidiaries in any of the following countries subject to international sanctions?			
	Cuba	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Sudan	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
	Iran	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Syria	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
	North Korea	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
	If yes please confirm whether your policies and procedures for the prevention of money laundering and terrorist financing apply in those countries.		Yes <input type="checkbox"/>	No <input type="checkbox"/>
			N/A <input checked="" type="checkbox"/>	
(i)	Please provide us the name of Regulatory Authority that oversees your financial institution.			
	Qatar Central Bank			
(j)	Does your institution have a Compliance Program including a Compliance Officer responsible for coordinating and overseeing AML program on a day-to-day basis? If yes, please provide the following information about the Compliance Officer.		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Name	Jamal.Eddin.H.H. Sholy		
	Title	Assistant General Manager - Compliance Department		
	Address	Doha Bank Head Office Tower, Corniche Street, West Bay, P.O. Box: 3818, Doha Qatar		
	Telephone No.	40155406	Fax No	40155449
	Email	jsholy@dohabank.com.qa		
(k)	If the answer to (j) above is 'no', then what steps your institution is taking to establish the said program/department.			
	-			
Part 2	REGULATORY REQUIREMENTS			
(a)	Has your country established laws designed to prevent Money Laundering and Terrorist Financing?		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

Anti-Money Laundering (AML) Questionnaire
2015

(b)	If the answer to (a) above is 'yes', please provide references of such laws.		
	Qatar Laws on Combating Money Laundering & Terrorism financing Ref Law No. (4) of Year 2010, Law No. (3) of Year 2004 on Combating Terrorism, and instructions issued by Qatar Central Bank.		
(c)	Is your institution subject to such laws?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
(d)	Has your Regulatory Authority issued any guidance/circulars concerning KYC/AML/CFT?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
(e)	Has your institution implemented written policies and procedures on KYC/AML/CFT? If 'Yes', then please attach copies of the relevant documents. – AML Policy Statement is available on our website.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
(f)	Does your institution prevent opening accounts & transacting with shell banks?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
(g)	Does your institution offer anonymous accounts?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
(h)	Does your institution monitor and report suspicious transactions in accordance with applicable laws and regulations?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
(i)	In relation to correspondent banking relationships, does your institution perform AML/CFT due diligence on your correspondent institutions?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
(j)	Does your institution offer Payable Through (Clear-Through) Accounts (Accounts which provide your customers or your correspondent bank's customers with cheques that enable them to draw on your account at another correspondent bank)?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
		N/A <input type="checkbox"/>	
(k)	Does your institution have USA Patriot Act Certification?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
(l)	If the answer to (k) above is 'yes', please attach a copy. If the answer is 'no', please state reasons?	It is available on our website	
(m)	Does your institution follow FATF recommendations on money laundering and terrorist financing?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
(n)	Has your institution been subject to sanctions or punitive actions related to Money Laundering / Terrorist Financing by a regulator or law enforcement during the past five years? If 'yes', please explain.	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	-		

Anti-Money Laundering (AML) Questionnaire
2015

Part 3		KYC/AML/CFT POLICIES, PROCEDURES & CONTROLS	
Please answer whether the following are part of your institution's KYC/AML/CFT policies, procedures and controls.			
(a)	Is your AML compliance program approved by your board of Directors or a senior committee?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
(b)	A "Know Your Customer" identification process on opening the account.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
(c)	Identification of each customer using independent verifiable sources.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
(d)	Identification of each beneficial owner, including ownership and control structure of the customer, where applicable.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
(e)	Checking the accounts against the black list issued by local and international authorities.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
(f)	Do you screen and evaluate transactions for sanctioned individuals / entities and countries before execution?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	If yes, please state the respective lists <input checked="" type="checkbox"/> EU <input checked="" type="checkbox"/> US <input checked="" type="checkbox"/> UN <input checked="" type="checkbox"/> UK		
(g)	Establishing Enhanced Due Diligence with respect to dealing with individuals, companies and institutions located in or dealing with high risk countries and businesses.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
(h)	Procedure to verify legitimacy of your customer's source of Funds & their businesses.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
(i)	Procedures for transactions on behalf of non account holders.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
		N/A <input type="checkbox"/>	
(j)	Continuous monitoring of accounts for any suspicious or unusual activity in terms of KYC/AML/CFT.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
(k)	Do you do risk-based assessment of yours customers?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
(l)	Policies covering relationships with Politically Exposed Persons.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

Anti-Money Laundering (AML) Questionnaire	2015
--	-------------

(m)	Procedures to report suspicious transactions as required by the regulatory authority.	Yes ✓	No <input type="checkbox"/>
(n)	Procedures for record retention. If 'yes', please specify the records retention period - 15 years .	Yes ✓	No <input type="checkbox"/>
(o)	Does your institution provide AML training to all relevant employees on a regular basis?	Yes ✓	No <input type="checkbox"/>
(p)	Does your institution retain records of its training sessions including attendance records and relevant training materials used?	Yes ✓	No <input type="checkbox"/>
(q)	Does your institution have policies to communicate new AML related laws or changes to existing AML related policies or practices to relevant employees?	Yes ✓	No <input type="checkbox"/>
(r)	Does your institution have an internal audit function or other independent third party that assesses AML policies and practices on a regular basis? If 'yes', please specify who performs such assessment.	Yes ✓	No <input type="checkbox"/>
Yes, Internal Audit			
(s)	Please provide the name of your external auditor and the date of your most recent external audit.		
Ernst & Young, Dec-2014.			
Part 4	Foreign Account Tax Compliance Act (FATCA)		
(a)	Please provide information regarding your FATCA Status.		
	<input checked="" type="checkbox"/> Compliant <input type="checkbox"/> Non-Compliant		
(b)	If compliant please provide Global Intermediary Identification Number (GIIN)		
	Entity	GIIN	
	Doha Bank Q.S.C., Qatar	DZDWPS.99999.SL.634	
	Doha Bank, UAE Branches	DZDWPS.99999.BR.784	
	Doha Bank, Kuwait Branch	DZDWPS.99999.BR.414	
	Doha Bank India Branch	DZDWPS.99999.BR.356	

Anti-Money Laundering (AML) Questionnaire

2015

(c)	Please provide the contact details of the FATCA responsible person
	FATCA Responsible Person Name: Sujith Joseph
	Title: FATCA Manager
	Telephone: +974 40155167
	Email: sujithj@dohabank.com.qa

For further enquiries, please do not hesitate to contact the following:

1. Ghaus Bin Ikram

Designation: Senior Manager AML
E-mail: gikram@dohabank.com.qa
Tel.: + 974-40155427

2. Ali Warsam Abdalla

Designation: AML Deputy Manager
E-mail: awabdalla@dohabank.com.qa
Tel.: + 974-40155428

3. Amin Ibrahim Ismail Ali

Designation: Executive Manager – Compliance & AML
E-mail: aismail@dohabank.com.qa
Tel.: + 974-40155407

4. Jamal Eddin H. H. Sholy

Designation: Head of Compliance & AML
E-mail: jsholy@dohabank.com.qa
Tel.: + 974-40155405

Date: 30th March, 2015