



**Addendum Questionnaire for Intermediary Partners:**

**Name of Intermediary Partner:** \_\_\_\_\_

**Ownership Structure – PEP connections:**

- Are any beneficial owners or directors PEPs? Yes  No
- Are there PEPs that have direct influence over the operations of the intermediary partner?  
Yes  No

*If yes, please provide details hereunder:*

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**Regulatory Compliance:**

- Has the intermediary partner been subject to reprimands/administrative penalties by its regulator/s in the past 5 years? Yes  No

*If yes, please provide details hereunder:*

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**Governance:**

- With reference to the last internal audit conducted, how many AML/CFT related findings were classified as high-risk? \_\_\_\_\_
- How many of the above internal audit high-risk findings are still outstanding? \_\_\_\_\_
- Please provide deadline for complete implementation of all internal audit high-risk AML/CFT related findings? \_\_\_\_\_

*Please provide more details hereunder:*

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- With reference to the last external audit conducted, how many AML/CFT related findings were classified as high-risk?
- How many of the above external audit high-risk findings are still outstanding?
- Please provide deadline for complete implementation of all external audit high-risk AML/CFT related findings?

*Please provide details hereunder:*

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**AML/CFT Controls:**

- How long has the current MLRO been in his/her role? \_\_\_\_\_
- Does the MLRO perform other roles? Yes  No

*If yes, please provide details hereunder:*

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**Business Activity Risk:**

- When was the last review of the jurisdictions risk assessment undertaken?  
*Insert Date:* \_\_\_\_\_
- When was the last review of the customer risk assessment undertaken?  
*Insert Date:* \_\_\_\_\_
- What percentage of your client base is considered high-risk?  
*Insert Percentage:* \_\_\_\_\_

**Customers Risk:**

- Do you allow non-face-to-face customer onboarding? Yes  No

*If yes, please provide details on CDD measures undertaken for non-face-to-face customer onboarding hereunder:*

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**Geographic Risk:**

- Does the bank/institution have branches in jurisdictions having financial crime compliance weaknesses in accordance with FATF? Yes  No

*If yes, please list the jurisdictions:* \_\_\_\_\_

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

*Name:* \_\_\_\_\_

*Designation:* \_\_\_\_\_

*Date:*

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