PRIVREDNA BANKA ZAGREB
Intesa Sanpaolo Group

AML QUESTIONNAIRE

1. General information

Name of the business entity			
Address of the registered office			
Legal form			
Trade and Companies Register			
Trade and Companies Register Number			
Public Company/Private Company			
Shares publicly Quoted			
Name of Stock Exchange			
Date of Establishment/Incorporation			
VAT No.	Telephone No.	SWIFT address	E-mail address
Official website			
Total number of employees			
If applicable, please provide details on Parent Bank	Name		
	Country		
If applicable, please provide details on Subsidiaries *in case more than five please fill in on separate sheet	Name		
	Country		
	Name		
	Country		
	Name		
	Country		
	Name		
	Country		
	Name		
	Country		
Name of primary Regulator/Supervisory Authority			

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2. Beneficial Owner and Senior management

Provide details on who you consider to be your **Beneficial Owner (Natural person)**[1]:

Name, Surname	% of Ownership	Direct / Indirect	Date of birth	Place and Country of birth	Nationality
	Country of residence	Type of ID	Number of ID	ID expiry date	PEP Yes / No
Name, Surname	% of Ownership	Direct / Indirect	Date of birth	Place and Country of birth	Nationality
	Country of residence	Type of ID	Number of ID	ID expiry date	PEP Yes / No
Name, Surname	% of Ownership	Direct / Indirect	Date of birth	Place and Country of birth	Nationality
	Country of residence	Type of ID	Number of ID	ID expiry date	PEP Yes / No

Have you provided an organizational chart of the ownership structure as an attachment to this document? If you have any legal person in your ownership structure, please attach organizational chart.	☐ YES ☐ NO

[1] If there is no legal entity or natural person, including family members, that collectively own directly and/or indirectly 10% or more of the entity's shares, please go to Senior management information data (page 3)

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Fill in details about your **Senior management:**

Stating all person authorized to *represent your entity or a person who is a member of the management board or other business body or is a person performing equivalent functions.*

Name, Surname	Position	Executive role Yes / No	Date of birth	Place and Country of birth	Nationality
	Country of residence	Type of ID	Number of ID	ID expiry date	PEP Yes / No
Name, Surname	Position	Executive role Yes / No	Date of birth	Place and Country of birth	Nationality
	Country of residence	Type of ID	Number of ID	ID expiry date	PEP Yes / No
Name, Surname	Position	Executive role Yes / No	Date of birth	Place and Country of birth	Nationality
	Country of residence	Type of ID	Number of ID	ID expiry date	PEP Yes / No
Name, Surname	Position	Executive role Yes / No	Date of birth	Place and Country of birth	Nationality
	Country of residence	Type of ID	Number of ID	ID expiry date	PEP Yes / No
Name, Surname	Position	Executive role Yes / No	Date of birth	Place and Country of birth	Nationality
	Country of residence	Type of ID	Number of ID	ID expiry date	PEP Yes / No

3. Business information

Please fill in your business structure as a percentage of total business (e.g. Retail Banking, Corporate, etc.) E.g. Retail business covers 90% of all your business and of which in total 80% are residential customers and the rest 20% are non-resident.	Business type	%	And of which (in %)	
			Residential	Non-residential
	Retail			
	Corporate			
	Other			

Are You dealing with below listed customers or industries? If yes, please note what AML/CTF measures do you apply?

	Non-account holders	Offshore customers	Shell banks	MSB/MVTS customers	Arms, defense, military[2]	Precious metals and stones
YES	☐	☐	☐	☐	☐	☐
NO	☐	☐	☐	☐	☐	☐
State AML measures your institution apply						
	Virtual currencies	Marijuana	Gambling	Unregulated charities	Regulated charities	Non-government Organization
YES	☐	☐	☐	☐	☐	☐
NO	☐	☐	☐	☐	☐	☐
State AML measures your institution apply						

[2] In accordance with the values and principles expressed in the ***Code of Ethics*** (available on the official bank's website), **PBZ Group expressly prohibits** any form of banking and/or financing activities related to the production and/or marketing of weapons that are controversial and/or prohibited by international agreements such as: nuclear, biological and chemical weapons, cluster bombs and explosive bombs, weapons containing depleted uranium, anti-personnel mines. With the exception of transactions involving controversial and/or prohibited weapons, **Privredna banka Zagreb d.d.** may on a regular basis provide financing related to the production, domestic sale and purchase, import, export, transfer within the EU Community and transit of armaments materials permanently used by the armed forces and related defense bodies as well as by local police in and between the Member States of the European Union and/or NATO. Please find more information within the document ***PBZ Participation in Activities Related to Armaments*** available on the official bank's website (https://www.pbz.hr/en/gradjani/nasa-grupa/Odrzivi-razvoj/Politike-i-kodeksi.html).

Does your institution conduct business in any of the restricted or sanctioned Countries (Iran, North Korea, Syria, Sudan, Cuba, Crimea)	☐ YES ☐ NO
If you have answered YES to any of the questions in this section (3. Business information) please provide are those considered to be a high risk categories and what measures do you apply? In case different risk levels apply please provide detailed information.	

Are you registered for or engaged in Money Value Transfer Service (MVTS)/ Money Service Business (MSB)	☐ YES ☐ NO

Are you engaged in the production and/or purchase/sale of weapons?	☐ YES ☐ NO

Are you registered for or engaged in cryptocurrency trading?	☐ YES ☐ NO

4. AML Policies and procedures

		Upon onboarding	KYC renewal	Trigger event	Automated	Manual
Do you screen customers including their UBO against: (please select all that apply)	Sanctions	☐	☐	☐	☐	☐
	Penalties	☐	☐	☐	☐	☐
	Negative news	☐	☐	☐	☐	☐
	PEP	☐	☐	☐	☐	☐

Does your institution have in place a procedure to monitor transactions?				☐ YES ☐ NO
Do you screen transactions against Sanctioned lists (please select all that apply)	US(OFAC	UN	EU	name OTHER that applies
	☐	☐	☐	

Has your entity received any administrative penalties from any regulator, due to AML/CTF omissions or oversights in last 3 years? If yes, please provide details and dates.	

When was last audit performed	Name	Date	Were any AML deficiencies found
From regulator			
External Audit			
Internal Audit			

5. Information about your AML team

How many full-time AML employees do you have?	
To whom does your AML team report to (in your institution)?	

		Name	Contact info
Please provide name, and contact information (email address)	Chief AML Officer		
	AML Officer		
	Other title		

Name and function of the person authorized to verify this document:

Date :

Signature :