

# CORPORATE AML QUESTIONNAIRE



Participant Name :

Humaira Jehangir

1. Is your company/establishment/entity aware about and subsequently compliant as per the Anti-Money laundering/CFT laws prevalent in Islamic republic of Pakistan? If No, then why?

Yes

2. Is your company exposed to any risk determined as per the AML/CFT Laws? If yes, then please share the details.

No

3. Does your company have any AML/CFT related Policy in the field? Yes  No

4. Is any of your Director or Member of the Senior Management a Politically Exposed Person (PEP)? If yes, then please share the details of the respective individual(s).

For this question PEP means individuals who are or have been entrusted domestically with prominent public functions, for example Heads of State or of government, senior politicians, senior government, judicial or military officials, senior executives of state owned corporations, important political party officials.

No

5. Is any of your Director or Member of the Senior Management a Foreign National? If yes, then please also inform us that if any of your foreigner Director or Senior Management is Foreign Politically Exposed Person? If yes, then please share the details of the respective individual(s).

Foreign PEPs, individuals who are or have been entrusted with prominent public functions by a foreign country, for example Heads of State or of government, senior politicians, senior government, judicial or military officials, senior executives of state owned corporations, important political party official

AND

Persons who are or have been entrusted with a prominent function by an international organization, means members of senior management and members of the board or equivalent functions

No

6. Has your company/institution/entity been the subject of any money laundering or terrorist financing-related proceedings (please see overleaf) investigations, sanctions, punitive actions indictment, had fines, conviction or civil enforcement action imposed on your company/institution/entity or Directors or member of your senior management by a regulator or law enforcement body during the last five years?

Yes

No

7. Does your company/institution/entity receives any kind of funding/donations/charities received from any sources which are under investigation locally or from any sources which are based in foreign? If yes, then please share the details.

N/A

8. Has your company/institution/entity, to your knowledge, been the subject to any investigation, indictment, penalty, fine, conviction or civil enforcement action related to terrorism financing in the past five years? Yes  No

9. Is your company/institution/entity engaged in any sort of business activities with the countries being marked as AML non-compliant by the FATF or UN? If so, then please share the details.

N/A

I/We hereby declare that all the information provided above are correct and true, and if any changes are made in aforementioned queries during the term of the contract, then the same may be intimated to PQFTL forthwith.

Signature & Stamp

Date





## AML-CFT REGULATIONS AND TYPOLOGIES

Typologies work is the study of methods, techniques and trends of money laundering and terrorist financing. The research of the following typologies has been undertaken for better understanding the money laundering and terrorist financing environment in the Asia/Pacific region.

The following are a few key money laundering and terrorist financing methods, techniques, schemes and instruments:-

HIGH		
Typologies	Yes	No
Narcotics and Trafficking		<input checked="" type="checkbox"/>
Corruption and Bribery		<input checked="" type="checkbox"/>
Smuggling in relation to Custom and Excise Duty and Taxes		<input checked="" type="checkbox"/>
Tax Crime related to direct and indirect taxes		<input checked="" type="checkbox"/>
Illegal MVTs/Hawala/Hundi		<input checked="" type="checkbox"/>
Cash Smuggling		<input checked="" type="checkbox"/>
Terrorism and Terrorism Financing		<input checked="" type="checkbox"/>
Geography (Porous Borders Afghanistan & Iran)		<input checked="" type="checkbox"/>
Delivery Channels (Branchless Banking, Wires Transfers, Microfinance Bank)		<input checked="" type="checkbox"/>

Medium High		
Typologies	Yes	No
Participation in an organized criminal group and racketeering		<input checked="" type="checkbox"/>
Human Trafficking / Migrant Smuggling or Trafficking in Person and Smuggling of Migrants		<input checked="" type="checkbox"/>
Illicit Arm Trafficking		<input checked="" type="checkbox"/>
Fraud/Forgery / Cheating		<input checked="" type="checkbox"/>
Kidnapping for ransom		<input checked="" type="checkbox"/>
Robbery / theft		<input checked="" type="checkbox"/>
Extortion for Business		<input checked="" type="checkbox"/>
Cyber crime		<input checked="" type="checkbox"/>
Insider Trading and market Manipulation		<input checked="" type="checkbox"/>
Delivery Channels (Non-Banking Financial Companies & Modarabas)		<input checked="" type="checkbox"/>

Medium		
Yes	Yes	No
		<input checked="" type="checkbox"/>
Sexual Exploitation, Including Sexual Exploitation of Children		<input checked="" type="checkbox"/>
Illicit Trafficking in stolen and other goods		<input checked="" type="checkbox"/>
Counterfeiting Currency		<input checked="" type="checkbox"/>
Counterfeiting and Piracy of Products		<input checked="" type="checkbox"/>
Murder, Grievous Bodily Harm		<input checked="" type="checkbox"/>
Environmental Crime		<input checked="" type="checkbox"/>
Piracy		<input checked="" type="checkbox"/>

If answered "YES" to Question no. 06 and accordingly selected any of the options above then please share the below details:-

Issuing Court/ Agency: \_\_\_\_\_

Nature: \_\_\_\_\_

Title: \_\_\_\_\_

Year: \_\_\_\_\_

City: \_\_\_\_\_

Give Details about the case:-

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Employee Name	CNIC	Thursday	Friday	Sat	Sun	Mon	Tues	Wed	Thursday	Friday	Sat	Sun	Mon	Tues	Wed	Thursday	Friday	Sat	Sun	Mon	Tues	Wed	Thursday	Friday	Sat	Sun						
Employee Name	CNIC	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Position Name		P	P	P	Sunday	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	

SEP-23

Employee Name	CNIC	Sat	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Mon							
Employee Name	CNIC	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Position Name		P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	

OCT-23

Employee Name	CNIC	Sat	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Mon							
Employee Name	CNIC	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Position Name		P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	

NOV-23

Employee Name	CNIC	Tues	Wed	Thurs	Fri	Sat	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Mon	Tues	Wed	Thurs							
Employee Name	CNIC	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Position Name		P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	