



আগ্রাণী ব্যাংক পিএলসি

Agrani Bank PLC

ANTI-MONEY LAUNDERING & COMBATING FINANCING OF TERRORISM QUESTIONNAIRE FOR CORRESPONDENT RELATIONSHIP

A. BASIC INFORMATION

1. Name of Institution: Agrani Bank PLC.
2. Registered Address: 9/D, Dilkusha C/A, Dhaka-1000. Bangladesh
3. Website Address: www.agranibank.org
4. Principal Business Activities: Commercial, Corporate, Investment, Islamic Banking, Trade Finance
5. Regulatory Authority: Bangladesh Bank
6. Operational Status: Operative

- Does your Bank maintain a physical presence in the licensing country?

☒

Yes/

☐

No

B. OWNERSHIP/MANAGEMENT

7. Is your institution listed on any stock exchange?
If so, which stock exchange?

☐

Yes/

☒

No

8. If „No“ to Q7, please provide a list of the major shareholders holding more than 10% shares in your institution.

☐

Yes/

☐

N/A

No

C. ANTI-MONEY LAUNDERING AND TERRORIST FINANCING CONTROLS

If you answer „no“ to any question, additional information can be supplied at the end of the questionnaire.

I. General AML&CFT Policies, Practices and Procedures:

9. Does your institution have in place policies and procedures approved by your institution's board or senior management to prevent Money Laundering and Combat Financing of Terrorism? ☒ Yes/ ☐ No
10. Does your institution have a legal and regulatory compliance Program that includes a designated officer that is responsible for coordinating and overseeing the AML/CFT framework? ☒ Yes/ ☐ No
11. Has your institution developed written policies documenting the processes that they have in place to prevent, detect and report suspicious transactions? ☒ Yes/ ☐ No
12. Does your institution have a policy prohibiting Accounts/relationships 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.) ☒ Yes/ ☐ No
13. Does your institution permit the opening of anonymous or Numbered accounts by customers? ☐ Yes/ ☒ No





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14. Does your institution have policies to reasonably ensure that they will not conduct transactions with or on behalf of shell banks through any of its accounts or products? ☒ Yes/ ☐ No
15. Does your institution have policies covering relationships with Politically Exposed Persons (PEP's), their family and close associates? ☒ Yes/ ☐ No
16. Does your institution have policies and procedures that Require keeping all the records related to customer identification and their transactions? ☒ Yes/ ☐ No
If „Yes“, for how long?
Answer: 10 years.

II. Risk Assessment

17. Does your institution have a risk-based assessment of its customer base and their transactions? ☒ Yes/ ☐ No
18. 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

III. Know Your Customer, Due Diligence and Enhanced Due Diligence

19. Has your institution implemented processes for the identification of those customers on whose behalf it maintains or operates accounts or conducts transactions? ☒ Yes/ ☐ No
20. Does your institution have a requirement to collect information regarding its customers' business activities? ☒ Yes/ ☐ No
21. Does your institution have a process to review and, where appropriate, update customer information relating to high risk client information? ☒ Yes/ ☐ No
22. 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
23. Does your institution complete a risk-based assessment to understand the normal and expected transactions of its customers? ☒ Yes/ ☐ No





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IV. Reportable Transactions for Prevention and Detection of ML/TF

24. 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
25. Where cash transaction reporting is mandatory, does your institution have procedures to identify transactions structured to avoid such obligations? ☒ Yes/ ☐ No
26. Does your institution screen customers and transactions against lists of persons, entities or countries issued by government/competent authorities or under the UN security Council Resolution? ☒ Yes/ ☐ No
27. 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

28. Does your institution have a monitoring program for unusual and potentially suspicious activity that covers funds transfers and monetary instruments such as traveler's checks, money orders, etc? ☒ Yes/ ☐ No

V. AML Training

29. Does your institution provide AML& CFT training to relevant employees of your organization? ☒ Yes/ ☐ No
30. Does your institution communicate new AML related laws or changes to existing AML related policies or practices to relevant employees? ☒ Yes/ ☐ No
31. Does your institution provide AML training to relevant third parties if they are employed to carry out some of the functions of your organization? ☒ N/A Yes/ ☐ No

Space for additional information:

(Please indicate which question the information is referring to.)

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D. GENERAL

32. Does the responses provided in this Declaration applies to the following entities: ☒ Yes/ ☐ No

- ☒ Head Office and all domestic branches
- ☐ Overseas branches
- ☒ Domestic subsidiaries
- ☒ Overseas subsidiaries

If the response to any of the above is „No“, please provide a list of the branches and/or subsidiaries that are excluded, including the name of the institution, location and contact details.

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 anti-terrorist 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: 
Name: **Mst. Shamim Ara**
Designation: **Deputy General Manager**
Date: **16.10.2025**
Contact No: **+8802-223390640**
Email: **dgmfcmd@agranibank.org**