

SECTION 1: ENTITY INFORMATION:			
Full legal Name of the Institution:	Arab Jordan Investment Bank		
Full Address of the Registered Office:	200 Zahran Street -AJIB Tower – Amman - Jordan		
Banking License No., Date Issued, & Expiry date:	Registration Number: # 119 Date Issued: 02-02-1978		
Global Legal Entity Identifier Database (LEI):	5493001VF70501BV0047		
Country of Incorporation:	Jordan		
Primary Business activities of the Institution:	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input checked="" type="checkbox"/> Personal banking <input type="checkbox"/> Private banking <input checked="" type="checkbox"/> Corporate banking <input checked="" type="checkbox"/> Investments <input checked="" type="checkbox"/> Correspondent banking </div> <div style="width: 45%;"> <input checked="" type="checkbox"/> Wealth management <input checked="" type="checkbox"/> Trade finance <input type="checkbox"/> Insurance <input type="checkbox"/> Other </div> </div>		
List the top three countries/ jurisdictions your institution operates in and the percentage of business in the location.	No.	Market Location	Percentage of business
	1	Jordan	95%
	2	Cyprus	Less than 1%
	3		
Provide a list of the banks with which your institution holds correspondent relationship (nostro accounts). Please provide the link to the respective website	Please provide a list or link (e.g. public source such as Bankers Almanac etc.) below list: Link: www.ajib.com www.bankersalmanac.com		
Name of Local Regulator: (Provide Website)	Central Bank of Jordan / www.cbj.gov.jo		
Web Address for the Institution:	www.ajib.com		
Name and address of External Auditor	Ernst and Young/ Amman-Jordan		

SWIFT Address:	AJIBJOAX
Are your shares publicly traded? If 'yes', in which stock Exchange:	Yes, Amman Stock Exchange
Name of Parent Company (if applicable):	N/A
Country of Incorporation of Parent Company:	N/A
Domestic Branches & Subsidiaries:	Branches: 33 Branches & Offices in Jordan Subsidiaries: United Arab Investment Company
International Branches & Subsidiaries:	Branches: Cyprus Branch Subsidiaries: Arab Jordan Investment Bank (Qatar) L.L.C
Does your Institution have Branches or Subsidiaries located in economic sanctions/embargoes countries, if "yes" please indicate which countries?	No
Does this questionnaire apply to your head office as well as branches and/or subsidiaries?	Yes

SECTION 2 – OWNERSHIP STRUCTURE AND MANAGEMENT INFORMATION

Please list (or attach a listing of) all parties owning 10% or more of the issued capital of your institution:

1.	Is your institution part of a group?	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No If yes, please provide both the group and parent company name: Arab Jordan Investment Bank
2.	Major shareholders: List all of your institution's major shareholders with shareholding of 10% or more	1)Name: Abdulkadir Abdullah Ahmad Al-Qadi Percentage of Ownership: 17.627 % 2)Name: Libyan Foreign Bank, Tripoli, Libya Percentage of Ownership: 12.79 % 3)Name: The Arab Investment Company, Riyadh, Saudi Arabia Percentage of Ownership: 10.25 %

3.	Names of Members of the Board (Attach additional sheet, if necessary)	List Attached
4.	Names or a list for senior Management	List Attached
5.	Are there any PEP(s) in the senior management and Board? If Yes, please provide information of all PEPs acting as senior management.	<input type="checkbox"/> No <input checked="" type="checkbox"/> YES → Please provide information below. 1) Name : H. E. Mr. 'Mohammed Shareef' Al-Zoubi Title (position): Representative of Petra Company for Restaurants Establishment & Management Member Date of Birth: 16 May 1963 Country of Domicile: Jordan Other Position (if any): Former Minister of Industry & Trade 2) Name : Title (position): Date of Birth: Country of Domicile Other Position (if any):

SECTION 3 – COMPLIANCE OFFICER DETAILS:

Do you have a primary compliance officer who is responsible for Anti-Money Laundering (AML) and "Know Your Customer" (KYC) compliance? Yes	
If "yes", please provide compliance officer information	
Name:	Basel Araj
Title	Chief Risk & Compliance Officer
Address:	200 Zahran street- AJIB Tower -Amman-Jordan
Email:	Basel.araj@ajib.com

Telephone Number:	+962 6 5607126 Ext. 2396
Reporting to:	Compliance and Risk Committee of the Board of Directors

SECTION 4 – KEY REGULATORY ISSUES / LOCAL LAWS

1	Is Money Laundering a criminal offence in the country where the institution is located?	<input type="checkbox"/> No <input checked="" type="checkbox"/> YES
2	Has your country established laws designed to prevent Money Laundering and Terrorist Financing?	<input type="checkbox"/> No <input checked="" type="checkbox"/> YES If "yes" please provide details of such laws. - Anti-Money Laundering Law No. (46) for the year 2007 - Anti-Terrorism Law No. (55) for the year 2006
3	Is your Institution subject to such laws?	<input type="checkbox"/> No <input checked="" type="checkbox"/> YES
4	Has the established laws designed policies to prevent Money Laundering and Terrorist Financing in line with Financial Action Task Force (FATF)'s recommendation?	<input type="checkbox"/> No <input checked="" type="checkbox"/> YES
5	Is your country identified by FATF as Cooperative country?	<input type="checkbox"/> No <input checked="" type="checkbox"/> YES
6	Has the country in which you are located established a central reporting agency or financial intelligence unit for the purpose of collecting and assessing suspicious transaction reports?	<input type="checkbox"/> No <input checked="" type="checkbox"/> YES If "yes" please provide the name of the agency. Anti -Money Laundering & Counter Terrorist Financing Unit
7	In the past two years, has your institution received any civil or criminal penalties, etc. due to failures identified in your institution's AML/CFT program?	<input checked="" type="checkbox"/> No <input type="checkbox"/> YES If "yes" please provide below information. 1) Date: (agreement with the authorities, announcement by the authorities, press release, etc.): 2) Details of regulator's action: 3) Enforcement agencies and other regulators involved:

		4) Nature of the findings or wrongdoings:
		5) Corrective actions and principal achievements to date:

Section 5 - Country Legislation

1.	Are the national laws in accordance with the:	
	a) EU 4 th Money Laundering Directive	<input checked="" type="checkbox"/> Yes/ Applies to Cyprus Branch <input type="checkbox"/> No
	b) FATF Recommendations	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No
	c) International Standards of Best Practice (e.g. Wolfsberg Group Principles)	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No
2.	Is there a legal prohibition against tipping off in your country of domicile?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

Section 6 - Legal Cases and Negative News

1.	Is your institution or another member of the same group, currently being investigated for any alleged compliance, KYC and/or AML breaches, or are you otherwise assisting authorities in such investigations?	<input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> NO If yes, please explain
2.	Has your institution recently been in the media (negative news) in connection with AML or CTF or related issues?	<input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No If yes, please provide a link and explain
3.	Has your institution been examined by a regulator in the last three years with regards to compliance, KYC and/or AML? If yes, were there any negative findings?	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No

SECTION 7 – KYC/AML/CTF POLICIES, PROCEDURES, & CONTROLS.

		YES	NO
1	Has your Institution established written Policies & Procedures to combat Money Laundering & Terrorism Financing that are compliant with local laws & regulations? If yes, please attach a copy of the same.	Yes	
2	Does your institution adhere to the Wolfsberg Group standards?	Yes	
3	Are your policies / procedures compliant with the Financial Action Task Force (FATF) Recommendations?	Yes	
4	Have your AML & CFT policies / procedures been approved by your institution's Board and/or any senior committee? Is yes, is a periodic approval required from the Board and how often? Yes, Annually.	Yes	
5	Are the AML/CFT policies and procedures applicable to your head office also applied to your foreign branches and majority owned subsidiaries (both local and overseas)? If 'no' please give / attach details of any units that are excluded:	Yes	
6	Please answer whether the following are part of your Institution's AML/CFT Policies and Procedures:		
	a) Apply enhanced customer due diligence on those customers identified as having a higher risk profile?	Yes	
	b) A KYC "Know Your Customer" identification process on opening the account	Yes	
	c) Identification of UBO's "Ultimate Beneficial Owners", including ownership and control structure of the customer, where applicable	Yes	
	d) Verify the true identity of all customers prior to entering into a business relationship / undertaking any transactions?	Yes	
	e) Periodically update due diligence/KYC information obtained? How often is the customer's KYC updated? Every Two Years As per Local Laws & Regulations and annually for High Risk clients.	Yes	
	f) Verify the source of wealth / funds and the level of economic activity of your customers?	Yes	

7	g) 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	
8	In relation to correspondent banking relationship, does your institution conduct due diligence on correspondent institutions to ensure that they have strong AML procedures in place?	Yes	
9	Does your Institution offer Payable Through Accounts (Accounts which provide your customers or your correspondent Banks's customer with cheques that that enable them to draw on your account at another correspondent bank)?		No
10	Has your institution developed written policies documenting the processes that they have in place to prevent, detect and report suspicious transactions	Yes	
11	Does your institution comply with the customer due diligence measures for the investigation of suspicious activity as well as reporting to the competent authorities?	Yes	
12	Does your institution have policies covering relationships with Politically Exposed Persons (PEP's), their family and close associates?	Yes	
13	Does your institution have record retention procedures? If yes, how long are the records retained for? Five Years as per Local Laws & Regulations.	Yes	
14	Has your institution developed written policies to prevent, detect and report name screening and/or payment screening?	Yes	
15	Do the policies require to establish effective controls on a permanent basis to detect any activities suspected of money laundering and terrorist financing?	Yes	
16	Does your institution's policy require the application of enhanced due diligence for the following client relationships and respective transactions? If yes, provide details.	Politically Exposed Persons (PEPs)	Yes
		Embassies	Yes
		Money Services Businesses (MSBs)	Yes
		Banks and other Financial Institutions	Yes
		Casinos/Gambling Institutions	Yes
		Arms and Munition Industry	Yes

		Precious Metals/Diamond trading	Yes	
		NGOs and Charitable Foundations	Yes	
		Cash Intensive Businesses	Yes	
17	Does your institution require relationships subject to enhanced due diligence to be approved by senior management?		Yes	
18	Do the policies prohibit your institution from entering into relationships with certain counterparties (e.g. due to the domicile, industry, negative media, etc.)?		Yes	
19	Does your institution have policies to reasonably ensure that it only provides vostro accounts to banks which have a license to operate in the country in which they are located?		Yes	
20	Do your policies and procedures permit you to open or maintain anonymous accounts?			No
21	Does your institution maintain accounts for Money Services entities? If 'yes' please provide details?			No
22	Has your institution implemented a policy reflecting the Wolfsberg Anti-Corruption Guidance?		Yes	
23	Has your institution established an independent compliance function which independently reviews KYC and monitors (suspicious) transactions and possible Sanctions issues?		Yes	
24	Do you process any customer transfers for third party institutions using the account (if any) maintained with AJIB?			No
25	Does your institution have a transaction monitoring system to automatically detect <u>suspicious activities/ transactions</u> ? If yes, please provide the name of the transaction monitoring system. System Name: SafeWatch Profiling System		Yes	
26	At a high level, describe the parameters and thresholds of the system. A threshold of JOD 20K (or equivalent in foreign currency) for any type of transactions as set by the Central Bank of Jordan.			

27	What is the average number of alerts generated monthly?	Approximately 1000 – 2000 alerts	
28	Do you have policies and procedures for the identification and reporting of transactions that are required to be reported to the authorities?	Yes	
29	Does your institution employ third party vendor(s) to perform any KYC/ AML functions?		No
30	Are you permitted by your local regulations to share relevant customer identification data with your correspondents should this be requested? If 'yes', would you be willing to do so if required by us where a legitimate need has arisen? Yes	Yes	
31	What is the volume of high risk clients?	Less than 1%	
32	Is your institution owned 50% or more or controlled by a Sanctioned Party? If yes, please specify (including Sanctioned Party, ownership percentages and/or control situation)		No
33	Is a member of your institution's board of directors or executive management a Sanctioned Party? If yes, please specify (including name, position, date of birth, citizenship and residence)		No
34	Are any affiliates of your institution (i.e. representative offices, branches, subsidiaries, etc.) organized in or operating from a Sanctioned Country? If yes, please specify below name, affiliation to your institution and country of organization/operation:		No
35	Do you have clients domiciled in a Sanctioned country? If yes, please provide details; number of client, domicile / relevant sanctions program.		No
36	Does your institution conduct business activities (e.g. provision of cash and/or securities custody account services, financing, correspondent banking etc.) in or involving Sanctioned Country or with a Sanctioned Party?		No

	If yes, please specify (including activities, sanctioned party and Sanctioned Country).		
37	If you answered yes to one of the questions Q34, Q35 and/or Q36 above, please specify all aspects of the respective business and state the percentage of your total assets under management that is represented by this business.		
38	If you answered yes to question Q34, Q35 and/or Q36 above, please specify whether there are any plans to expand or reduce business activities in or involving Sanctioned Country, with Sanctioned Party or to establish or withdraw affiliates in Sanctioned Country.		
39	<p>Is your institution currently being investigated for any alleged sanctions breaches, (If yes, please specify, including explanation regarding any negative findings.)</p> <p>or,</p> <p>Has your institution been examined by a regulator in the last three years with regards to sanctions? (If yes, please specify, including explanation regarding any negative findings.)</p> <p>If yes, were there any negative findings?</p>		No
			No
40	<p>Has your institution established internal written policies and procedures to ensure compliance with economic sanctions and embargo requirements?</p> <p>Please state the main policies and procedures surrounding sanctions:</p> <ul style="list-style-type: none"> ➤ AML & Compliance Policy. ➤ Customer Acceptance Policy. 	Yes	

41	Does your institution screen its customer database (account holders, beneficial owners, authorized signers, officers or directors or other controlling parties) to ensure compliance with the sanctions programs it adheres to?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Specify screened parties: Account holders, Beneficial owners and Authorized signatories Screening frequency: On-boarding and on-going periodic screening Enter comments:	
42	Does your institution screen transactions (e.g. wire transfers) to ensure compliance with the sanctions programs it adheres to?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Enter comments:	
43	Does your institution have a transaction monitoring system to automatically detect a transaction which may involve any sanctioned party? If yes, please provide the name of the sanction screening system , and specify the lists System Name: Lists: <input checked="" type="checkbox"/> OFAC , <input checked="" type="checkbox"/> EU , <input checked="" type="checkbox"/> UN, <input checked="" type="checkbox"/> HM Treasury, <input checked="" type="checkbox"/> Others (please specify) AJIB Internal List	Yes	
44	Does your institution provide periodic employee-training program to train employees about Anti-money laundering& Counter terrorist financing and to assist them in identifying/reporting suspicious activities? If yes, Please specify how frequently is the training required? Annually for existing staff along with training delivered to newly employed staff within appropriate time of hiring	Yes	
45	Does your institution retain records of its training sessions including attendance records and relevant training materials used? If yes for how long? Five years	Yes	
46	Does the Regulatory body / competent authority in your country conduct AML / CFT reviews of your institution? If 'yes' with what frequency & when was the last review. Last Examination was on January 2018.	Yes	

47	Does your institution have an established Internal Audit and Compliance review function to test the adequacy of your Anti-Money Laundering/Terrorist Financing policies and programs? If yes, how frequently, Internal Audit and/or Compliance reviews of the AML-CTF program conducted? At least once a year.	Yes	
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SECTION 8: FATCA REGULATIONS

Has your institution initiated measures/developments to be in Compliance with Foreign Account Tax Compliance Act (FATCA) as per the IRS requirements?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
If yes please provide the Global Intermediary Identification Number	KW73G3.00000.LE.400

SECTION 9: REQUIRED DOCUMENTS

WOLFSBERG AML QUESTIONNAIRE	<input type="checkbox"/> Attached <input checked="" type="checkbox"/> Web→ please provide web address www.ajib.com
GROUP AML POLICY	<input type="checkbox"/> Attached <input checked="" type="checkbox"/> Web→ please provide web address www.ajib.com
USA PATRIOT ACT CERTIFICATION	<input type="checkbox"/> Attached <input checked="" type="checkbox"/> Web→ please provide web address www.ajib.com
BANKING LICENSE	<input checked="" type="checkbox"/> Attached <input type="checkbox"/> Web→ please provide web address
ARTICLE OF ASSOCIATION/ MEMORANDUM OF:	Attached
REGISTRATION CERTIFICATE:	Attached

ACKNOWLEDGEMENT OF RESPONSIBILITIES

I certify that I am authorized to complete this questionnaire and that to the best of my knowledge the information given is complete, current, accurate, and reflective of the institution's Know your Customer/ Anti Money Laundering policies and program

Form completed by:

Name:	Basel Araj	Phone:	+962 6 5607126 Ext. 2396
Address	200 Zahran Street -AJIB Tower – Amman - Jordan	Fax:	+962 (6) 5681482
Title	Chief Risk & Compliance Officer	E-Mail	Basel.araj@ajib.com

Signed:

Basel Araj^o

Date:

12 June 2018

