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| **Anti-Money Laundering Questionnaire** |
| **I. Corporate Information:** |
| 1. | Name of Managing Member of EntityCompleting Questionnaire: |  |
| 2. | Date Completed: |  |
| 3. | Completed by: | Name:Title:Email:(Attach Passport/Gov't. Photo ID) |
| 4. | Date Established: |  |
| 5. | Number of Company Members and Equity Percentages: |  |
| 6. | Type of Business: |  |
| 7. | Registration Certificate No./License No.: | Federal Reserve ID # | , FDIC # | , State Lic.# |
| 8. | Address: |  |
| 9. | Principal Place of Business: |  |
| 10. Location Of The Head Office: |  |
| 11. | Website Address: |  |
| **II. Owner/Parent Information:** |
| 12. Legal Entity Name of parent company: |  |
| 13. Percentage of ownership of company: |  |
| **III.** | **Ownership Structure:** |  |  |  |
| 14. Is the Company wholly or partially owned by a state entity or the government? | Yes | No |
| 1. Is the Company publicly owned and listed on any Stock Exchange?
	* If yes, please provide the name of the Stock Exchange: NASDAQ Stock Exchange (Stock Symbol: EWBC)
	* If no, please attach a list of the beneficial owners1 of the Co. (including their nominees, if their shares are held by nominees).
 | Yes | No |
| 16. Please confirm whether any of the principal owners of the Co. is considered asPolitically Exposed Person2. | Yes | No |

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| **IV. Information Regarding The Country In Which You Are Located And Its Regulations/Regulators (Laws And Supervision):** |
| 20. What is the name of your key regulatory supervisory KYC/AML person? |
| 21. In what geographic regions does the Company do business? |
| 22. Has your Country established laws designated to combat Money Laundering andFinancing of Terrorism according to international standards and controls? | Yes | No |
| 23. Does your Country’s regulatory body require all Financial Institutions to have AMLand KYC procedures? | Yes | No |
| **V. General AML Policies, Practices and Procedures:** |
| 24. Has the Company developed written policies documenting the processes thatit has in place to prevent, detect and report suspicious transactions? | Yes | No |
| 25. In addition to inspections by the government supervisors/regulators, does theCompany have an internal audit function or other independent third party that assesses the adequacy of AML procedures and policies on a regular basis? | Yes | No |
| 26. Are there adequate measures taken by the Company to ensure that no financial services are provided to the listed terrorists and/or sanctioned names notifiedby your competent parties? | Yes | No |
| 27. Does the Company require that its AML policies and practices be applied to all branches and subsidiaries of the FI both in the home country and in locationsoutside of the home country? | Yes | No |
| 1. Has the Company or any of it's stakeholders been subjected to a RICO, Money Laundering or Financing of Terrorists investigation in the last five years?
	* If yes, please provide details on a separate sheet as addendum (IV).
 | Yes | No |
| **VI. Risk Assessment** |
| 30. Does the Company have a risk focused assessment of its customer base andtransactions of its customers? | Yes | No |
| 31. Does the Company determine the appropriate level of enhanced due diligence necessary for those categories of customers and transactions that the Co. hasreason to believe pose a heightened risk of illicit activities at or through the Co.? | Yes | No |
| **VII. Know Your Customer, Due Diligence and Enhanced Due Diligence** |
| 32. Has the Co. implemented systems for the identification of its customers, including customer information in the case of recorded transactions, account opening, etc. (for example; name, nationality, street address, telephone number, occupation, age/ date of birth, number and type of valid of official identification, as well as thename of the country/state that issued it)? | Yes | No |
| 33. Does the Co. have a requirement to collect and confirm legitimacy ofinformation regarding its customers’ business activities? | Yes | No |
| 34. Does the Co. keep any anonymous numbered accounts? | Yes | No |
| 35. Does the Co. have a policy prohibiting accounts/relationships with shell banks? | Yes | No |
| 36. Does the Co. have policies covering relationships with the following types of entities: |  |

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| --- | --- | --- |
| * Shell banks3
 | Yes | No |
| * Foreign correspondent banks
 | Yes | No |
| 37. Do the AML procedures of the Co. comply with the international standards (i.e.Basel Committee, FATF, etc.)? If no, please explain: | Yes | No |
| **VIII. Correspondent Banking Information** |
| 38. Does the Co. have a physical presence4 at the address from which it is operating? | Yes | No |
| 39. Can the Co. verify the identity of any third party entities that will use thecorrespondent banking funds for other uses? (Provide a recent Bank Statement) | Yes | No |
| 40. Do any of your bank funds originate from the non-cooperative countries andterritories as identified by the FATF? | Yes | No |
| 41. If yes to question 40, has the Co. formulated any procedure in respect to theongoing monitoring of activities conducted through such correspondent accounts? | Yes | No |
| **IX. Transaction Monitoring** |
| 42. Does the Co have a monitoring program for suspicious or unusual activity that covers funds transfers and monetary instruments (such as traveler’s checks, moneyorders, etc.)? | Yes | No |
| 43. Does the Co. have an established program that includes policies and procedures that include a process (manual or automated) to periodically review client accountsfor large or unusual transactions? | Yes | No |
| 44. Does the Co. have an established program that includes policies and proceduresfor review of wire transfer activity and cash letter activity? | Yes | No |
| **X. AML Training** |
| 45. Does the Co. provide AML training to relevant employees that include identification and reporting of transactions that must be reported to government authorities, examples of different forms of money laundering involving the FI’sproducts and services and internal policies to prevent money laundering? | Yes | No |
| 46. Does the Co. retain records of its training sessions including attendance recordsand relevant training materials used? | Yes | No |
| 47. Does the Co. have policies or practices to communicate new AML related laws or changes to existing AML related policies or practices to relevant employees? | Yes | No |

# I certify that I have read and understood this questionnaire and that the statements made in this questionnaire are

**true, complete and correct, and that I am authorized to execute this questionnaire on behalf of the Company.**

**Signature: Date:**

1 Person or entity who owns, controls or has power to vote for 25 percent or more of any class of voting securities or other voting interests, or of the 10 largest shareholders if no owner has greater than 25 percent.

2 Individuals holding or having held positions of public trust, such as government officials, senior executives of government corporations, politicians, as well as their immediate family and close associates.

3Company incorporated in a jurisdiction in which it has no physical presence and which is unaffiliated with a regulated financial group.

4 Physical presence means that the Company maintains a physical place of business, other than an electronic address, in a country where it is authorized to conduct banking activities, at which it employs on a full-time basis and maintain records of its banking activities, and is subject to supervision by regulators of the country authorizing the legal formation of the Company.

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