



Bhutan National Bank Limited

Post Box No: 439

Head Office, Thimphu

Phone: 02-322767/8577

Hotline: 144

Fax: 02-328839

Website: www.bnb.bt

ANTI-MONEY LAUNDERING & COMBATING FINANCING OF TERRORISM QUESTIONNAIRE

A. BASIC INFORMATION

01.	Name of the Institution	Bhutan National Bank Limited
02.	Registered Address	Post Box No.439, Thimphu, Bhutan
03.	Web Address Swift BIC	www.bnb.bt BNBTTBT
04.	Principal Business Activities	Deposits, Lending, Trade Finance, Securities
05.	Regulatory Authority Banking License No. & Date of establishment	Royal Monetary Authority of Bhutan 1016972 , 2 nd September, 1996
06.	Name of the official authority to whom you must report in case of a suspicion of ML/TF	Financial Intelligence Department, Royal Monetary Authority of Bhutan
07.	Name and address of your external auditors	N.C.MITRA & CO, Chartered Accountants Kolkata, India
08.	Please provide a list of the board of directors and senior executives	1. Dasho Tenzing Yonten 2. Mr.Passang Dorji 3. Mr.Tshering Dorji 4. Mr.Sonam Lhundrup 5. Ms.Dago Beda 6. Dr.Tshering Cigay Dorji 7. Mr.Sonam Tobgay

B. GENERAL INFORMATION

09. Does your bank maintain a physical presence in the licensing country? Yes No

10. Is your institution listed in any stock exchange? Yes No

If so, which stock exchange?

Royal Securities Exchange of Bhutan Limited



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C. ANTI-MONEY LAUNDERING AND TERRORIST FINANCING CONTROLS

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

11. 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
12. Has your AML/CFT policies recently updated? Yes No
If no, when was it last updated?
13. Does your institution have a legal & Regulatory compliance program that includes a designated officer that is responsible for coordinating and overseeing the AML/CFT Framework? Yes No

If yes, please provide the details

Name : Yadi Gurung
Title : AML/CFT Compliance Officer
Telephone number: 975-2-322767/Extension No.1021
E-mail address : yadee@bnb.bt

Name : Dorji Namgyal Rinchen
Title : Head, Compliance Department
Telephone number: 975-2-322767/Extension No.1010
E-mail address : dorjirinchen@bnb.bt

14. In addition to inspections conducted by the regulators, do you also have an independent audit function that assesses the AML/CFT policies and practices? Yes No
If yes, what is the interval? **Once a year**
15. 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
16. Does your institution prohibit the opening of anonymous or numbered accounts by customers? Yes No
17. Does your institution have policies covering relationships with Politically Exposed Persons (PEP's), their family and close associates? Yes No



18. Does your institution have policies and procedures that require keeping all the records related to customer identification and their transactions? Yes No

If "Yes", what is the time frame? **10 years after the termination of the business relationship**

19. Does your institution require that the AML policies and practices be applied to all branches and subsidiaries in the home country and its locations outside of the home country? Yes No

II. Know your customer, Due Diligence and Enhanced Due Diligence

20. Has your institution implemented processes for the identification of those customers on whose behalf it maintains or operates accounts or conducts transactions? Yes No

21. Does your institution have a requirement to collect information regarding its customers' business activities? Yes No

22. Does your institution have a process to review and, where appropriate, update customer information relating to high risk client information? Yes No

23. 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

24. Does your institution complete a risk-based assessment to understand the normal and expected transactions of its customers? Yes No

25. 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

26. While conducting relationship with the corresponding bank, does your bank assess the respondent bank's AML/CFT controls and are all new relationship approved by your bank's senior management? Yes No

27. Does your institution provide services that allow third parties to directly use your account through another bank? Yes No
(Eg. Nested transactions/Payable through account)



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

28. 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
29. Where cash transaction reporting is mandatory, does your institution have procedures to identify transactions structured to avoid such obligations? Yes No
30. Does your institution screen customers and transactions against lists of persons, entities or countries issued by government/competent authorities? Yes No
31. 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

32. Does your institution have a monitoring program for unusual and potentially suspicious activity that covers funds transfers and monetary instruments such as traveller checks, money orders, etc. Yes No

V. Training

33. Does your institution provide AML & CFT training to relevant employees of your organization? Yes No
34. Does your institution communicate new AML related laws or changes to existing AML related policies or practices to relevant employees? Yes No
35. Does your institution retain records of its training sessions including attendance records and relevant training materials used? Yes No
36. Does your institution provide AML training to relevant third parties if they are employed to carry out some of the functions of your organization? Yes No



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Space for additional information:

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

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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	Sonam Tobgay
Designation	Chief Executive Officer
Date:	10.09.2019
Contact No.	975-2-322767, Extension No.1000
Fax No.	975-2-328839
E-mail	ceo@bnb.bt