

CAIXABANK AML/ CFT & SANCTIONS QUESTIONNAIRE (V.6)
**Knowing Your Customer (KYC)
Anti-Money Laundering
Prevention of Terrorist Financing and Sanctions**
Section A. General information about the Institution

| | | |
|-------------|---------------------------------------------------|------------------|
| A.1 | Full Legal Institution Name | |
| A.2 | Trading name(s) used (if different of the above): | |
| A.3 | Legal Entity Identifier (LEI) | |
| A.4 | Tax Identification Number (TIN) | |
| A.5 | Global Intermediary Identification Number (GIIN) | |
| A.6 | Full address of the registered office | Street and town: |
| | | Country: |
| A.7 | Full address of the location of head office | Street and town: |
| | | Country: |
| A.8 | Principal Place of Business (Address) | Street and town: |
| | | Country: |
| A.9 | BIC code | |
| A.10 | Website address: | |

Section B. Customer base

Do you have customers who operate in the following areas:

| | | |
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| B.1 | Retail customers | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| B.2 | Corporate customers | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| B.3 | Governments/Supranational | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| B.4 | Non-Banks Financial Institutions | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| B.5 | Private Banking | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| | If yes, Specify whether the entity has restrictions or/and applies specific enhanced due diligences measures with the industries listed: Use this box for more details: | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| B.6 | Correspondent Banks | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| | If yes, Specify whether the entity has restrictions or/and applies specific enhanced due diligences measures with the industries listed: Use this box for more details: | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| B.7 | Money service business (e.g. Currency Exchange Houses, Money Remitters, Casas de Cambio, Foreign Exchange Providers) | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| | If yes, Specify whether the entity has restrictions or/and applies specific enhanced due diligences measures with the industries listed: Use this box for more details: | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| B.8 | Gaming, casinos or gambling | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| | If yes, Specify whether the entity has restrictions or/and applies specific enhanced due diligences measures with the industries listed: Use this box for more details: | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| B.9 | Arms and munitions | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| | If yes, Specify whether the entity has restrictions or/and applies specific enhanced due diligences measures with the industries listed: Use this box for more details: | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| B.10 | Atomic power | <input type="checkbox"/> YES <input type="checkbox"/> NO |

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| | If yes, Specify whether the entity has restrictions or/and applies specific enhanced due diligences measures with the industries listed: Use this box for more details: | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| B.11 Jewellery/Precious Metal Sales | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| | If yes, Specify whether the entity has restrictions or/and applies specific enhanced due diligences measures with the industries listed: Use this box for more details: | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| B.12 Charitable Foundations and Non-Governmental Organizations | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| | If yes, Specify whether the entity has restrictions or/and applies specific enhanced due diligences measures with the industries listed: Use this box for more details: | <input type="checkbox"/> YES <input type="checkbox"/> NO |

| Section C. Customer Location (s) | | |
|---------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|-----------------------|
| Are more than 10% of your customers located in a country other than where you are domiciled? | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| | Country | Percentage (%) |
| If Yes, please list the top 3 country locations and the percentage of representation with respect to your customers base: | | |
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| Section D. Type of Products and Services Offered | |
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| D.1 Banking services | <input type="checkbox"/> Mobile banking <input type="checkbox"/> Online banking |
| D.2 Banking products | <input type="checkbox"/> Loans <input type="checkbox"/> Credit cards <input type="checkbox"/> Bonds <input type="checkbox"/> Money markets <input type="checkbox"/> Syndicated loans |
| D.3 Cash services | <input type="checkbox"/> Bulk cash activities <input type="checkbox"/> Cash management services, including deposit accounts <input type="checkbox"/> Cash letters/cheque clearings <input type="checkbox"/> International funds transfers |
| D.4 Market products | <input type="checkbox"/> Foreign currency dealing <input type="checkbox"/> Investment advisers/investment banking <input type="checkbox"/> Overnight investment accounts (sweep accounts) <input type="checkbox"/> Insurance <input type="checkbox"/> Islamic banking <input type="checkbox"/> Derivatives and similar instruments (Spots/Swaps/Options) |
| D.5 Trade Finance | <input type="checkbox"/> Documentary collection <input type="checkbox"/> Letters of credit <input type="checkbox"/> Guarantees <input type="checkbox"/> Standby L/C |

| Section E. | |
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| E.1 Does your group maintain presence or business in High-risk and non-cooperative jurisdictions, currently subject to a FATF Call for Action: http://www.fatf-gafi.org/countries/ | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| If "YES", please list them: | |

| Regulatory Status | |
|-------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| E.2 License | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| If "YES", indicate: Name of Regulatory Body and website: Number: Issuing and expire date: | ----- ----- ----- |
| E.3 Is your licence subject to any type of restriction? | <input type="checkbox"/> YES <input type="checkbox"/> NO |

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| | If "YES", state the restriction and attach a copy of your licence. | |
| E.4 | Is your entity subject to supervision and control concerning the Anti money laundering and counter-financing of terrorism? If "YES", indicate the name of the competent Authority and website: | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| E.5 | Has your institution the "USA Patriot Act Certificate"? If "YES", please attach a copy. | <input type="checkbox"/> YES <input type="checkbox"/> NO |

Ownership and Control Structure/Beneficial Owners/Controlling Party

| | | |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| E.6 | What is the legal form of you Institution? | |
| E.7 | Shareholder structure If yes, please state: The percentage (%) : _____ % Country of ownership : _____ <input type="checkbox"/> State Owned Company <input type="checkbox"/> Private company | |

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| E.8 | Is your institution publicly listed? If "YES": Name of stock exchange (s) : _____ Country of stock exchange (s) : _____ | <input type="checkbox"/> YES <input type="checkbox"/> NO |
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| E.9 | Parent Company: If "YES": Legal name : _____ Registered Address/Country : _____ Ownership interest (%) : _____ Is it a Payment Institution? <input type="checkbox"/> YES <input type="checkbox"/> NO Is it publicly listed? <input type="checkbox"/> YES <input type="checkbox"/> NO If "YES": Name of stock exchange (s) : _____ Country of stock exchange (s) : _____ | <input type="checkbox"/> YES <input type="checkbox"/> N/A |
|-----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|

| E.10 | Ownership Information-Shareholding Companies Optional when the entity: → Is listed on a regulated market (EU member states or equivalent third countries (*)). <small>(*): Decision on Equivalent Jurisdictions, published in the Official State Gazette 23 August 2012, Australia, Brazil, Canada, Hong Kong, India, Japan, Mexico, Singapore, Republic of Korea (South Korea), Switzerland, South Africa, The United States.</small> | List of companies owning or controlling, directly and/or indirectly, 10% or more of the entity's shares: <table border="1"> <thead> <tr> <th>Legal Name</th> <th>Country</th> <th>Ownership interest (%)</th> <th>Nature of ownership (direct/indirect)</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table> | Legal Name | Country | Ownership interest (%) | Nature of ownership (direct/indirect) | | | | | | | | | | | | | | | | |
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| Legal Name | Country | Ownership interest (%) | Nature of ownership (direct/indirect) | | | | | | | | | | | | | | | | | | | |
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| E.11 | Ultimate Beneficial Owners (natural persons with 25%, direct or indirect ownership; Controlling Party): Optional when the entity: → Is listed on a regulated market (EU member states or equivalent third countries (1)). <small>(*): Decision on Equivalent Jurisdictions, published in the Official State Gazette 23 August 2012, Australia, Brazil, Canada, Hong Kong, India, Japan, Mexico, Singapore, Republic of Korea (South Korea), Switzerland, South Africa, The United States.</small> For all other cases, please provide the required information in the correspondent field. | <input type="checkbox"/> We confirm that our Ultimate Beneficial Owners are as follows and that no other natural person controls or owns directly and/or indirectly 25% or more of our shares or exercise control over the management of the entity. Please provide the following details for individual beneficial owners (25% or more): <table border="1"> <thead> <tr> <th>Full name</th> <th>% of ownership</th> <th>Country of Residence</th> <th>Date of birth (dd/mm/yy)</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table> | Full name | % of ownership | Country of Residence | Date of birth (dd/mm/yy) | | | | | | | | | | | | | | | | |
|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|----------------|----------------------|--------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Full name | % of ownership | Country of Residence | Date of birth (dd/mm/yy) | | | | | | | | | | | | | | | | | | | |
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| <p>* One individual with significant responsibility* for managing the legal entity: An executive officer or senior manager (e.g. Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, or equivalent)</p> | <input type="checkbox"/> We confirm that no natural person controls or owns directly and/or indirectly 25% or more of our shares or exercise control over the management of the entity. Please provide the following information for the controlling person*: | | | |
| | Name / Title | Country of Residence | ID # (Identification number) | Date of birth (dd/mm/yyyy) |
| | | | | |

FI Board and Executive Management Details

| | | | | | |
|-------------|--------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|--------------------|------------------------------------|-----------------|
| E.12 | State whether your institution has any Politically Exposed Persons (PEPs) within the bank's executive bodies | <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |
| | If "YES", Please also specify the position that they hold on the Board (e.g. Chairperson, Non-Executive Director, etc.): | Full name | Nationality | Date of birth (dd/mm/yy) | Position |
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FATCA/CRS Compliance

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|-------------|------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|--|--|--|
| E.13 | Is the Company FATCA compliant? | <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |
| | If YES, what is the FATCA status (according to the W-8BEN-E Form)? | | | | |
| E.14 | Is the Company CRS Compliant? | <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |
| | If YES; Please confirm that you collect client's CRS Self certification where the client confirms the country of his or her tax residence. | <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |
| | In case of tax non-residents, do you collect also the tax identification number? | <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |

Section F.

| I. General AML Policies, Practices and Procedures | | YES | NO |
|----------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| F.1 | Do you have a compliance and regulatory program of Anti Money Laundering and Combat the Financing of Terrorism (AML/CFT/Sanctions & Embargoes), which requires the approval of the Board or Senior Committee? | <input type="checkbox"/> | <input type="checkbox"/> |
| F.2 | Does the board/senior committee receive regular management information reporting on AML/CFT/Sanctions & Embargoes matters? | <input type="checkbox"/> | <input type="checkbox"/> |
| F.3 | Do you have a legal and regulatory compliance program that includes a designated officer that is responsible for coordinating and overseeing the AML/CFT/Sanctions & Embargoes framework? If Yes, please provide the following information: | <input type="checkbox"/> | <input type="checkbox"/> |
| | ♦ Name: | | |
| | ♦ Position Title: | | |
| | ♦ Mailing address: | | |
| | ♦ Telephone number: | | |
| F.4 | Have you developed written policies/procedures documenting the processes that you have in place to prevent, detect and report suspicious transactions? | <input type="checkbox"/> | <input type="checkbox"/> |
| F.5 | In addition to inspections by government supervisors/regulators, do you have an internal audit function or other independent third party that assesses the adequacy of your AML/CFT/Sanctions & Embargoes policies and practices on a regular basis? | <input type="checkbox"/> | <input type="checkbox"/> |
| F.6 | Does your Institution maintain a physical presence in the licensing country? If "NO", is it affiliated with a regulated financial group? | <input type="checkbox"/> | <input type="checkbox"/> |
| | Do you have policies to reasonably ensure that you will not conduct transactions with or on behalf of shell banks through any of its accounts or products? | | |
| F.7 | Do you have policies covering relationships with "Politically Exposed Persons "(PEP's), their family and close associates and apply Enhanced Due Diligence to these customers? | <input type="checkbox"/> | <input type="checkbox"/> |
| F.8 | Do you have record retention procedures that comply with applicable law? If "YES", which is the period of conservation? | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | |

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| F.9 | Are your AML/FT & Sanctions policies and practises being applied at group level including your parent, all branches and subsidiaries belonging to the same group, both in the home country and in locations outside of that jurisdiction? | <input type="checkbox"/> | <input type="checkbox"/> |
| II. Risk Assessment | | YES | NO |
| F.10 | Do you have a risk-based assessment of your customer base and their transactions? | <input type="checkbox"/> | <input type="checkbox"/> |
| F.11 | Do you 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? | <input type="checkbox"/> | <input type="checkbox"/> |
| III. Know Your Customer, Due Diligence and Enhanced Due Diligence | | YES | NO |
| F.12 | Have you implemented processes for the identification of those customers on whose behalf it maintains or operates accounts or conducts transactions? | <input type="checkbox"/> | <input type="checkbox"/> |
| F.13 | Do you have obligations to collect information relating to the customer's and beneficial owner (s)' source of wealth and source of funds? | <input type="checkbox"/> | <input type="checkbox"/> |
| F.14 | Do you apply the customer due diligence measures (CDD) on institutions to which you offer Correspondent Banking services in accordance with the Wolfsberg Principles for Correspondent Banks? | <input type="checkbox"/> | <input type="checkbox"/> |
| F.15 | Do you have a requirement to collect information regarding your customers' business activities? | <input type="checkbox"/> | <input type="checkbox"/> |
| F.16 | Do you assess your financial institution customers' AML/TF/Sanctions & Embargoes, policies or practises? | <input type="checkbox"/> | <input type="checkbox"/> |
| F.17 | Do you complete a risk-based assessment to understand the normal and expected transactions of your customers? | <input type="checkbox"/> | <input type="checkbox"/> |
| F.18 | Do you have a process to review and, where appropriate, update customer information for all clients? | <input type="checkbox"/> | <input type="checkbox"/> |
| | How frequently is customer due diligence/KYC information updated? | | |
| F.19 | Do you have procedures to establish a record for each new customer noting their respective identification documents and "Know Your Customer" information? | <input type="checkbox"/> | <input type="checkbox"/> |
| IV. Reportable Transactions and Prevention and Detection of Transactions with illegally obtained Funds | | YES | NO |
| F.20 | Do you have policies or practices for the identification and reporting of transactions that are required to be reported to the authorities? | <input type="checkbox"/> | <input type="checkbox"/> |
| F.21 | Where cash transaction reporting is mandatory, does your bank have procedures to identify transactions structured to avoid such obligations? | <input type="checkbox"/> | <input type="checkbox"/> |
| F.22 | Do you have policies to reasonably ensure that it only operates with correspondent banks that possess licenses to operate in their countries of origin? | <input type="checkbox"/> | <input type="checkbox"/> |
| F.23 | Do you adhere to the Wolfsberg Transparency Process and the appropriate use of the SWIFT MT202/202COV and MT205/205COV message formats? | <input type="checkbox"/> | <input type="checkbox"/> |
| V. Transaction Monitoring | | YES | NO |
| F.24 | Do you have a monitoring program to detect unusual and potentially suspected operations of money laundering or the financing of terrorism that covers funds transfer and other money instruments, such as traveller's cheques, money orders, etc.? | <input type="checkbox"/> | <input type="checkbox"/> |
| | If YES, what is the method used by the entity? | | |
| | <input type="checkbox"/> Automated <input type="checkbox"/> Manual <input type="checkbox"/> Combination of automated and manual | | |
| | If is automated, please provide: - System name: - Provider name: | | |
| F.25 | When applicable, does your institution request and include beneficial owner details for all corporate and correspondent customers? | <input type="checkbox"/> | <input type="checkbox"/> |
| | Are beneficial owners screened against: <input type="checkbox"/> Sanctions lists <input type="checkbox"/> PEPs (Politically Exposed Persons) database | | |
| VI. AML Training | | YES | NO |
| F.26 | Do you provide AML/TF/Sanctions & Embargoes training to relevant employees that includes: → Identification and reporting of transactions that must be reported to government authorities? → Examples of different forms of money laundering involving your products/services? → Internal policies to prevent Anti- money laundering and combating the financing of terrorism? | <input type="checkbox"/> | <input type="checkbox"/> |
| F.27 | Do you retain records of its training sessions including attendance records and relevant training materials used? | <input type="checkbox"/> | <input type="checkbox"/> |
| F.28 | Do you communicate new AML/TF/Sanctions & Embargoes related laws or changes to existing AML/TF/Sanctions & Embargoes related policies or practices to relevant employees? | <input type="checkbox"/> | <input type="checkbox"/> |

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| F.29 | Do you employ third parties to carry out some of the AML/TF/Sanctions & Embargoes functions of the FI? | <input type="checkbox"/> | <input type="checkbox"/> |
| F.30 | If the answer to question 39 is yes, do you provide AML/TF/Sanctions & Embargoes training to relevant third parties that includes: → Identification and reporting of transactions that must be reported to government authorities → Examples of different forms of money laundering involving your products/services → Internal policies to prevent Anti- money laundering and combating the financing of terrorism | <input type="checkbox"/> | <input type="checkbox"/> |
| VII. Key Regulatory Issues | | YES | NO |
| F.31 | Has your institution established and maintain, on an ongoing basis an AML/TF/Sanctions & Embargoes compliance program? | <input type="checkbox"/> | <input type="checkbox"/> |
| F.32 | Do you have a specific regulation to control the risks associated with the non face-to-face business relationships (phone banking, banking on-line...etc.) and relationships through intermediaries or third parties? | <input type="checkbox"/> | <input type="checkbox"/> |
| F.33 | Do you offer anonymous accounts or numbered accounts, for which you does not have full particulars of the beneficial owner? | <input type="checkbox"/> | <input type="checkbox"/> |
| F.34 | Do you send transfers or bank transactions on behalf of non-customers, without obtaining proof of identification? | <input type="checkbox"/> | <input type="checkbox"/> |
| F.35 | Do you require full information on the issue of transfers, including the name of the originator and beneficiary, the address and account number? | <input type="checkbox"/> | <input type="checkbox"/> |
| VIII. Nested Account and Payable Through Accounts | | YES | NO |
| F.36 | Does your institution offer clearing services? If YES, in what currencies? | <input type="checkbox"/> | <input type="checkbox"/> |
| F.37 | Does your institution offer Payable through Account* (Clear-Through)? <i>* Wolfsberg definition: "These are correspondent accounts that are used directly by third parties to transact business on their own behalf"</i> If "YES": * What due diligence do you carry out with respect to this category of accounts? * Estimate the number of such accounts, and their locations: | <input type="checkbox"/> | <input type="checkbox"/> |
| F.38 | Do you provide undisclosed Nested/Downstream* Correspondent bank accounts? <i>*Wolfsberg definition: "Downstream (or nested) correspondent banking refers to the use of a bank's correspondent relationship by a number of underlying banks or financial institutions through their relationships with the correspondent bank's direct customer. The underlying respondent banks or financial institutions conduct transactions and obtain access to other financial services without being direct customers of the correspondent bank"</i> If "YES": * What due diligence do you carry out with respect to this category of accounts? * Estimate the number of such accounts, and their locations: | <input type="checkbox"/> | <input type="checkbox"/> |
| IX. Purpose of relationship | | | |
| F.39 | What is the intended purpose of establishing/ maintaining a Relationship with CaixaBank? <input type="checkbox"/> Swift RMA <input type="checkbox"/> Correspondent Accounts <input type="checkbox"/> Other. Please, specify: | | |
| F.40 | Please describe the nature and volume of the business activity will be/are being transacted through the swift RMA and/or Correspondent Account | | |
| F.41 | Do you have other accounts in Spain? | <input type="checkbox"/> YES <input type="checkbox"/> NO | |

| X. AML/CFT Regulatory Environment | | YES | NO |
|----------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| F.42 | Has your institution or parent or firm belonging to the same group been subject, in the past two years, of any regulatory enforcement for inadequate AML/CFT policies and procedures and/or breaches of AML/CFT obligations? | <input type="checkbox"/> | <input type="checkbox"/> |
| | If "YES", please describe the following: | | |
| | * Date (agreement with the authorities, announcement by the authorities, press release): | | |
| | * Type of regulator's action (cease and desist order, differed prosecution agreement): | | |
| | * Enforcement agencies and other regulators involved: | | |
| | * Nature of the findings or wrongdoings: | | |
| * Corrective actions and principal achievements to date: | | | |

| Section G. Sanctions Statement / Questionnaire | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| G.1 | Does your bank screen customers and transactions against official lists of persons, entities and/or countries issued by government/competent authorities? | YES | NO |
| | • United Nations | <input type="checkbox"/> | <input type="checkbox"/> |
| | • European Union | <input type="checkbox"/> | <input type="checkbox"/> |
| | • OFAC | <input type="checkbox"/> | <input type="checkbox"/> |
| | • Other local regulations: | | |
| G.2 | Do all clients undergo economic sanctions screening? | YES | NO |
| | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | |
| | If "YES", what is the frequency of the screening? Real-time <input type="checkbox"/> Daily / Nightly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other <input type="checkbox"/> | | |
| | If "Other" please explain: _____ _____ | | |
| G.3 | Do all transactions undergo economic sanctions screening? | YES | NO |
| | <input type="checkbox"/> <input type="checkbox"/> | | |
| | If "YES", what is the frequency of the screening? Real-time <input type="checkbox"/> Daily / Nightly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other <input type="checkbox"/> | | |
| | If "Other" please explain: _____ _____ | | |
| G.4 | Does your institution provide or maintain correspondent banking products/services to, with or for the benefit of, or on the direction or order of, an Iranian financial institution* or a subsidiary of an Iranian financial institution? | YES | NO |
| | <input type="checkbox"/> <input type="checkbox"/> | | |
| | If "YES", please list the name of each Iranian financial institution or subsidiary thereof. _____ _____ _____ _____ _____ | | |
| <i>*For the purposes of this questionnaire, an Iranian financial institution means a body corporate, trust, partnership, fund, unincorporated association or organization, established under the laws of Iran that engages, directly or indirectly, in the business of providing financial services.</i> | | | |
| G.5 | If "YES" to question G.4, does your institution apply enhanced due diligence (EDD) measures to transactions emanating from or destined to Iran (Iran EDD)? | YES | NO |
| | <input type="checkbox"/> <input type="checkbox"/> | | |
| | Provide details: _____ _____ _____ <input type="checkbox"/> Not yet Provide details and expected date of Iran EDD implement: | | |

| | | | |
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| G.6 | Do you have a presence in any Sanctioned Jurisdiction[1]? | YES | NO |
| | | <input type="checkbox"/> | <input type="checkbox"/> |
| If "YES", please indicate which one(s): | | | |
| <ul style="list-style-type: none"> - Crimea Region <input type="checkbox"/> - Cuba <input type="checkbox"/> - Iran <input type="checkbox"/> - North Korea <input type="checkbox"/> - Sudan <input type="checkbox"/> - South Sudan <input type="checkbox"/> - Syria <input type="checkbox"/> | | | |
| Elaborate on how you ensure compliance with applicable sanctions laws or requirements. | | | |
| G.7 | Does your institution have business relationship with customers in a Sanctioned Jurisdiction ^[1] ? | YES | NO |
| | | <input type="checkbox"/> | <input type="checkbox"/> |
| If "YES", please indicate which one(s): | | | |
| <ul style="list-style-type: none"> - Crimea Region <input type="checkbox"/> - Cuba <input type="checkbox"/> - Iran <input type="checkbox"/> - North Korea <input type="checkbox"/> - Sudan <input type="checkbox"/> - South Sudan <input type="checkbox"/> - Syria <input type="checkbox"/> | | | |
| If "YES", please describe the type of business and policy applicable to those customers with each one. | | | |
| G.8 | Does your institution conduct any activity with the Sanctioned Jurisdictions; or with Russian state owned entities; or with sanctions targets[2]? | YES | NO |
| | | <input type="checkbox"/> | <input type="checkbox"/> |
| If "YES", please describe the activity the institution conducts with the Sanctioned Jurisdiction; or with Russian state owned entities; or with sanctions targets: | | | |
| G.9 | Is your institution or institution group involved in the maintenance or expansion of oil and gas production/import, nuclear program, weapons capability, or dual usage goods or equipment that may be used in those sectors for Sanctioned Jurisdictions or any Russian state owned entity? | YES | NO |
| | | <input type="checkbox"/> | <input type="checkbox"/> |
| If "YES", please elaborate including specific types of investments, transactions or activities and % of total revenues and/or assets that these investments, transactions or activities represent for your company or company group in Sanctioned Jurisdictions or any Russian state owned entity. | | | |
| G.10 | Is the institution owned or controlled[3] by a sanctions target? | YES | NO |
| | | <input type="checkbox"/> | <input type="checkbox"/> |
| If "YES" to 10, please provide details: | | | |

| General | | | | | | |
|----------------------------------------------------------------------------------------------|-----|--------------------------|----|--------------------------|-----|--------------------------|
| Do the responses provided in the sections of this statement apply to the following entities: | | | | | | |
| Parent | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A | <input type="checkbox"/> |
| Head Office & domestic b | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A | <input type="checkbox"/> |

| | | | | | | |
|------------------------------|-----|--------------------------|----|--------------------------|-----|--------------------------|
| Domestic subsidiaries | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A | <input type="checkbox"/> |
| Foreign branches | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A | <input type="checkbox"/> |
| Foreign subsidiaries | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A | <input type="checkbox"/> |

Comments

If you wish to state any relevant fact or clarify any matter regarding any of your answers to this questionnaire, please do so here:

|

Confirmation and Authorisation

I confirm that in completing and signing this form, I am authorized to provide the above responses on behalf of the FI.

Name:

Position:

Address:

Email:

Institution Stamp

Signature:
.....

Date:
dd/mm/yyyy

Thank you very much for your cooperation

Important:

Also, please inform us in writing as soon as possible of any changes to the data that you have entered on this questionnaire.

.....
CaixaBank, S.A./ Anti-Money Laundering & Sanctions Department (UPBC-9888)
prevenciondeblanqueo_int@caixabank.com
Avda. Diagonal, 621 (08028), Barcelona (Spain)
.....

Definitions:

[1] "Sanctioned Jurisdictions" refer to Crimea Region, Cuba, Iran, North Korea, Sudan, South Sudan and Syria.

[2] "Sanctions target" refers to individuals or entities that have economic sanctions imposed on them by the United Nations Security Council, European Union or any of its Member States and/or the U.S. Department of the Treasury's Office of Foreign Assets Control ("OFAC"), or other government authorities.

[3] "Owned or controlled by a sanctions target" is inclusive of situations where a sanctions target has: (1) 50% or greater ownership interest; (2) board seats; (3) voting rights; and/or (4) veto authority in the prospect; or is acting as the Chief Executive Officer ("CEO"), Chairman of the Board, or equivalent executive leadership of the prospect.

"Sanctions" refers to those measures implemented by the United Nations, European Union or any of its Member States and/or U.S. Department of the Treasury's Office of Foreign Assets Control ("OFAC") or other government bodies worldwide designed to freeze assets or broadly prohibit dealings with designated parties and/or countries engaged in various types of illicit activity.