

APPENDIX 2 Sanctions due Diligence Form for Financial Institution

Maybank Investment Banking Group(MIB Group)* is a global investment banking group operating world-wide with operations in various jurisdictions including the United Kingdom and the U.S. Entities within MIB Group must ensure its operations are in line with the laws and regulations in respect of sanctions set forth by the UNSC, the OFAC, the Government of Malaysia under Section 66B (1) of the *Anti-Money Laundering, Anti-Terrorism Financing and Proceeds from Illegal Activities 2001* and all sanctions laws and regulations of host countries (collectively known as “Sanctions Regulations”).

In this regard, MIB Group endeavours to understand the extent of its customers’ activities with countries subject to Comprehensive U.S. OFAC Sanctions Programmes. The purpose of this form is to ask questions which seek to best identify and understand the nature of any such exposure.

This form should be used to capture information regarding sanctions exposure for a FI. This includes:

- a) A legal entity, branch or representative office (an “Entity”); or
- b) A FI group (including all branches, representative offices, subsidiaries, holding companies, affiliates and joint ventures both in the home country and other jurisdictions) [collectively known as a “Group”].

Please answer the questions set out for the Institution (i.e. either an “Entity” or a “Group”) and complete the Customer/RM attestation.

Where sanctions exposure has been identified for the Institution, please clearly indicate the legal entity(ies) to which the exposure applies.

FOR INTERNAL USE

FI Entity / Customer Group Name:	
FI Type (e.g. Correspondent Bank, Central Bank, Fund Manager, Broker, Custodian, etc.):	GCIF No.: (if available)
This Sanctions Enhanced CDD is being completed in relation to: Entity <input type="checkbox"/> or Group <input type="checkbox"/>	
Note: Specify “Entity” or “Group”. Where Entity = A legal entity, branch or representative office, and Group = A FI group (including all branches, representative offices, subsidiaries, holding companies, affiliates and joint ventures both in the home country and in other jurisdictions).	

***Remarks:** For the purpose of application of this form, MIBSHK/MIBFHK are members of MIB Group

TO BE COMPLETED BY THE CUSTOMER OR RELATIONSHIP MANAGER

Institution Contact / Position:		Date: DD-MM-YYYY
RM Name / Position:		
Section 1: Exposure to Comprehensive U.S. OFAC Sanctioned Countries/Regions		
a. Does the Institution have, or plan to have a presence or business interest in any Comprehensive U.S. OFAC Sanctioned Countries/Regions?		<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Does the Institution have, or plan to have a presence or business interest in other Sanctioned Countries/Regions?		<input type="checkbox"/> Yes (please specify) <input type="checkbox"/> No
Section 2: Explanation of Sanctions Compliance and Exposure		
Section 2.1: Sanctions Compliance Programme		
a. Which economic sanctions laws, regulations and programmes does your Institution seek to comply with? Please list them.		
b. Has the Institution implemented controls to identify customers that are targeted by sanctions at onboarding and during the customer life cycle (post onboarding)? Please provide a summary of the controls and the sanctions lists which are screened against.		
c. Has the Institution implemented controls which identify payments that may be prohibited under sanctions laws? Please provide a summary of the controls and the sanctions lists which are screened against.		
d. With regard to Questions 2.1a, 2.1b and 2.1c, please provide further details of the internal policies, controls or processes to ensure compliance with international financial and trade sanctions which the Institution seeks to comply with.		
<i>Note: Question 2.1e is only required where the questionnaire is being completed in relation to the "Group"</i>		
e. Is the sanctions compliance programme a group-wide programme? If the answer is 'No', please provide details of the entities, branches, joint ventures or affiliates that are excluded and the sanctions compliance programme that these entities are subject to.		<input type="checkbox"/> Yes <input type="checkbox"/> No
Section 2.2: Explanation of Customer's Exposure to Comprehensive U.S. OFAC Sanctioned Countries/Regions		

<p>a. Does the Institution have, or plan to have a presence in any of Comprehensive U.S. OFAC Sanctioned Countries/Regions? If the answer is 'Yes', please provide details of the entities, branches, joint ventures or affiliates that are excluded and the sanctions compliance programme that these countries are subject to.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No																				
<p><i>Note: Presence is defined as "An entity that has its registered office address, business address, correspondence address or principal place of operations in one of the locations provided". Please provide a summary of the entity (including the legal name, ownership, its activities, the strategy in the country (i.e. purpose and nature of the business), how the entity is funded and transactions undertaken (including banks and currencies), and the extent of MIB Group's involvement), how long the entity has been / plans to be operating in or maintaining operations in this country / region or when the entity plan on moving to this location.</i></p>																					
<p>b. To the best of your knowledge, does the Institution bank customers, or have investors into funds that they manage, that are from Comprehensive U.S. OFAC Sanctioned Countries/Regions? If the answer is 'Yes', please provide a summary of which countries the Institution has exposure to, how exposure is managed and what systems and controls are in place to ring-fence exposure to these countries from MIB Group.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No																				
<p>c. For the exposure detailed in Question 2.2b above, please list the approximate percentage of revenue / sales / assets derived from each country listed relative to the Institution's total revenue. For each legal entity with exposure, please also list that entity name and the approximate percentage of revenue derived from each country listed relative to that specific legal entity's total revenue.</p>																					
<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr style="background-color: #d3d3d3;"> <th style="width: 20%;"></th> <th style="width: 20%;">Iran</th> <th style="width: 20%;">North Korea</th> <th style="width: 20%;">Cuba</th> <th style="width: 20%;">Syria</th> </tr> <tr> <td>% of revenues</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr style="background-color: #d3d3d3;"> <td colspan="5">% of Individual Legal Entity's revenue</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>			Iran	North Korea	Cuba	Syria	% of revenues					% of Individual Legal Entity's revenue									
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<p><i>Note: For each of the countries, please list the annual percentage contribution derived from that country relative to the Institution and any Legal Entities total revenues. An entity that has its registered office address, business address, correspondence address or principal place of operations in one of the locations provided.</i></p>																					
<p>Section 2.3: Explanation of Institution's Exposure to Region Crimea</p>																					
<p>a. Does the Institution have, or plan to have a presence in the Region of Crimea? If the answer is 'Yes', please provide a summary of the entity (including the legal name, ownership, its activities, the entity's countries of incorporation, products and services involved, customer and third party entities involved (including individuals, suppliers, agents, brokers and distributors), the strategy in the country (i.e. purpose and nature of business, if this will increase or reduce), how the entity is funded and transactions undertaken (including banks and</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No																				

currencies,) and the extent of involvement of MIB Group products and services for such activity).	
b. To the best of your knowledge, does the institution accept customers, or have investors into funds that they manage, that are from the Region of Crimea? If the answer is 'Yes', please provide an overview of the Institution's exposure, including which entities, branches or representative offices the business is conducted through and the extent of MIB Group products and services for such activity.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Section 2.4: Explanation of Institution's Exposure to List based Sanctions Regimes	
a. To the best of your knowledge, are any of the Institution's customers (including investors into funds that are managed) targeted by sanctions administered by the following bodies, UNSC, the U.S. Department of the Treasury's OFAC or any local sanctions laws?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. If the answer to Question 2.4a is 'Yes', please provide an overview of the Institution's exposure to persons targeted by sanctions, including sanctions authority and regime targeting them (e.g. U.S. OFAC), which entities, branches or representative offices the business is conducted through, and the extent of MIB Group's involvement including how such activity is ring-fenced from MIB Group.	
Section 2.5: Customer / Relationship Manager/ Line of Business Personnel Attestation	
<p>The Institution acknowledges that in the absence of prior MIB Group approval, even if authorised under local regulation that it may not utilise MIB Group products and services for activity involving Comprehensive U.S. OFAC Sanctioned Countries/Regions.</p> <p><input type="checkbox"/> Confirmed</p> <p>Name: _____ Position: _____ Date: _____</p> <p>Please confirm who at the Institution has provided this attestation, their position in the company, the date on which this attestation was obtained and by what means, i.e. Call/meeting in person/email/written correspondence.</p>	
Signature of Customer: Name of Customer: Date:	
Signature of Relationship Manager / LOB Personnel (MIB Group): Name of Relationship Manager / Business Unit Personnel: Date:	