



Financial Institution Name:
Location (Country) :

Itaú Chile New York Branch
U.S.

The questionnaire is required to be answered on a Legal Entity (LE) Level. The Financial Institution should answer the questionnaire at the legal entity level including any branches for which the client base, products and control model are materially similar to the LE Head Office. This questionnaire should not cover more than one LE. Each question in the CBDDQ will need to be addressed from the perspective of the LE and on behalf of all of its branches. If a response for the LE differs for one of its branches, this needs to be highlighted and details regarding this difference captured at the end of each sub-section. If a branch's business activity (products offered, client base etc.) is materially different than its Entity Head Office, a separate questionnaire can be completed for that branch.

No #	Question	Answer
1. ENTITY & OWNERSHIP		
1	Full Legal Name	Itaú Chile New York Branch
2	Append a list of all branches/branches that are covered by this questionnaire	Itaú Chile New York Branch
3	Full Legal Registered Address	3rd Floor 33rd Floor 0000000022
4	Full Primary Business Address (different from above)	/
5	Date of incorporation/establishment	March 2009
6	Select type of ownership and append an ownership chart if available	
6 a	Publicly traded (20% or more shares publicly traded)	Yes
6 a1	Indicate the exchange traded on and ticker symbol	NYSE San Francisco Stock Exchange NYSE New York Stock Exchange
6 b	Member owned/Mutual	No
6 c	Governments State owned (20% or more)	No
6 d	Private owned	Yes
6 d1	Provide details of shareholders or ultimate beneficial owners if a holding (20% or more)	There are no natural persons holding more than 10% of the ownership of the bank
7	Are there any dual class shares (preferred shares)	There are no preferred shares issued
8	Does the institution and/or its branches operate under an offshore banking license (OBL)	No
8 a	Provide the name of the relevant branch/es that operate under an OBL	/
9	Does the bank have a Virtual Banking License or provide services through online channels	No
10	Name of primary financial regulator/s (primary authority)	The Chilean Comptroller of Financial Institutions
11	Provide Legal Entity Identifier (LEI) if available	9300DDP00Z060IV06
12	Provide the full legal name of the ultimate parent (different from the institution's DD)	Itaú Chile
13	Jurisdiction of incorporation and registration of ultimate parent	Brazil Central Bank of Brazil
14	Select the business areas applicable to the institution	
14 a	Retail Banking	Yes
14 b	Private Banking	No

14 c	<input type="checkbox"/> Commercial Banking	<input type="checkbox"/> Yes
14 d	<input type="checkbox"/> Transnational Banking	<input type="checkbox"/> Yes
14 e	<input type="checkbox"/> Investment Banking	<input type="checkbox"/>
14 f	<input type="checkbox"/> Financial Markets Trading	<input type="checkbox"/> Yes
14 g	<input type="checkbox"/> Securities Services/Trusts	<input type="checkbox"/> Yes
14 h	<input type="checkbox"/> Broker/Dealer	<input type="checkbox"/>
14 i	<input type="checkbox"/> Mutual Development Bank	<input type="checkbox"/>
14 j	<input type="checkbox"/> Real Estate Management	<input type="checkbox"/>
14 k	<input type="checkbox"/> Other (please explain)	<input type="checkbox"/>
15	Does the entity have a significant or more proportionate number of non-resident customers or does it derive more than 10% of its revenue from non-resident customers? Non-resident means customers primarily resident in a different jurisdiction to the location where bank services are provided.	<input type="checkbox"/> Yes
15 a	If you provide the top five countries where the non-resident customers are located	USA (6) Peru (1) Colombia (3) Panama (2) Ecuador (2)
16	Selected Issues Only	
16 a	Number of employees	100
16 b	Total assets	greater than 100 million
17	Can firm detail responses provided in the above Section are representative of all the LOIs Branches	<input type="checkbox"/> Branches
17 a	If you have identified differences related to and the Branches this applies to	<input type="checkbox"/>
18	If appropriate, provide an additional in-depth comment on the answers in this section	<input type="checkbox"/>

2. PRODUCTS & SERVICES

19	Does the entity offer the following products and services?	
19 a	Correspondent Banking	<input type="checkbox"/>
19 a1	Local	
19 a1a	Does the entity offer correspondent banking services in domestic banks?	
19 a1b	Does the entity allow domestic bank clients to provide domestic remittance relationships?	
19 a1c	Does the entity have processes and procedures in place to identify domestic remittance relationships in domestic banks?	
19 a1d	Does the entity offer correspondent banking services in foreign banks?	
19 a1e	Does the entity allow domestic remittance relationships in foreign banks?	
19 a1f	Does the entity have processes and procedures in place to identify domestic remittance relationships in foreign banks?	
19 a1g	Does the entity offer correspondent banking services related Money Services Businesses (MSBs)/Money Value Transfer Services (MVTSs)?	
19 a1h	Does the entity allow domestic remittance relationships in MSBs/MVTSs or Payment Service Provider (PSPs)?	
19 a1h1	MSBs	
19 a1h2	MVTSs	
19 a1h3	PSPs	

19 a1i	Does the institution have processes and procedures in place to identify and assess team relationships with MSIs / MVs / PSPs?	
19 b	Cross-border Cash Delivery	
19 c	Cross-border Remittances	
19 d	Domestic Cash Delivery	
19 e	Old Mail	
19 f	International Cash Letter	
19 g	Local Price Securities	
19 h	Payment Correspondents	
19 i	Payment services in non-ancient times made then either third party payment services to their customers?	Yes
19 i1	<input type="checkbox"/> Please select all that apply to you	
19 i2	Third Party Payment Service Providers	
19 i3	Virtual Asset Service Providers / VASPs	
19 i4	e-commerce Platforms	
19 i5	<input type="checkbox"/> Other <input type="checkbox"/> Please explain	Licensed broker dealers in <input type="checkbox"/> file
19 j	Private Banking	
19 k	Remote Deposit Capture (RDC)	
19 l	Spinning Private Accounts	
19 m	Shared Value Instruments	
19 n	Trade Finance	
19 o	Virtual Assets	No
19 p	For each of the following please state whether you offer the service to all in customers and if so, the applicable level of due diligence	
19 p1	Cash in service	
19 p1a	Identify the applicable level of due diligence	
19 p2	Wire transfers	
19 p2a	Identify the applicable level of due diligence	
19 p3	Foreign remittance	
19 p3a	Identify the applicable level of due diligence	
19 p4	Sale of Monetary Instruments	
19 p4a	Identify the applicable level of due diligence	
19 p5	Other other services to all in customers please provide more detail here in order to describe the level of due diligence	/ /
19 q	Other risks products and services identified in the institution please specify	/ /
20	Confirm that all responses provided in the above Section are representative of all the Local Branches	Local Branches
20 a	Identify any other differences related to and the branches that this applies to	/ /
21	If appropriate provide an additional in formation / other in the answers in this section	/ /

3. AML, CTF & SANCTIONS PROGRAMME

22	Does the institution have a programme to assess minimum AML / CTF and Sanctions standards regarding the following components?	
22 a	Appointed other risk assessment / expertise	Yes
22 b	Reverse Information Screening	Yes
22 c	Beneficial Ownership	Yes
22 d	Cash Reporting	Yes
22 e	DD	Yes
22 f	DD	Yes
22 g	Independent Review	Yes
22 h	Periodic Review	Yes
22 i	Policies and Procedures	Yes
22 j	POP Screening	Yes
22 k	Risk Assessment	Yes
22 l	Sanctions	Yes

22 m	Suspicious <input type="checkbox"/> Reporting <input type="checkbox"/>	Yes
22 n	Training and education <input type="checkbox"/>	Yes
22 o	Transaction Monitoring <input type="checkbox"/>	Yes
23	Do all manual time employees are in the on this MLRF of Sanctions compliance Department <input type="checkbox"/>	0/0
24	Is the on this MLRF of Sanctions policy approved at least annually by the board or equivalent Senior Management committee or describe your practice in question 29 <input type="checkbox"/>	Yes
25	Does the board receive assess and challenge regular reporting on the status of the MLRF of Sanctions programme <input type="checkbox"/>	Yes
26	Does the entity use third parties to carry out any components of its MLRF of Sanctions programme <input type="checkbox"/>	0/0
26 a	I can provide further details <input type="checkbox"/>	0/0
27	Does the entity have a whistle blower policy <input type="checkbox"/>	Yes
28	Can you confirm that all responses provided in the above Section are representative of all the LBS branches <input type="checkbox"/>	0/0 branches
28 a	I can clarify any questions the difference/s relate to and the branches that this applies to <input type="checkbox"/>	0/0
29	I can provide additional information/answer to the answers in this section <input type="checkbox"/>	0/0

4. ANTI BRIBERY & CORRUPTION

30	Does the entity documented policies and procedures consist of applicable laws, regulations and requirements of relevant jurisdictions and reporting criteria and corruption <input type="checkbox"/>	Yes
31	Does the entity have an enterprise wide programme that sets minimum standards <input type="checkbox"/>	Yes
32	Does the entity appointed a designated officer or officers of sufficient experience/expertise responsible for coordinating the programme <input type="checkbox"/>	Yes
33	Does the entity have adequate standards appropriate levels of experience/expertise to implement the programme <input type="checkbox"/>	Yes
34	Is the on this programme applicable <input type="checkbox"/>	0/0 applicable
35	Does the entity have a global policy <input type="checkbox"/>	0/0
35 a	Prohibits the giving and receiving of bribes. This includes promising or receiving of a bribe or receiving an undue or improper intended intention to obtain an advantage <input type="checkbox"/>	Yes
35 b	Includes enhanced requirements regarding interaction with public officials <input type="checkbox"/>	Yes
35 c	Includes a provision against falsification of records and records this made of in the policy or another policy applicable to the local entity <input type="checkbox"/>	Yes
36	Does the entity have controls in place to monitor the effectiveness of their programme <input type="checkbox"/>	Yes
37	Does the board receive assess and challenge regular reporting on the status of the programme <input type="checkbox"/>	Yes
38	Does the on this enterprise wide Risk Assessment of Rotten completed in the last 2 months <input type="checkbox"/>	Yes
38 a	I can provide the date when the last R of R was completed <input type="checkbox"/>	0/0
39	Does the entity have an overall residual risk rating that measures the overall entity effectiveness and the integrity risk assessment <input type="checkbox"/>	Yes
40	Does the on this R of R cover the integrity risk components detailed below <input type="checkbox"/>	0/0
40 a	Potential liability created by intermediaries and other third party providers as appropriate <input type="checkbox"/>	Yes
40 b	Corruption risks associated with the countries and industries in which the entity does business directly or indirectly by intermediaries <input type="checkbox"/>	Yes
40 c	Transactions products or services provided to or by state-owned or state-controlled entities or public officials <input type="checkbox"/>	Yes
40 d	Corruption risks associated with gifts and hospitality given/received by staff and public officials <input type="checkbox"/>	Yes

40 e	<input type="checkbox"/> Canes in business activities a material increase in the internal or other independent third party policies and procedures	<input type="checkbox"/> Yes
41	Does the entity provide mandatory training to board and senior committee management	<input type="checkbox"/> Yes
42 a	1st Line Defence	<input type="checkbox"/> Yes
42 b	2nd Line Defence	<input type="checkbox"/> Yes
42 c	3rd Line Defence	<input type="checkbox"/> Yes
42 d	Does the entity provide mandatory training to third parties who specialise in compliance activities where risks have been identified	<input type="checkbox"/> Applicable
42 e	Does the entity provide mandatory training to third parties as appropriate contractors/vendors	<input type="checkbox"/> Applicable
43	Does the firm call responses provided in the above Section are representative of all the Lines of Business	<input type="checkbox"/> Yes
44 a	Information does not differ in relation to the Country this applies to	<input type="checkbox"/> No
45	If appropriate provide an additional information/notes to the answers in this section	<input type="checkbox"/> No

5. AML, CTF & SANCTIONS POLICIES & PROCEDURES

46	Does the entity document policies and procedures consistently applicable to AML/CTF & Sanctions regulations and requirements reasonably presented and reported	
46 a	Money Laundering	<input type="checkbox"/> Yes
46 b	Terrorist Financing	<input type="checkbox"/> Yes
46 c	Sanctions Obligations	<input type="checkbox"/> Yes
47	Are the entity's policies and procedures updated at least annually	<input type="checkbox"/> Yes
48	Does the entity assess and compare its policies and procedures against	
48 a	ISS Standards	<input type="checkbox"/> Yes
48 a1	Does the entity retain a record of the results	<input type="checkbox"/> No
48 b	ISS Standards	<input type="checkbox"/> No
48 b1	Does the entity retain a record of the results	<input type="checkbox"/> Applicable
49	Does the entity take policies and procedures that	
49 a	Prohibit opening and keeping accounts and relationships named accounts	<input type="checkbox"/> Yes
49 b	Prohibit opening and keeping accounts for unlicensed banks and/or CEFs	<input type="checkbox"/> Yes
49 c	Prohibit dealing with other entities that provide banking services to unlicensed banks	<input type="checkbox"/> Yes
49 d	Prohibit accounts/relationships with shell banks	<input type="checkbox"/> Yes
49 e	Prohibit dealing with another entity that provides services to shell banks	<input type="checkbox"/> Yes
49 f	Prohibit opening and keeping accounts for Section 303 designated entities	<input type="checkbox"/> Yes
49 g	Prohibit opening and keeping accounts for an unlicensed/unregulated remittance agent or e-money issuer/casa de cambio/rea de banca or money transfer agent	<input type="checkbox"/> Yes
49 h	Assess the risks relationships with domestic and foreign PEPs including their family and close associates	<input type="checkbox"/> Yes

49 i	Define the process for escalation of financial crime risks/penalties/suspensions and identified employees	Yes
49 j	Define the process where appropriate for termination of relationships of the financial crime risk	Yes
49 k	Define the process for identifying financial crime reasons that applies across the entire institution/relevant branches and affiliates	No
49 l	Define the process and controls identified and handle customers where previously identified financial crime reasons are seen to re-establish a relationship	No
49 m	Outline the processes regarding screening of sanctions/PEPs and adverse Media/website news	Yes
49 n	Outline the processes for the maintenance of internal "whistleblowers"	Yes
50	Has the institution defined a risk tolerance statement similar document defines a risk standard around their business	Yes
51	Does the institution have record retention procedures that comply with applicable laws	Yes
51 a	How long is the retention period	Years or more
52	Confirm that all responses provided in the above Section are representative of all the LCR branches	Branches
52 a	How many offices does the difference/s relate to and the branches that this applies to	0/0
53	Appropriate provide an additional information/notes to the answers in this section	0/0

6. AML, CTF & SANCTIONS RISK ASSESSMENT

54	Does the institution's AML or CTF or ROR cover the inherent risks/implications detailed below	
54 a	Client	Yes
54 b	Product	Yes
54 c	Channel	Yes
54 d	Geography	Yes
55	Does the institution's AML or CTF or ROR cover the controls effectiveness/implications detailed below	
55 a	Transaction Monitoring	Yes
55 b	Customer Due Diligence	Yes
55 c	PEP Identification	Yes
55 d	Transaction Screening	Yes
55 e	Same Screening against adverse Media/website news	Yes
55 f	Training and Education	Yes
55 g	Compliance	Yes
55 h	Management Information	Yes
56	Has the institution's AML or CTF or ROR been completed in the last 2 months	No
56 a	How provide the date when the last AML or CTF or ROR has been completed	ROR or AML/CF is completed earlier than months
57	Does the institution's Sanctions or ROR cover the inherent risks/implications detailed below	
57 a	Client	Yes
57 b	Product	Yes
57 c	Channel	Yes
57 d	Geography	Yes
58	Does the institution's Sanctions or ROR cover the controls effectiveness/implications detailed below	
58 a	Customer Due Diligence	Yes
58 b	Compliance	Yes
58 c	List Management	Yes
58 d	Management Information	Yes

58 e	<input type="checkbox"/> Same Screenin	<input type="checkbox"/> es
58 f	<input type="checkbox"/> Transactin Screenin	<input type="checkbox"/> es
58 g	<input type="checkbox"/> Trainin and edcatin	<input type="checkbox"/> es
59	<input type="checkbox"/> Has the Entity's Sanctions R been impleed in the las 2 months	<input type="checkbox"/> No
59 a	<input type="checkbox"/> Provide the date when the las Sanctions R was impleed	<input type="checkbox"/> R or Sanctions is impleed efer months
60	<input type="checkbox"/> Confirm call responses provided in the above Section are representative of all the L's branches	<input type="checkbox"/> Branches
60 a	<input type="checkbox"/> Clarify differences related to and the branches this applies to	<input type="checkbox"/> /
61	<input type="checkbox"/> Appropriate provide an additional inormation/nter in the answers in this section	<input type="checkbox"/> /

7. KYC, CDD and EDD

62	<input type="checkbox"/> Does the Entity verify the identity of its customer	<input type="checkbox"/> es
63	<input type="checkbox"/> Do the Entity's policies and procedures seek to ensure CDD measures impleed e a the time onordin or in 30 days	<input type="checkbox"/> es
64	<input type="checkbox"/> Do you have policies that the Entity caffer and retain on nd in CDD Sele call a appl	
64 a	<input type="checkbox"/> Customer identification	<input type="checkbox"/> es
64 b	<input type="checkbox"/> Opened a/c	<input type="checkbox"/> es
64 c	<input type="checkbox"/> Direct business/emplment	<input type="checkbox"/> es
64 d	<input type="checkbox"/> Ownership structure	<input type="checkbox"/> es
64 e	<input type="checkbox"/> Purpose	<input type="checkbox"/> es
64 f	<input type="checkbox"/> Purpose and nature of relationship	<input type="checkbox"/> es
64 g	<input type="checkbox"/> Source of funds	<input type="checkbox"/> es
64 h	<input type="checkbox"/> Source of wealth	<input type="checkbox"/> es
65	<input type="checkbox"/> Are each of the following identified	
65 a	<input type="checkbox"/> Ultimate beneficial ownership	<input type="checkbox"/> es
65 a1	<input type="checkbox"/> Are ultimate beneficial owners verified	<input type="checkbox"/> es
65 b	<input type="checkbox"/> Elevated scenarios were applicable	<input type="checkbox"/> es
65 c	<input type="checkbox"/> Beneficial owners	<input type="checkbox"/> es
65 d	<input type="checkbox"/> Other relevant parties	<input type="checkbox"/> es
66	<input type="checkbox"/> What is the Entity's minimum (lowest) threshold applied to beneficial ownership identification	<input type="checkbox"/> 0
67	<input type="checkbox"/> Does the due diligence process result in customers receiving a risk classification	<input type="checkbox"/> es
67 a	<input type="checkbox"/> How ca factors/criteria are used to determine the customer's risk classification Sele call a appl	
67 a1	<input type="checkbox"/> Purpose	<input type="checkbox"/> es
67 a2	<input type="checkbox"/> e/crap	<input type="checkbox"/> es
67 a3	<input type="checkbox"/> Business type/Inds	<input type="checkbox"/> es
67 a4	<input type="checkbox"/> Legal Entity type	<input type="checkbox"/> es
67 a5	<input type="checkbox"/> Reverse Inormation	<input type="checkbox"/> es
67 a6	<input type="checkbox"/> Other ispec	<input type="checkbox"/> P P s a s
68	<input type="checkbox"/> For risk non-individual customers is a site visit a par of the process	<input type="checkbox"/> No
68 a	<input type="checkbox"/> How is this a	
68 a1	<input type="checkbox"/> onordin	
68 a2	<input type="checkbox"/> reneal	
68 a3	<input type="checkbox"/> nter e/en	
68 a4	<input type="checkbox"/> er	
68 a4a	<input type="checkbox"/> How please spe "er"	
69	<input type="checkbox"/> Does the Entity ca a risk based approach to screenin customers for Reverse Media/Debate e/s	<input type="checkbox"/> es
69 a	<input type="checkbox"/> How is this a	
69 a1	<input type="checkbox"/> onordin	<input type="checkbox"/> es
69 a2	<input type="checkbox"/> reneal	<input type="checkbox"/> es

69 a3	<input type="checkbox"/> Other e.g.	Yes
70	<input type="checkbox"/> Canis the method used to the on-site screen for adverse Media/Reputation risks	<input type="checkbox"/> Automated and manual
71	Does the on-site take a risk-based approach to screening customers and connected parties to determine whether they are PPs or controlled PPs	Yes
71 a	How is this a	
71 a1	<input type="checkbox"/> Inordin	Yes
71 a2	<input type="checkbox"/> Renewal	Yes
71 a3	<input type="checkbox"/> Other e.g.	Yes
72	<input type="checkbox"/> Canis the method used to the on-site screen PPs	<input type="checkbox"/> Automated
73	Does the on-site take policies/procedures and processes to reduce and escalate potential matters from screening customers and connected parties to determine whether they are PPs or controlled PPs	Yes
74	Is the renewed/defined reissues based on risk rating/Period/Refe	Yes
74 a	How is selected to apply	
74 a1	Less than one year	<input type="checkbox"/>
74 a2	1 – 2 years	Yes
74 a3	3 – 4 years	Yes
74 a4	Years or more	<input type="checkbox"/>
74 a5	<input type="checkbox"/> Other based or perpetual monitoring/refe	Yes
74 a6	Other Please specify	<input type="checkbox"/>
75	Does the on-site maintain and report metrics on current and past periods of other e.g. due diligence refe	Yes
76	From the listed countries/countries countries or industries are some DD and/or are restricted or provided to the on-site FDD programme	
76 a	<input type="checkbox"/> Remote/online/military	Restricted
76 b	Respondents	Don't take this case for customer or industry
76 b1	How DD or restricted does the DD assessment contain the elements as set out in the Discrepancy/Response/Ann Principles 2022	
76 c	<input type="checkbox"/> Companies/insurers	Restricted
76 d	<input type="checkbox"/> Other industries	DD on risk-based approach
76 e	<input type="checkbox"/> Mainline customers	Restricted
76 f	<input type="checkbox"/> General trading companies	DD on risk-based approach
76 g	Maritime/related entities	Provided
76 h	MS/MV/S customers	Restricted
76 i	<input type="checkbox"/> Non-financial customers	Provided
76 j	<input type="checkbox"/> Other government organisations	Restricted
76 k	<input type="checkbox"/> Other residential customers	DD on risk-based approach
76 l	<input type="checkbox"/> Other power	Don't take this case for customer or industry
76 m	Payment Service Providers	Don't take this case for customer or industry
76 n	PPs	Canis some DD
76 o	PP Use associates	Canis some DD
76 p	PP Related	Canis some DD
76 q	Prepaid metals and stones	DD on risk-based approach
76 r	Red listed businesses/other enforcement	Provided
76 s	Referred parties	Restricted
76 t	Sell canis	Provided
76 u	Travel and other companies	DD on risk-based approach
76 v	Unrelated parties	Provided
76 w	Used Car Dealers	DD on risk-based approach
76 x	Virtual/Esse/Service Providers	Provided
76 y	Other specify	<input type="checkbox"/>
77	Restricted provide details of the restriction	Restricted parties are some special refe protocols and require authorization from the due compliance/other and the necessary of other/other compliance committee
78	Does DD require senior business management and/or compliance approval	Yes

78 a	<input type="checkbox"/> I indicate <input type="checkbox"/> provides the approval <input type="checkbox"/>	<input type="checkbox"/> Compliant
79	Does the entity take specific procedures for onboarding entities that handle client funds as launders or anonymous funds/real estate agents? <input type="checkbox"/>	<input type="checkbox"/>
80	Does the entity perform an additional check or call reference on client's source of funds? <input type="checkbox"/>	<input type="checkbox"/> Yes
81	Can I confirm that all responses provided in the above Section are representative of all the L/S branches? <input type="checkbox"/>	<input type="checkbox"/> Branches
81 a	I declare that the responses are different/s relate to and the branches that this applies to <input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>
82	I appropriate provide an additional information/answer to the answers in this section <input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>

8. MONITORING & REPORTING

83	Does the entity take risk based policies/procedures and monitoring processes for the identification and reporting of suspicious activities? <input type="checkbox"/>	<input type="checkbox"/> Yes
84	Can this be method used by the entity monitor transactions or suspicious activities? <input type="checkbox"/>	<input type="checkbox"/> Combination of automated and manual
84 a	Manual or combination selected specific type of transactions are monitored manually <input type="checkbox"/>	<input type="checkbox"/> Part of transactions are monitored manually
84 b	Automated or combination selected are internal system or vendors used <input type="checkbox"/>	<input type="checkbox"/>
84 b1	Vendors used or used selected can this be name of vendor? <input type="checkbox"/>	<input type="checkbox"/> R/C Transaction Monitoring tool provided <input type="checkbox"/> Solutions de technologies de services Spéciaux <input type="checkbox"/>
84 b2	Can this be updated? <input type="checkbox"/>	<input type="checkbox"/> Year
84 b3	Can this be automated transaction monitoring application as calibrated? <input type="checkbox"/>	<input type="checkbox"/> Other <input type="checkbox"/> Please explain in question 9 <input type="checkbox"/>
85	Does the entity take related remedial measures to report suspicious transactions? <input type="checkbox"/>	<input type="checkbox"/> Yes
85 a	Does the entity take policies/procedures and processes to comply with suspicious transaction reporting requirements? <input type="checkbox"/>	<input type="checkbox"/> Yes
86	Does the entity take policies/procedures and processes to report and escalate matters arising from the monitoring of customer transactions and activities? <input type="checkbox"/>	<input type="checkbox"/> Yes
87	Does the entity take a data calibration management programme to ensure complete data for all transactions are source monitored? <input type="checkbox"/>	<input type="checkbox"/> Yes
88	Does the entity take processes in place to respond to Request for Information (RFIs) from other entities in a timely manner? <input type="checkbox"/>	<input type="checkbox"/>
89	Does the entity take processes in place to send Requests for Information (RFIs) to their customers in a timely manner? <input type="checkbox"/>	<input type="checkbox"/> Yes
90	Can I confirm that all responses provided in the above Section are representative of all the L/S branches? <input type="checkbox"/>	<input type="checkbox"/> Branches
90 a	I declare that the responses are different/s relate to and the branches that this applies to <input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>
91	I appropriate provide an additional information/answer to the answers in this section <input type="checkbox"/>	<input type="checkbox"/> Calibration/independent validations on the transaction monitoring platform are performed on 3 year cycles <input type="checkbox"/>

9. PAYMENT TRANSPARENCY

92	Does the entity adhere to the ISO 20022 or SWIFT Payment Transparency Standards? <input type="checkbox"/>	<input type="checkbox"/> Yes
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93	Does the entity take policies/procedures and processes to comply and take controls in place to ensure compliance?	
93 a	FFR Recommendations	Yes
93 b	Local Regulations	Yes
93 b1	Does the entity take policies/procedures and processes to comply and take controls in place to ensure compliance?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially <input type="checkbox"/> Not Applicable
93 c	Does the entity take policies/procedures and processes to comply and take controls in place to ensure compliance?	
94	Does the entity take controls to support inclusion of required and accurate originator information in cross order payment messages?	Yes
95	Does the entity take controls to support inclusion of required beneficiary information in cross order payment messages?	Yes
95 a	Does the entity take policies/procedures to include beneficiary address information in cross order payments?	Yes
96	Do all call responses provided in the above Section are representative of all the Local Branches?	Yes/No
96 a	Do all call responses provided in the above Section are representative of all the Local Branches?	Yes/No
97	Do all call responses provided in the above Section are representative of all the Local Branches?	Yes/No

10. SANCTIONS

98	Does the entity take a Sanctions Policy approved by management regarding compliance with sanctions law applicable to the entity in order to respect its business and avoid or minimize a potential field or foreign financial institutions?	Yes
99	Does the entity take policies/procedures to prevent another entity's accounts or services in a manner that is in violation of applicable sanctions provisions applicable to the entity in order to prevent or minimize the other entity's local jurisdiction?	Yes
100	Does the entity take policies/procedures to prevent another entity's accounts or services in a manner that is in violation of applicable sanctions provisions as stipulated in the resubmission and/or massing of sanctions relevant information in cross order transactions?	Yes
101	Does the entity screen its customers/incoming beneficial ownership information related to the entity in order to identify and report a potential Sanctions List?	Yes
102	Does the entity use the method used to screen for sanctions screening?	Manual
102 a	Is the manual screening method used and manual selected?	
102 a1	Is the internal system used or selected?	Vendor Selected
102 a1a	Is the vendor selected and the name of the vendor?	Clear Systems Inc.
102 a2	Does the entity have a list of the names of the vendors and the completeness of the data provided to the vendor for screening? If not, please explain.	Yes
103	Does the entity screen all sanctions relevant data in order to a minimum level and location information contained in cross order transactions against Sanctions List?	Yes
104	Does the entity use the method used to screen for sanctions screening?	Manual
105	Does the entity take a data calibration management programme to ensure complete data for all transactions are screened against sanctions screening?	Yes
106	Selected Sanctions List used by the entity in its sanctions screening processes?	
106 a	Does the entity use the following Sanctions List?	Used for screening customers and beneficial owners and for filtering transactional data
106 b	Does the entity use the following Sanctions List?	Used for screening customers and beneficial owners and for filtering transactional data
106 c	Does the entity use the following Sanctions List?	Used for screening customers and beneficial owners and for filtering transactional data

106 d	<input type="checkbox"/> European Union Consolidated List	<input type="checkbox"/> Used for screening customers and beneficial owners and for filtering transaction data
106 e	List maintained under member countries	<input type="checkbox"/> Used
106 f	<input type="checkbox"/> Other specific	Internal monitoring lists
107	<input type="checkbox"/> Ben re-la-a-ities make updates of their Sanctions list manual business data before the end of updates their active manual and/or automated screening systems against	
107 a	<input type="checkbox"/> Customer Data	Same data 2 business days
107 b	<input type="checkbox"/> Transactions	Same data 2 business days
108	Does the entity take a physical presence of branches/subsidiaries or representative offices located in countries/regions against FOF or member countries take enacted comprehensive jurisdiction-based Sanctions	<input type="checkbox"/>
109	<input type="checkbox"/> Confirm that all responses provided in the above Section are representative of all the LGS branches	<input type="checkbox"/> Branches
109 a	Additional observations the difference/s relate to and the Branches that applies	<input type="checkbox"/>
110	Appropriate provide an additional information/notes to the answers in this section	<input type="checkbox"/>

11. TRAINING & EDUCATION

111	Does the entity provide mandatory training in	
111 a	Identification and reporting transactions to government authorities	<input type="checkbox"/> Yes
111 b	Examples of different forms of money laundering, terrorist financing and sanctions related to the types of products and services offered	<input type="checkbox"/> Yes
111 c	Internal policies or guidelines on money laundering, terrorist financing and sanctions related to	<input type="checkbox"/> Yes
111 d	Key issues that occur in the market or significant relationships or new relationships	<input type="checkbox"/> Yes
111 e	Anti-money laundering	<input type="checkbox"/> Yes
111 f	Fraud	<input type="checkbox"/> Yes
112	Is the above mandatory training provided	
112 a	Board and Senior Committee Management	<input type="checkbox"/> Yes
112 b	1st Line Defence	<input type="checkbox"/> Yes
112 c	2nd Line Defence	<input type="checkbox"/> Yes
112 d	3rd Line Defence	<input type="checkbox"/> Yes
112 e	Third parties that specific FOF activities take been considered	<input type="checkbox"/> Applicable
112 f	Unemployed workers contractors/vendors	<input type="checkbox"/> Applicable
113	Does the entity provide ML/TF or Sanctions training that is targeted to specific roles/responsibilities and risk products/services and activities	<input type="checkbox"/> Yes
114	Does the entity provide cross-mixed training or ML/TF and Sanctions simultaneously	<input type="checkbox"/> Yes
114 a	Additional relevant training delivered	Annual
115	<input type="checkbox"/> Confirm that all responses provided in the above Section are representative of all the LGS branches	<input type="checkbox"/> Branches

129	Does the institution have real time monitoring of de-risked?	<input type="checkbox"/>
130	Do the institution processes include a further additional information support risk controls example IP address PS ID and/or device ID?	<input type="checkbox"/>
131	Confirm that all responses provided in the above section are representative of all the L1s branches	<input type="checkbox"/> Branches
131 a	Indicate any differences related to the branches that applies	<input type="checkbox"/>
132	Appropriate provide an additional information/answer to the answers in this section	<input type="checkbox"/>

Declaration Statement

I, the undersigned, as a representative of the institution, hereby declare that the information provided in this questionnaire is true, accurate and complete to the best of my knowledge and belief. I understand that any false or misleading information provided may result in the institution being subject to regulatory action and may be considered a criminal offense under applicable law.

The institution understands the critical importance of maintaining a strong and sustainable commitment to financial crime prevention and detection in order to protect its reputation and meet its legal and regulatory obligations.

The institution recognizes the importance of transparency regarding parties to transactions in international payments and has adopted/is committed to applying these standards.

The institution further certifies it complies with/ is in compliance with the Wolfsberg Group Correspondent Banking Principles and the Wolfsberg Trade Finance Principles in the information provided in this questionnaire and will be updated no less frequently than every eighteen months.

The institution commits to file accurate supplemental information on a timely basis.

Felipe Valdes

I, the undersigned, as a representative of the institution, hereby declare that the information provided in this questionnaire is true, accurate and complete to the best of my knowledge and belief. I understand that any false or misleading information provided may result in the institution being subject to regulatory action and may be considered a criminal offense under applicable law.

Damian Fernandez

I, the undersigned, as a representative of the institution, hereby declare that the information provided in this questionnaire is true, accurate and complete to the best of my knowledge and belief. I understand that any false or misleading information provided may result in the institution being subject to regulatory action and may be considered a criminal offense under applicable law.

Felipe Valdes 6/29/2023

Signature Date

Damian Fernandez

6/29/2023

Signature Date