

Anti-Money Laundering & Combating Financing of Terrorism Questionnaire for Correspondent Relationship

A. BASIC INFORMATION

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|-----------------------------------|---|
| 1. Name of the Institution: | Midland Bank PLC. |
| 2. Registered Address: | N.B. Tower, (6 th -9 th Floor), 40/7 North Avenue, Gulshan-2, Dhaka-1212. |
| 3. Website Address: | www.midlandbankbd.net |
| 4. Principal Business Activities: | All types of commercial Banking Business |
| 5. Regulatory Authority: | Bangladesh Bank (Central Bank of Bangladesh) |
| 6. Operational Status: | Public Limited Company (Commercial Bank). |
- Does your Bank maintain a physical presence in the licensing country? Yes No

B. OWNERSHIP / MANAGEMENT

7. Is your institution listed in any stock exchange? Yes No
- If so, which stock exchange? Dhaka Stock Exchange (DSE) and Chittagong Stock Exchange (CSE), Bangladesh.
8. If "No" to Q7, please provide a list of the major shareholders holding more than 10% shares in your institution.
- N/A

C. ANTI-MONEY LAUNDERING AND TERRORIST FINANCING CONTROLS

If you answer "No" to any of the following questions, Additional information can be supplied at the end of the questionnaire.

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

9. 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 Terrorist? Yes No
10. Does your institution have a legal and regulatory compliance program that includes a designated officer that is responsible for coordinating and overseeing the AML/CFT framework? Yes No
11. Has your institution developed written policies documenting the processes that they have in place to prevent, detect and report suspicious transactions? Yes No
12. Does your institution have a policy prohibiting accounts/ relationships with shell banks? Yes No
- (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.)*
13. Does your institution permit the opening of anonymous or numbered accounts by customers? Yes No
14. Does your institution have policies to reasonably ensure that they will not conduct transactions with or on behalf of shell banks through any of its accounts or products? Yes No



15. Does your institution have policies covering relationships with Politically Exposed Persons (PEP's), their family and close associates? Yes No
16. Does your institution have policies and procedures that require keeping all the records related to customer identification and their transactions? Yes No
- If "Yes", for how long? **5 Years after close of Business Relationship.**

II. Risk Assessment

17. Does your institution have a risk-based assessment of its customer base and their transactions? Yes No
18. 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

III. Know Your Customer, Due Diligence and Enhanced Due Diligence

19. Has your institution implemented processes for the identification of those customers on whose behalf it maintains or operates accounts or conducts transactions? Yes No
20. Does your institution have a requirement to collect information regarding its customers' business activities? Yes No
21. Does your institution have a process to review and, where appropriate, update customer information relating to high risk client information? Yes No
22. 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
23. Does your institution complete a risk-based assessment to understand the normal and expected transactions of its customers? Yes No

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

24. 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
25. Where cash transaction reporting is mandatory, does your institution have procedures to identify transactions structured to avoid such obligations? Yes No
26. Does your institution screen customers and transactions against lists of persons, entities or countries issued by government/ competent authorities or under the UN Security Council Resolution? Yes No
27. 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

V. Transaction Monitoring

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

VI. AML Training

29. Does your institution provide AML & CFT training to relevant employees of your organization? Yes No



30. Does your institution communicate new AML related laws or changes to existing AML related policies or practices to relevant employees? Yes No
31. 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

Space for additional information:

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

D. GENERAL

Does the responses provided in this Declaration applies to the following entities:

- Head Office and all domestic branches Yes No N/A
- Overseas branches Yes No N/A
- Domestic subsidiaries Yes No N/A
- Overseas subsidiaries Yes No N/A

If the response to any of the above is "No", please provide a list of the branches and/or subsidiaries that are excluded, including the name of the institution, location and contact details.

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:

Md. Zahid Hossain

Designation:

Managing Director (C.C)

Date:

07th January' 2026

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