



ANTI-MONEY LAUNDERING (AML)/KYC QUESTIONNAIRE FOR CORRESPONDENT BANKS

INSTITUTION'S DETAILS

Name of Bank	Banca UBAE SPA
Registered Name	Banca UBAE SPA
Registered Address	Via Quintino Sella, 2 - 00187 ROME - ITALY
Mailing Address	info@ubae.it
Web address	www.bancaubae.it
Jurisdiction under which is incorporated	The laws of Italy
Banking license No	Banca d'Italia No. 4729
Number of Branches (Domestic/Foreign)	1 domestic branch (MILAN-ITALY)
Name of External Auditors	BDO SPA
Name of the Central Bank/regulatory body	Banca d'Italia, CONSOB
Main banking activities	Corporate trade banking; oil & energy financing; forex/treasury management/capital markets operations; search and selection of business counterparties (banks or large corporates) in connection with trade activities
Name of Members of the Board of Directors	Abdullatif A. El Kib: Chairman Alberto Rossetti: Vice Chairman Saleh A. Keshlaf Yousef A. Abdelmaula Abdelrazak Elhoush Redaedin M. Banuga Mohamed Benchaaboun Ernesto Formichella Luigi Borri
Management	General Manager Biagio MATRANGA Deputy General Manager Jamal R. ELBENGHAZI Assistant General Manager Adel ABOUSHWESHA

Do you have any Politically Exposed Persons in the management?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
• Does your institution have a "Physical Presence"?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
• Is your Institution an affiliate of depository institutions, credit union, or a foreign bank maintaining a physical presence at the place where it employs one or more persons on a full time basis and maintains operating records related to its banking activities?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

OWNERSHIP STRUCTURE

1	Are shares publicly held or privately owned?	Privately owned
2	Is it quoted on any Stock Exchange?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3	Full details of any natural or legal persons, partnership or trust holding 25% or more of the voting rights	Libyan Arab Foreign Bank That El Imad Administrative Complex Tower 2 Tripoli - Libya
4	If existing and identifiable please indicate the name of natural person	Not applicable

ANTI MONEY LAUNDERING LEGISLATION, POLICIES & PROCEDURES

5	Is money laundering / terrorism financing considered as a crime in your country?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
6	Has your country established any laws/regulations concerning AML/CTF/KYC?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
7	Does your country's regulatory body (Central Bank) require all financial institutions to have anti money laundering (AML) & Know Your Customer (KYC) procedures?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
8	Is your institution subject to such laws/regulations?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
9	Has your institution established a compliance program that contains AML/CTF/KYC policies and procedures, according to internal & international laws, rules and standards?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
10	In case your institution does not have such policies and procedures, are they planned to be introduced? Please indicate the estimated date of their implementation.	Yes <input type="checkbox"/> No <input type="checkbox"/>
11	Has your bank developed an internal control function or other independent third party assessing AML policies and practices on a regular basis?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

12	Does the AML compliance program require approval of your Institution's Board or a senior committee thereof?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
13	Do your policies cover relationships with politically exposed persons?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
14	Are the AML/CTF/KYC policies and procedures applicable to both your domestic and foreign branches?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
15	Is implementation of AML/CTF/KYC policies and procedures monitored on a permanent basis?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
16	Does your institution have a policy aimed at protecting personnel reporting any suspicious transaction?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
AML/KYC POLICIES & PROCEDURES		
17	Has your institution implemented systems for the identification of its customers, including customer information in case of recorded transactions, account opening, etc. (for example; name, nationality, street address, telephone number, occupation, age/date of birth, number and type of valid official identification document, as well as the name of the country/state where it was issued)?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
18	Does your institution have a requirement to collect information regarding its customers' business activities?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
19	Does your institution make a risk-focused assessment of its customer database and clients' transactions?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
20	Does your institution determine the appropriate level of enhanced due diligence necessary for those categories of customers and transactions that your institution has reason to deem as of high risk for illicit activities at or through your institution?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
21	• Does your institution provide services to "walk in" customers?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	• If yes, does your institution identify them?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
22	Does your institution identify beneficial owners of companies?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

23	<p>Do your AML/CTF/KYC policies and procedures require recognition of the true identity of customers and check of their legitimacy before starting any business with them?</p> <p>Do you allow any third party to have direct access to your account with your correspondent banks?</p> <p>If yes, do you identify any third party that makes use of correspondent banking services?</p> <p>If necessary, are you able to provide customer's identification data upon our request?</p> <p>Do your AML/CTF/KYC policies and procedures require to:</p> <ul style="list-style-type: none"> • Monitor client activity to detect suspicious activity and due diligence? • Report suspicious activities and transactions to the appropriate AML/CTF/KYC authorities? • Maintain all records related to customer identification and their transactions? For how long? 	<p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Ten years</p>
24	<p>Do your AML/CTF/KYC policies and procedures allow to:</p> <ul style="list-style-type: none"> • Open or maintain anonymous accounts? • Conduct business with the banks having no physical presence in any country i.e shell banks? • Currently maintain accounts for shell banks? 	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
25	<p>Does your institution evaluate and gather information on its FI customers as well as their AML policies and procedures?</p>	<p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>
26	<p>Has your institution been subject to any investigation, indictment, conviction or civil enforcement action related to money laundering and terrorism financing in the past five years?</p>	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
27	<p>Does your institution comply with GAFI/FATF</p>	<p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>
28	<p>Does your institution provide services to offshore Banks, Internet Banks, institutions or banks located in high risk areas, as per GAFI/FATF recommendations?</p>	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>

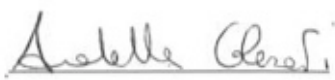
29	Does your institution have monitoring programs for identifying the transactions related to persons/entities suspected of terrorism, included in official lists of appropriate authorities?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
30	Would you please confirm to provide relevant customer information data, as and when requested from UBAE, for such customers who either directly/indirectly use UBAE correspondent relationship to process any transactions?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

AML TRAINING

31	Does your institution provide AML training to staff including identification and reporting of transactions that must be reported to government authorities, examples of different forms of money laundering involving financial institution's products and services and internal policies to prevent money laundering?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
32	Does your institution retain records of its training sessions including attendance records and relevant training material used?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
33	Does your institution have policies aimed at informing involved personnel of new AML related laws or changes to existing AML related policies or practices?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

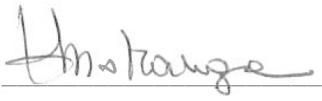
CONTACT DETAILS

(Please provide details & title regarding who completed this questionnaire)

34	Has your institution appointed a Compliance Officer for AML/CTF/KYC?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	If so, please give the name and title of the Compliance Officer in your institution, his email, address, Phone number, Fax number for future references	(see below)
	Name:	Ms. ANNABELLA COLESANTI
	Title:	COMPLIANCE OFFICER
	Phone:	06/42377709
	Fax:	06/42046433
	E-mail:	annabella.colesanti@ubae.it compliance@ubae.it
	Location	Via Quintino Sella, 2 - 00187 Rome - Italy
	Signature	
	Date:	Rome, 30th March 2012

Countersigned by General Manager: Mr Biagio Matranga

Signature:

A handwritten signature in black ink, appearing to read 'B. Matranga', is written over a horizontal line.

Abbreviations used in this questionnaire:

AML: Anti-Money Laundering

KYC: Know Your Customer

CTF: Combating Terrorist Financing

GAFI/FATF: Groupe d'Action Financière/Financial Action Task Force