



Financial Institution Name: Kumari Bank Limited
Location (Country): Nepal

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 |
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| 1. ENTITY & OWNERSHIP | | |
| 1 | Full Legal Name | KUMARI BANK LIMITED |
| 2 | Append a list of foreign branches which are covered by this questionnaire | NOT APPLICABLE |
| 3 | Full Legal (Registered) Address | KATHMANDU METROPOLITANCITY, WARD NO. 2, TANGAL, KATHMANDU, NEPAL |
| 4 | Full Primary Business Address (if different from above) | NA |
| 5 | Date of Entity incorporation/establishment | 10 December 1999 |
| 6 | Select type of ownership and append an ownership chart if available | |
| 6 a | Publicly Traded (25% of shares publicly traded) | Yes |
| 6 a1 | If Y, indicate the exchange traded on and ticker symbol | Nepal Stock Exchange (KBL) |
| 6 b | Member Owned/Mutual | No |
| 6 c | Government or State Owned by 25% or more | No |
| 6 d | Privately Owned | No |
| 6 d1 | If Y, provide details of shareholders or ultimate beneficial owners with a holding of 10% or more | NA |
| 7 | % of the Entity's total shares composed of bearer shares | NA |
| 8 | Does the Entity, or any of its branches, operate under an Offshore Banking License (OBL)? | No |
| 8 a | If Y, provide the name of the relevant branch/es which operate under an OBL | NA |
| 9 | Does the Bank have a Virtual Bank License or provide services only through online channels? | No |
| 10 | Name of primary financial regulator/supervisory authority | Nepal Rastra Bank |
| 11 | Provide Legal Entity Identifier (LEI) if available | 254900LT6XJDNQSUIS05 |
| 12 | Provide the full legal name of the ultimate parent (if different from the Entity completing the DDQ) | Not Applicable |



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| 13 | Jurisdiction of licensing authority and regulator of ultimate parent | Not Applicable |
| 14 | Select the business areas applicable to the Entity | |
| 14 a | Retail Banking | Yes <input type="checkbox"/> |
| 14 b | Private Banking | No <input checked="" type="checkbox"/> |
| 14 c | Commercial Banking | Yes <input type="checkbox"/> |
| 14 d | Transactional Banking | Yes <input type="checkbox"/> |
| 14 e | Investment Banking | No <input type="checkbox"/> |
| 14 f | Financial Markets Trading | Yes <input type="checkbox"/> |
| 14 g | Securities Services/Custody | No <input type="checkbox"/> |
| 14 h | Broker/Dealer | No <input checked="" type="checkbox"/> |
| 14 i | Multilateral Development Bank | No <input checked="" type="checkbox"/> |
| 14 j | Wealth Management | No <input type="checkbox"/> |
| 14 k | Other (please explain) | Remittance Services, Trade Finance |
| 15 | Does the Entity have a significant (10% or more) portfolio 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) | No <input type="checkbox"/> |
| 15 a | If Y, provide the top five countries where the non-resident customers are located. | Not Applicable |
| 16 | Select the closest value: | |
| 16 a | Number of employees | 1001-5000 <input type="checkbox"/> |
| 16 b | Total Assets | Greater than \$500 million <input type="checkbox"/> |
| 17 | Confirm that all responses provided in the above Section are representative of all the LE's branches. | Yes <input checked="" type="checkbox"/> |
| 17 a | If N, clarify which questions the difference/s relate to and the branch/es that this applies to. | Not Applicable |
| 18 | If appropriate, provide any additional information/context to the answers in this section. | NA |
| 2. PRODUCTS & SERVICES | | |
| 19 | Does the Entity offer the following products and services: | |
| 19 a | Correspondent Banking | Yes <input type="checkbox"/> |
| 19 a1 | If Y | |
| 19 a1a | Does the Entity offer Correspondent Banking services to domestic banks? | Yes <input type="checkbox"/> |
| 19 a1b | Does the Entity allow domestic bank clients to provide downstream relationships? | No <input type="checkbox"/> |
| 19 a1c | Does the Entity have processes and procedures in place to identify downstream relationships with domestic banks? | Yes <input type="checkbox"/> |
| 19 a1d | Does the Entity offer Correspondent Banking services to foreign banks? | Yes <input type="checkbox"/> |
| 19 a1e | Does the Entity allow downstream relationships with foreign banks? | No <input type="checkbox"/> |
| 19 a1f | Does the Entity have processes and procedures in place to identify downstream relationships with foreign banks? | Yes <input type="checkbox"/> |
| 19 a1g | Does the Entity offer Correspondent Banking services to regulated Money Services Businesses (MSBs)/Money Value Transfer Services (MVTs)? | Yes <input type="checkbox"/> |
| 19 a1h | Does the Entity allow downstream relationships with MSBs, MVTs, or Payment Service Provider (PSPs)? | |
| 19 a1h1 | MSBs | Yes <input type="checkbox"/> |
| 19 a1h2 | MVTs | No <input type="checkbox"/> |
| 19 a1h3 | PSPs | No <input type="checkbox"/> |



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| 19 a1i | Does the Entity have processes and procedures in place to identify downstream relationships with MSBs /MVTs/PSPs? | Yes | <input type="checkbox"/> |
| 19 b | Cross-Border Bulk Cash Delivery | No | <input type="checkbox"/> |
| 19 c | Cross-Border Remittances | Yes | <input type="checkbox"/> |
| 19 d | Domestic Bulk Cash Delivery | No | <input type="checkbox"/> |
| 19 e | Hold Mail | No | <input type="checkbox"/> |
| 19 f | International Cash Letter | No | <input type="checkbox"/> |
| 19 g | Low Price Securities | No | <input type="checkbox"/> |
| 19 h | Payable Through Accounts | No | <input type="checkbox"/> |
| 19 i | Payment services to non-bank entities who may then offer third party payment services to their customers? | Yes | <input type="checkbox"/> |
| 19 i1 | If Y , please select all that apply below? | | |
| 19 i2 | Third Party Payment Service Providers | Yes | <input type="checkbox"/> |
| 19 i3 | Virtual Asset Service Providers (VASPs) | No | <input type="checkbox"/> |
| 19 i4 | eCommerce Platforms | Yes | <input type="checkbox"/> |
| 19 i5 | Other - Please explain | NA | |
| 19 j | Private Banking | No | <input type="checkbox"/> |
| 19 k | Remote Deposit Capture (RDC) | No | <input type="checkbox"/> |
| 19 l | Sponsoring Private ATMs | No | <input type="checkbox"/> |
| 19 m | Stored Value Instruments | No | <input type="checkbox"/> |
| 19 n | Trade Finance | Yes | <input type="checkbox"/> |
| 19 o | Virtual Assets | No | <input type="checkbox"/> |
| 19 p | For each of the following please state whether you offer the service to walk-in customers and if so, the applicable level of due diligence: | | |
| 19 p1 | Check cashing service | Yes | <input type="checkbox"/> |
| 19 p1a | If yes, state the applicable level of due diligence | Identification and verification | <input type="checkbox"/> |
| 19 p2 | Wire transfers | Yes | <input type="checkbox"/> |
| 19 p2a | If yes, state the applicable level of due diligence | Due diligence | <input type="checkbox"/> |
| 19 p3 | Foreign currency conversion | Yes | <input type="checkbox"/> |
| 19 p3a | If yes, state the applicable level of due diligence | Due diligence | <input type="checkbox"/> |
| 19 p4 | Sale of Monetary Instruments | Yes | <input type="checkbox"/> |
| 19 p4a | If yes, state the applicable level of due diligence | Due diligence | <input type="checkbox"/> |
| 19 p5 | If you offer other services to walk-in customers please provide more detail here, including describing the level of due diligence. | NA | |
| 19 q | Other high-risk products and services identified by the Entity (please specify) | NA | |
| 20 | Confirm that all responses provided in the above Section are representative of all the LE's branches. | Yes | <input type="checkbox"/> |
| 20 a | If N, clarify which questions the difference/s relate to and the branch/es that this applies to. | NA | |
| 21 | If appropriate, provide any additional information/context to the answers in this section. | NA | |
| 3. AML, CTF & SANCTIONS PROGRAMME | | | |
| 22 | Does the Entity have a programme that sets minimum AML, CTF and Sanctions standards regarding the following components: | | |
| 22 a | Appointed Officer with sufficient experience/expertise | Yes | <input type="checkbox"/> |
| 22 b | Adverse Information Screening | Yes | <input type="checkbox"/> |
| 22 c | Beneficial Ownership | Yes | <input type="checkbox"/> |
| 22 d | Cash Reporting | Yes | <input type="checkbox"/> |
| 22 e | CDD | Yes | <input type="checkbox"/> |
| 22 f | EDD | Yes | <input type="checkbox"/> |
| 22 g | Independent Testing | Yes | <input type="checkbox"/> |
| 22 h | Periodic Review | Yes | <input type="checkbox"/> |
| 22 i | Policies and Procedures | Yes | <input type="checkbox"/> |
| 22 j | PEP Screening | Yes | <input type="checkbox"/> |
| 22 k | Risk Assessment | Yes | <input checked="" type="checkbox"/> |
| 22 l | Sanctions | Yes | <input type="checkbox"/> |



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| 22 m | Suspicious Activity Reporting | Yes | <input type="checkbox"/> |
| 22 n | Training and Education | Yes | <input type="checkbox"/> |
| 22 o | Transaction Monitoring | Yes | <input type="checkbox"/> |
| 23 | How many full time employees are in the Entity's AML, CTF & Sanctions Compliance Department? | 11-100 | |
| 24 | Is the Entity's AML, CTF & Sanctions policy approved at least annually by the Board or equivalent Senior Management Committee? If N, describe your practice in Question 29. | Yes | <input type="checkbox"/> |
| 25 | Does the Board receive, assess, and challenge regular reporting on the status of the AML, CTF, & Sanctions programme? | Yes | <input type="checkbox"/> |
| 26 | Does the Entity use third parties to carry out any components of its AML, CTF & Sanctions programme? | No | <input type="checkbox"/> |
| 26 a | If Y, provide further details | NA | |
| 27 | Does the entity have a whistleblower policy? | Yes | <input type="checkbox"/> |
| 28 | Confirm that all responses provided in the above Section are representative of all the LE's branches | Yes | <input type="checkbox"/> |
| 28 a | If N, clarify which questions the difference/s relate to and the branch/es that this applies to. | NA | |
| 29 | If appropriate, provide any additional information/context to the answers in this section. | NA | |
| 4. ANTI BRIBERY & CORRUPTION | | | |
| 30 | Has the Entity documented policies and procedures consistent with applicable ABC regulations and requirements to reasonably prevent, detect and report bribery and corruption? | Yes | <input type="checkbox"/> |
| 31 | Does the Entity have an enterprise wide programme that sets minimum ABC standards? | Yes | <input type="checkbox"/> |
| 32 | Has the Entity appointed a designated officer or officers with sufficient experience/expertise responsible for coordinating the ABC programme? | Yes | <input type="checkbox"/> |
| 33 | Does the Entity have adequate staff with appropriate levels of experience/expertise to implement the ABC programme? | Yes | <input type="checkbox"/> |
| 34 | Is the Entity's ABC programme applicable to: | Both joint ventures and third parties acting on behalf of the Entity | |
| 35 | Does the Entity have a global ABC policy that: | | |
| 35 a | Prohibits the giving and receiving of bribes? This includes promising, offering, giving, solicitation or receiving of anything of value, directly or indirectly, if improperly intended to influence action or obtain an advantage. | Yes | <input type="checkbox"/> |
| 35 b | Includes enhanced requirements regarding interaction with public officials? | Yes | <input type="checkbox"/> |
| 35 c | Includes a prohibition against the falsification of books and records (this may be within the ABC policy or any other policy applicable to the Legal Entity)? | Yes | <input type="checkbox"/> |
| 36 | Does the Entity have controls in place to monitor the effectiveness of their ABC programme? | Yes | <input type="checkbox"/> |
| 37 | Does the Board receive, assess, and challenge regular reporting on the status of the ABC programme? | Yes | <input type="checkbox"/> |
| 38 | Has the Entity's ABC Enterprise Wide Risk Assessment (EWRA) been completed in the last 12 months? | Yes | |
| 38 a | If N, provide the date when the last ABC EWRA was completed. | Completed (during Annual Risk Assessment Program) | |
| 39 | Does the Entity have an ABC residual risk rating that is the net result of the controls effectiveness and the inherent risk assessment? | Yes | |
| 40 | Does the Entity's ABC EWRA cover the inherent risk components detailed below: | Yes | |
| 40 a | Potential liability created by intermediaries and other third-party providers as appropriate | Yes | |



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| 40 b | Corruption risks associated with the countries and industries in which the Entity does business, directly or through intermediaries | Yes | |
| 40 c | Transactions, products or services, including those that involve state-owned or state-controlled entities or public officials | Yes | |
| 40 d | Corruption risks associated with gifts and hospitality, hiring/internships, charitable donations and political contributions | Yes | |
| 40 e | Changes in business activities that may materially increase the Entity's corruption risk | Yes | |
| 41 | Does the Entity's internal audit function or other independent third party cover ABC Policies and Procedures? | Yes | |
| 42 | Does the Entity provide mandatory ABC training to: | | |
| 42 a | Board and senior Committee Management | Yes | <input type="checkbox"/> |
| 42 b | 1st Line of Defence | Yes | <input type="checkbox"/> |
| 42 c | 2nd Line of Defence | Yes | <input type="checkbox"/> |
| 42 d | 3rd Line of Defence | Yes | <input type="checkbox"/> |
| 42 e | Third parties to which specific compliance activities subject to ABC risk have been outsourced | Not Applicable | <input type="checkbox"/> |
| 42 f | Non-employed workers as appropriate (contractors/consultants) | Yes | <input type="checkbox"/> |
| 43 | Does the Entity provide ABC training that is targeted to specific roles, responsibilities and activities? | Yes | <input type="checkbox"/> |
| 44 | Confirm that all responses provided in the above Section are representative of all the LE's branches | Yes | <input type="checkbox"/> |
| 44 a | If N, clarify which questions the difference/s relate to and the branch/es that this applies to. | NA | |
| 45 | If appropriate, provide any additional information/context to the answers in this section. | NA | |
| 5. AML, CTF & SANCTIONS POLICIES & PROCEDURES | | | |
| 46 | Has the Entity documented policies and procedures consistent with applicable AML, CTF & Sanctions regulations and requirements to reasonably prevent, detect and report: | | |
| 46 a | Money laundering | Yes | <input type="checkbox"/> |
| 46 b | Terrorist financing | Yes | <input type="checkbox"/> |
| 46 c | Sanctions violations | Yes | <input type="checkbox"/> |
| 47 | Are the Entity's policies and procedures updated at least annually? | Yes | <input type="checkbox"/> |
| 48 | Has the Entity chosen to compare its policies and procedures against: | | |
| 48 a | U.S. Standards | Yes | <input type="checkbox"/> |
| 48 a1 | If Y, does the Entity retain a record of the results? | Yes | <input type="checkbox"/> |
| 48 b | EU Standards | Yes | <input type="checkbox"/> |
| 48 b1 | If Y, does the Entity retain a record of the results? | Yes | <input type="checkbox"/> |
| 49 | Does the Entity have policies and procedures that: | | |
| 49 a | Prohibit the opening and keeping of anonymous and fictitious named accounts | Yes | <input type="checkbox"/> |
| 49 b | Prohibit the opening and keeping of accounts for unlicensed banks and/or NBFIs | Yes | <input type="checkbox"/> |
| 49 c | Prohibit dealing with other entities that provide banking services to unlicensed banks | Yes | <input type="checkbox"/> |
| 49 d | Prohibit accounts/relationships with shell banks | Yes | <input type="checkbox"/> |
| 49 e | Prohibit dealing with another entity that provides services to shell banks | Yes | <input type="checkbox"/> |
| 49 f | Prohibit opening and keeping of accounts for Section 311 designated entities | Yes | <input type="checkbox"/> |
| 49 g | Prohibit opening and keeping of accounts for any of unlicensed/unregulated remittance agents, exchanges houses, casa de cambio, bureaux de change or money transfer agents | Yes | <input type="checkbox"/> |
| 49 h | Assess the risks of relationships with domestic and foreign PEPs, including their family and close associates | Yes | <input type="checkbox"/> |



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| 49 i | Define the process for escalating financial crime risk issues/potentially suspicious activity identified by employees | Yes | <input type="checkbox"/> |
| 49 j | Define the process, where appropriate, for terminating existing customer relationships due to financial crime risk | Yes | <input type="checkbox"/> |
| 49 k | Define the process for exiting clients for financial crime reasons that applies across the entity, including foreign branches and affiliates | Yes | <input type="checkbox"/> |
| 49 l | Define the process and controls to identify and handle customers that were previously exited for financial crime reasons if they seek to re-establish a relationship | Yes | <input type="checkbox"/> |
| 49 m | Outline the processes regarding screening for sanctions, PEPs and Adverse Media/Negative News | Yes | <input type="checkbox"/> |
| 49 n | Outline the processes for the maintenance of internal "watchlists" | Yes | <input type="checkbox"/> |
| 50 | Has the Entity defined a risk tolerance statement or similar document which defines a risk boundary around their business? | Yes | <input type="checkbox"/> |
| 51 | Does the Entity have record retention procedures that comply with applicable laws? | Yes | <input type="checkbox"/> |
| 51 a | If Y, what is the retention period? | 5 years or more | <input type="checkbox"/> |
| 52 | Confirm that all responses provided in the above Section are representative of all the LE's branches | Yes | <input type="checkbox"/> |
| 52 a | If N, clarify which questions the difference/s relate to and the branch/es that this applies to. | NA | <input type="checkbox"/> |
| 53 | If appropriate, provide any additional information/context to the answers in this section. | NA | <input type="checkbox"/> |
| 6. AML, CTF & SANCTIONS RISK ASSESSMENT | | | |
| 54 | Does the Entity's AML & CTF EWRA cover the inherent risk components detailed below: | | <input type="checkbox"/> |
| 54 a | Client | Yes | <input type="checkbox"/> |
| 54 b | Product | Yes | <input type="checkbox"/> |
| 54 c | Channel | Yes | <input type="checkbox"/> |
| 54 d | Geography | Yes | <input type="checkbox"/> |
| 55 | Does the Entity's AML & CTF EWRA cover the controls effectiveness components detailed below: | | <input type="checkbox"/> |
| 55 a | Transaction Monitoring | Yes | <input type="checkbox"/> |
| 55 b | Customer Due Diligence | Yes | <input type="checkbox"/> |
| 55 c | PEP Identification | Yes | <input type="checkbox"/> |
| 55 d | Transaction Screening | Yes | <input type="checkbox"/> |
| 55 e | Name Screening against Adverse Media/Negative News | Yes | <input type="checkbox"/> |
| 55 f | Training and Education | Yes | <input type="checkbox"/> |
| 55 g | Governance | Yes | <input type="checkbox"/> |
| 55 h | Management Information | Yes | <input type="checkbox"/> |
| 56 | Has the Entity's AML & CTF EWRA been completed in the last 12 months? | Yes | <input type="checkbox"/> |
| 56 a | If N, provide the date when the last AML & CTF EWRA was completed. | NA | <input type="checkbox"/> |
| 57 | Does the Entity's Sanctions EWRA cover the inherent risk components detailed below: | | <input type="checkbox"/> |
| 57 a | Client | Yes | <input type="checkbox"/> |
| 57 b | Product | Yes | <input type="checkbox"/> |
| 57 c | Channel | Yes | <input type="checkbox"/> |
| 57 d | Geography | Yes | <input type="checkbox"/> |
| 58 | Does the Entity's Sanctions EWRA cover the controls effectiveness components detailed below: | | <input type="checkbox"/> |
| 58 a | Customer Due Diligence | Yes | <input type="checkbox"/> |
| 58 b | Governance | Yes | <input type="checkbox"/> |
| 58 c | List Management | Yes | <input type="checkbox"/> |
| 58 d | Management Information | Yes | <input type="checkbox"/> |



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| 58 e | Name Screening | Yes | <input type="checkbox"/> |
| 58 f | Transaction Screening | Yes | <input type="checkbox"/> |
| 58 g | Training and Education | Yes | <input type="checkbox"/> |
| 59 | Has the Entity's Sanctions EWRA been completed in the last 12 months? | Yes | <input type="checkbox"/> |
| 59 a | If N, provide the date when the last Sanctions EWRA was completed. | NA | |
| 60 | Confirm that all responses provided in the above Section are representative of all the LE's branches | Yes | <input type="checkbox"/> |
| 60 a | If N, clarify which questions the difference/s relate to and the branch/es that this applies to. | NA | |
| 61 | If appropriate, provide any additional information/context to the answers in this section. | NA | |
| 7. KYC, CDD and EDD | | | |
| 62 | Does the Entity verify the identity of the customer? | Yes | <input type="checkbox"/> |
| 63 | Do the Entity's policies and procedures set out when CDD must be completed, e.g. at the time of onboarding or within 30 days? | Yes | <input type="checkbox"/> |
| 64 | Which of the following does the Entity gather and retain when conducting CDD? Select all that apply: | | |
| 64 a | Customer identification | Yes | <input type="checkbox"/> |
| 64 b | Expected activity | Yes | <input type="checkbox"/> |
| 64 c | Nature of business/employment | Yes | <input type="checkbox"/> |
| 64 d | Ownership structure | Yes | <input type="checkbox"/> |
| 64 e | Product usage | Yes | <input type="checkbox"/> |
| 64 f | Purpose and nature of relationship | Yes | <input type="checkbox"/> |
| 64 g | Source of funds | Yes | <input type="checkbox"/> |
| 64 h | Source of wealth | Yes | <input type="checkbox"/> |
| 65 | Are each of the following identified: | | |
| 65 a | Ultimate beneficial ownership | Yes | <input type="checkbox"/> |
| 65 a1 | Are ultimate beneficial owners verified? | Yes | <input type="checkbox"/> |
| 65 b | Authorised signatories (where applicable) | Yes | <input type="checkbox"/> |
| 65 c | Key controllers | Yes | <input type="checkbox"/> |
| 65 d | Other relevant parties | Yes | <input type="checkbox"/> |
| 66 | What is the Entity's minimum (lowest) threshold applied to beneficial ownership identification? | Other (specify the percentage) 15% | <input type="checkbox"/> |
| 67 | Does the due diligence process result in customers receiving a risk classification? | Yes | <input type="checkbox"/> |
| 67 a | If Y, what factors/criteria are used to determine the customer's risk classification? Select all that apply: | | |
| 67 a1 | Product Usage | Yes | <input type="checkbox"/> |
| 67 a2 | Geography | Yes | <input type="checkbox"/> |
| 67 a3 | Business Type/Industry | Yes | <input type="checkbox"/> |
| 67 a4 | Legal Entity type | Yes | <input type="checkbox"/> |
| 67 a5 | Adverse Information | Yes | <input type="checkbox"/> |
| 67 a6 | Other (specify) | | |
| 68 | For high risk non-individual customers, is a site visit a part of your KYC process? | Yes | <input type="checkbox"/> |
| 68 a | If Y, is this at: | | |
| 68 a1 | Onboarding | Yes | <input type="checkbox"/> |
| 68 a2 | KYC renewal | Yes | <input type="checkbox"/> |
| 68 a3 | Trigger event | Yes | <input type="checkbox"/> |
| 68 a4 | Other | Yes | <input type="checkbox"/> |
| 68 a4a | If yes, please specify "Other" | Obtaining Utility bills or any documentary proof of residence | |
| 69 | Does the Entity have a risk based approach to screening customers for Adverse Media/Negative News? | Yes | <input type="checkbox"/> |
| 69 a | If Y, is this at: | | |
| 69 a1 | Onboarding | Yes | <input type="checkbox"/> |
| 69 a2 | KYC renewal | Yes | <input type="checkbox"/> |



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| 69 a3 | Trigger event | Yes | |
| 70 | What is the method used by the Entity to screen for Adverse Media/Negative News? | Automated | |
| 71 | Does the Entity have a risk based approach to screening customers and connected parties to determine whether they are PEPs, or controlled by PEPs? | Yes | |
| 71 a | If Y, is this at: | | |
| 71 a1 | Onboarding | Yes | |
| 71 a2 | KYC renewal | Yes | |
| 71 a3 | Trigger event | Yes | |
| 72 | What is the method used by the Entity to screen PEPs? | Automated | |
| 73 | Does the Entity have policies, procedures and processes to review and escalate potential matches from screening customers and connected parties to determine whether they are PEPs, or controlled by PEPs? | Yes | |
| 74 | Is KYC renewed at defined frequencies based on risk rating (Periodic Reviews)? | Yes | |
| 74 a | If yes, select all that apply: | | |
| 74 a1 | Less than one year | No | |
| 74 a2 | 1 – 2 years | Yes | |
| 74 a3 | 3 – 4 years | No | |
| 74 a4 | 5 years or more | No | |
| 74 a5 | Trigger-based or perpetual monitoring reviews | Yes | |
| 74 a6 | Other (Please specify) | NA | |
| 75 | Does the Entity maintain and report metrics on current and past periodic or trigger event due diligence reviews? | Yes | |
| 76 | From the list below, which categories of customers or industries are subject to EDD and/or are restricted, or prohibited by the Entity's FCC programme? | | |
| 76 a | Arms, defence, military | Prohibited | |
| 76 b | Respondent Banks | Always subject to EDD | |
| 76 b1 | If EDD or restricted, does the EDD assessment contain the elements as set out in the Wolfsberg Correspondent Banking Principles 2022? | Yes | |
| 76 c | Embassies/Consulates | EDD on risk-based approach | |
| 76 d | Extractive industries | Do not have this category of customer or industry | |
| 76 e | Gambling customers | Prohibited | |
| 76 f | General Trading Companies | EDD on risk-based approach | |
| 76 g | Marijuana-related Entities | Prohibited | |
| 76 h | MSB/MVTs customers | EDD on risk-based approach | |
| 76 i | Non-account customers | EDD on risk-based approach | |
| 76 j | Non-Government Organisations | Always subject to EDD | |
| 76 k | Non-resident customers | EDD on risk-based approach | |
| 76 l | Nuclear power | Do not have this category of customer or industry | |
| 76 m | Payment Service Providers | EDD on risk-based approach | |
| 76 n | PEPs | Always subject to EDD | |
| 76 o | PEP Close Associates | Always subject to EDD | |
| 76 p | PEP Related | Always subject to EDD | |
| 76 q | Precious metals and stones | Always subject to EDD | |
| 76 r | Red light businesses/Adult entertainment | Prohibited | |
| 76 s | Regulated charities | Always subject to EDD | |
| 76 t | Shell banks | Prohibited | |
| 76 u | Travel and Tour Companies | Always subject to EDD | |
| 76 v | Unregulated charities | Prohibited | |
| 76 w | Used Car Dealers | EDD on risk-based approach | |
| 76 x | Virtual Asset Service Providers | Prohibited | |
| 76 y | Other (specify) | NA | |
| 77 | If restricted, provide details of the restriction | NA | |
| 78 | Does EDD require senior business management and/or compliance approval? | Yes | |



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| 78 a | If Y indicate who provides the approval: | Both | |
| 79 | Does the Entity have specific procedures for onboarding entities that handle client money such as lawyers, accountants, consultants, real estate agents? | Yes | ▼ |
| 80 | Does the Entity perform an additional control or quality review on clients subject to EDD? | Yes | ▼ |
| 81 | Confirm that all responses provided in the above Section are representative of all the LE's branches | Yes | ▼ |
| 81 a | If N, clarify which questions the difference/s relate to and the branch/es that this applies to | | |
| 82 | If appropriate, provide any additional information/context to the answers in this section. | | |
| 8. MONITORING & REPORTING | | | |
| 83 | Does the Entity have risk based policies, procedures and monitoring processes for the identification and reporting of suspicious activity? | Yes | ▼ |
| 84 | What is the method used by the Entity to monitor transactions for suspicious activities? | Automated | ▼ |
| 84 a | If manual or combination selected, specify what type of transactions are monitored manually | NA | |
| 84 b | If automated or combination selected, are internal system or vendor-sourced tools used? | Vendor-sourced tools | ▼ |
| 84 b1 | If 'Vendor-sourced tool' or 'Both' selected, what is the name of the vendor/tool? | Digital Age Nepal (AML Solution Software) | |
| 84 b2 | When was the tool last updated? | < 1 year | ▼ |
| 84 b3 | When was the automated Transaction Monitoring application last calibrated? | < 1 year | ▼ |
| 85 | Does the Entity have regulatory requirements to report suspicious transactions? | Yes | ▼ |
| 85 a | If Y, does the Entity have policies, procedures and processes to comply with suspicious transaction reporting requirements? | Yes | ▼ |
| 86 | Does the Entity have policies, procedures and processes to review and escalate matters arising from the monitoring of customer transactions and activity? | Yes | ▼ |
| 87 | Does the Entity have a data quality management programme to ensure that complete data for all transactions are subject to monitoring? | Yes | ▼ |
| 88 | Does the Entity have processes in place to respond to Request For Information (RFIs) from other entities in a timely manner? | Yes | ▼ |
| 89 | Does the Entity have processes in place to send Requests for Information (RFIs) to their customers in a timely manner? | Yes | ▼ |
| 90 | Confirm that all responses provided in the above Section are representative of all the LE's branches | Yes | ▼ |
| 90 a | If N, clarify which questions the difference/s relate to and the branch/es that this applies to | NA | |
| 91 | If appropriate, provide any additional information/context to the answers in this section. | NA | |
| 9. PAYMENT TRANSPARENCY | | | |
| 92 | Does the Entity adhere to the Wolfsberg Group Payment Transparency Standards? | Yes | ▼ |



| | | |
|----------------------|---|--|
| 93 | Does the Entity have policies, procedures and processes to comply with and have controls in place to ensure compliance with: | |
| 93 a | FATF Recommendation 16 | Yes |
| 93 b | Local Regulations | Yes |
| 93 b1 | If Y, specify the regulation | Assets Laundering Prevention Act, Asset Laundering Prevention Rule, Banking and Financial Institution Act, Various Directives issued by the regulators |
| 93 c | If N, explain | |
| 94 | Does the Entity have controls to support the inclusion of required and accurate originator information in cross border payment messages? | Yes |
| 95 | Does the Entity have controls to support the inclusion of required beneficiary information cross-border payment messages? | Yes |
| 95 a | If Y, does the Entity have procedures to include beneficiary address including country in cross border payments? | Yes |
| 96 | Confirm that all responses provided in the above Section are representative of all the LE's branches | Yes |
| 96 a | If N, clarify which questions the difference/s relate to and the branch/es that this applies to. | NA |
| 97 | If appropriate, provide any additional information/context to the answers in this section. | NA |
| 10. SANCTIONS | | |
| 98 | Does the Entity have a Sanctions Policy approved by management regarding compliance with sanctions law applicable to the Entity, including with respect to its business conducted with, or through accounts held at foreign financial institutions? | Yes |
| 99 | Does the Entity have policies, procedures, or other controls reasonably designed to prevent the use of another entity's accounts or services in a manner causing the other entity to violate sanctions prohibitions applicable to the other entity (including prohibitions within the other entity's local jurisdiction)? | Yes |
| 100 | Does the Entity have policies, procedures or other controls reasonably designed to prohibit and/or detect actions taken to evade applicable sanctions prohibitions, such as stripping, or the resubmission and/or masking, of sanctions relevant information in cross border transactions? | Yes |
| 101 | Does the Entity screen its customers, including beneficial ownership information collected by the Entity, during onboarding and regularly thereafter against Sanctions Lists? | Yes |
| 102 | What is the method used by the Entity for sanctions screening? | Automated |
| 102 a | If 'automated' or 'both automated and manual' selected: | |
| 102 a1 | Are internal system of vendor-sourced tools used? | Vendor-sourced tools |
| 102 a1a | If a 'vendor-sourced tool' or 'both' selected, what is the name of the vendor/tool? | Digital Age Nepal (AML Solution Software) including data from SWIFT Sanction Screening, Accuity and TFS provided by regulator. |
| 102 a2 | When did you last test the effectiveness (of finding true matches) and completeness (lack of missing data) of the matching configuration of the automated tool? (If 'Other' please explain in Question 110) | < 1 year |
| 103 | Does the Entity screen all sanctions relevant data, including at a minimum, entity and location information, contained in cross border transactions against Sanctions Lists? | Yes |
| 104 | What is the method used by the Entity? | Automated |

| | | | |
|-------------------------------------|--|---|--------------------------|
| 105 | Does the Entity have a data quality management programme to ensure that complete data for all transactions are subject to sanctions screening? | Yes | <input type="checkbox"/> |
| 106 | Select the Sanctions Lists used by the Entity in its sanctions screening processes: | | |
| 106 a | Consolidated United Nations Security Council Sanctions List (UN) | Used for screening customers and beneficial owners and for filtering transactional data | <input type="checkbox"/> |
| 106 b | United States Department of the Treasury's Office of Foreign Assets Control (OFAC) | Used for screening customers and beneficial owners and for filtering transactional data | <input type="checkbox"/> |
| 106 c | Office of Financial Sanctions Implementation HMT (OFSI) | Used for screening customers and beneficial owners and for filtering transactional data | <input type="checkbox"/> |
| 106 d | European Union Consolidated List (EU) | Used for screening customers and beneficial owners and for filtering transactional data | <input type="checkbox"/> |
| 106 e | Lists maintained by other G7 member countries | Used for screening customers and beneficial owners and for filtering transactional data | <input type="checkbox"/> |
| 106 f | Other (specify) | NA | |
| 107 | When regulatory authorities make updates to their Sanctions list, how many business days before the entity updates their active manual and/or automated screening systems against: | | |
| 107 a | Customer Data | Same day to 2 business days | <input type="checkbox"/> |
| 107 b | Transactions | Same day to 2 business days | <input type="checkbox"/> |
| 108 | Does the Entity have a physical presence, e.g. branches, subsidiaries, or representative offices located in countries/regions against which UN, OFAC, OFSI, EU or G7 member countries have enacted comprehensive jurisdiction-based Sanctions? | No | <input type="checkbox"/> |
| 109 | Confirm that all responses provided in the above Section are representative of all the LE's branches | Yes | <input type="checkbox"/> |
| 109 a | If N, clarify which questions the difference/s relate to and the branch/es that this applies to. | NA | |
| 110 | If appropriate, provide any additional information/context to the answers in this section. | NA | |
| 11. TRAINING & EDUCATION | | | |
| 111 | Does the Entity provide mandatory training, which includes: | | |
| 111 a | Identification and reporting of transactions to government authorities | Yes | <input type="checkbox"/> |
| 111 b | Examples of different forms of money laundering, terrorist financing and sanctions violations relevant for the types of products and services offered | Yes | <input type="checkbox"/> |
| 111 c | Internal policies for controlling money laundering, terrorist financing and sanctions violations | Yes | <input type="checkbox"/> |
| 111 d | New issues that occur in the market, e.g. significant regulatory actions or new regulations | Yes | <input type="checkbox"/> |
| 111 e | Conduct and Culture | Yes | <input type="checkbox"/> |
| 111 f | Fraud | Yes | <input type="checkbox"/> |
| 112 | Is the above mandatory training provided to: | | |
| 112 a | Board and Senior Committee Management | Yes | <input type="checkbox"/> |
| 112 b | 1st Line of Defence | Yes | <input type="checkbox"/> |
| 112 c | 2nd Line of Defence | Yes | <input type="checkbox"/> |
| 112 d | 3rd Line of Defence | Yes | <input type="checkbox"/> |
| 112 e | Third parties to which specific FCC activities have been outsourced | Not Applicable | <input type="checkbox"/> |
| 112 f | Non-employed workers (contractors/consultants) | Yes | <input type="checkbox"/> |
| 113 | Does the Entity provide AML, CTF & Sanctions training that is targeted to specific roles, responsibilities and high-risk products, services and activities? | Yes | <input type="checkbox"/> |
| 114 | Does the Entity provide customised training for AML, CTF and Sanctions staff? | Yes | <input type="checkbox"/> |
| 114 a | If Y, how frequently is training delivered? | Annually | <input type="checkbox"/> |
| 115 | Confirm that all responses provided in the above Section are representative of all the LE's branches | Yes | <input type="checkbox"/> |



| | | |
|--|---|--------|
| 115 a | If N, clarify which questions the difference/s relate to and the branch/es that this applies to. | NA |
| 116 | If appropriate, provide any additional information/context to the answers in this section. | NA |
| 12. QUALITY ASSURANCE /COMPLIANCE TESTING | | |
| 117 | Does the Entity have a program wide risk based Quality Assurance programme for financial crime (separate from the independent Audit function)? | No |
| 118 | Does the Entity have a program wide risk based Compliance Testing process (separate from the independent Audit function)? | No |
| 119 | Confirm that all responses provided in the above Section are representative of all the LE's branches | Yes |
| 119 a | If N, clarify which questions the difference/s relate to and the branch/es that this applies to. | NA |
| 120 | If appropriate, provide any additional information/context to the answers in this section. | NA |
| 13. AUDIT | | |
| 121 | In addition to inspections by the government supervisors/regulators, does the Entity have an internal audit function, a testing function or other independent third party, or both, that assesses FCC AML, CTF, ABC, Fraud and Sanctions policies and practices on a regular basis? | Yes |
| 122 | How often is the Entity audited on its AML, CTF, ABC, Fraud and Sanctions programme by the following: | |
| 122 a | Internal Audit Department | Yearly |
| 122 b | External Third Party | Yearly |
| 123 | Does the internal audit function or other independent third party cover the following areas: | |
| 123 a | AML, CTF, ABC, Fraud and Sanctions policy and procedures | Yes |
| 123 b | Enterprise Wide Risk Assessment | Yes |
| 123 c | Governance | Yes |
| 123 d | KYC/CDD/EDD and underlying methodologies | Yes |
| 123 e | Name Screening & List Management | Yes |
| 123 f | Reporting/Metrics & Management Information | Yes |
| 123 g | Suspicious Activity Filing | Yes |
| 123 h | Technology | Yes |
| 123 i | Transaction Monitoring | Yes |
| 123 j | Transaction Screening including for sanctions | Yes |
| 123 k | Training & Education | Yes |
| 123 l | Other (specify) | NA |
| 124 | Are adverse findings from internal & external audit tracked to completion and assessed for adequacy and completeness? | Yes |
| 125 | Confirm that all responses provided in the above section are representative of all the LE's branches | Yes |
| 125 a | If N, clarify which questions the difference/s relate to and the branch/es that this applies to. | NA |
| 126 | If appropriate, provide any additional information/context to the answers in this section. | NA |
| 14. FRAUD | | |
| 127 | Does the Entity have policies in place addressing fraud risk? | Yes |
| 128 | Does the Entity have a dedicated team responsible for preventing & detecting fraud? | Yes |



| | | | |
|-------|--|-----|-------------------------------------|
| 129 | Does the Entity have real time monitoring to detect fraud? | Yes | <input checked="" type="checkbox"/> |
| 130 | Do the Entity's processes include gathering additional information to support its fraud controls, for example: IP address, GPS location, and/or device ID? | Yes | |
| 131 | Confirm that all responses provided in the above section are representative of all the LE's branches | Yes | <input checked="" type="checkbox"/> |
| 131 a | If N, clarify which questions the difference/s relate to and the branch/es that this applies to. | NA | |
| 132 | If appropriate, provide any additional information/context to the answers in this section. | NA | |

Declaration Statement

Wolfsberg Group Correspondent Banking Due Diligence Questionnaire 2023 (CBDDQ V1.4)

Declaration Statement (To be signed by Global Head of Correspondent Banking or equivalent position holder AND Group Money Laundering Prevention Officer, Global Head of Anti-Money Laundering, Chief Compliance Officer, Global Head of Financial Crimes Compliance OR equivalent)

Kumari Bank Limited (Financial Institution name) is fully committed to the fight against financial crime and makes every effort to remain in full compliance with all applicable financial crime laws, regulations and standards in all of the jurisdictions in which it does business and holds accounts.

The Financial Institution understands the critical importance of having effective and sustainable controls to combat financial crime in order to protect its reputation and to meet its legal and regulatory obligations.

The Financial Institution recognises the importance of transparency regarding parties to transactions in international payments and has adopted/is committed to adopting these standards.

The Financial Institution further certifies it complies with / is working to comply with the Wolfsberg Correspondent Banking Principles and the Wolfsberg Trade Finance Principles. The information provided in this Wolfsberg CBDDQ will be kept current and will be updated no less frequently than every eighteen months.

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

I, Anup Shrestha H 10-02-2025 (Global Head of Correspondent Banking or equivalent), certify that I have read and understood this declaration, that the answers provided in this Wolfsberg CBDDQ are complete and correct to my honest belief, and that I am authorised to execute this declaration on behalf of the Financial Institution.

I, Saroj Bhandari (MLRO or equivalent), certify that I have read and understood this declaration, that the answers provided in this Wolfsberg CBDDQ are complete and correct to my honest belief, and that I am authorised to execute this declaration on behalf of the Financial Institution.

____ (Signature & Date)

AS 10-02-2025 (Signature & Date)

