

## **ANTI-MONEY LAUNDERING QUESTIONNAIRE**

The following questions are intended to inform Adino Asset management Limited of the Anti-Money Laundering and Counter Terrorist Financing (AML/CTF) Policies & Procedures implemented by its clients as well as their compliance with relevant local and international regulations.

## 1. CLIENT INFORMATION:

1.1	Company Name:	
1.2	Business Address: (if Different from Registered Office):	
1.3	Business Activities:	
1.4	Date of incorporation:	
1.5	Web address (if any)	
1.6	Registration/Incorporation Number:(Please attach copy of Certificate of Incorporation / Registration)	
1.7	Nature of Business: (if different from incorporation document)	
1.8	List the names and addresses of shareholders with 5% stake or more in the company:	



1.9	Provide the names and addresses of the Directors and Senior Management Staff of the company:	
1.10	Is any Director or key senior management member politically Exposed Persons "PEP"? If yes, please indicate name(s):	
1.11	List of related entities	
1.12	Does your company have an Internal Control Department/Internal Audit Department?	
1.13	If "yes", Kindly attach the latest Internal Control/ Audit Report	
1.14	Is the Parent or Associate a regulated institution? Yes/No. If yes, state regulator's name	
1.15	Is there a Certificate of Licensure for your company? If yes, please provide copy	
1.16	Name and address of External Auditors (if any)	



2.	GENERAL POLICIES (ANTI-MONEY LAUNDERING, INTERNAL CONTROL POLICIES, PRACTICES AND PROCEDURES)	YES	NO
2.1	Does your company maintain written Policies and Procedures on (Anti-Money Laundering and Combating to Terrorists Financing and Internal Control policies and procedures?) If yes,(Please provide copies)		
2.2	<ul> <li>Do you have in place arrangements for monitoring the following amongst your staff:</li> <li>a) Bribery &amp; Corruption Activities</li> <li>b) Giving &amp; Receiving of Gifts from Third Parties</li> <li>c) Conflict of Interest</li> <li>d) Whistle-blowing policy</li> </ul>		
2.3	Does your recruitment process cover:  a) Employee conduct at time of screening and selection?  b) Background Check?		
2.4	Does your company have a compliance officer that is responsible for coordinating and overseeing the AML program on a day-to-day basis? If yes, what is his/her name b) His/her contact detail(s); email address and phone number		
2.5	Whom does the Compliance Officer report to?		
2.6	Are the company's policies and procedures approved by Board?		
2.7	In addition to examination by the government agencies/regulators, do you have an internal audit function that assesses AML policies and practices on a regular basis?		
2.8	How frequent are the Audits: yearly, half yearly, etc.?		
2.9	Are independent tests of controls carried out to ensure adherence to these internal control procedures?		
	Pls itemize the key procedures followed.		



3.	AML/ CFT TRAINING	YES	NO
3.1	Does your company organize AML/ CFT trainings for their staff?		
3.2	If yes to 3.1 above, what is the frequency of the training?		
3.3	List some topics usually covered by the training		
3.4	Do you provide feedback questionnaires after the training?		
3.5	Do your company retain records of their training sessions including attendance records and relevant training materials used?		
3.6	If so, what is the duration?		
3.7	Does your company have an Anti-Bribery and Corruption Policy in place?		

4.	WORK ETHICS/INFORMATION SECURITY:	
4.1	Adherence to Confidentiality and Privacy	
	Rules:	
	Describe the procedure for enforcing	
	Confidentiality and Privacy rules in your	
	organization?	
	Are notifications and information obtained by	
	your employees during discharging their	
	responsibilities kept confidential?	
	State how this is being managed.	
4.2	Safety and Security of Information:	
	Are there adequate security procedures to	
	ensure the safety and security of information,	



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	which shall include information obtained	
	during the delivery of services and other	
	privileged information about the company?	
	Do the terms of the employees' contract expressly state that they should not employ information acquired in the discharge of their responsibility to their own advantage?	
4.3	Do you have business continuity/ disaster recovery plan in place?	

5	COMPLIANCE WITH LAWS AND REGULATIONS	YES	NO
5.1	Has the company been subject to any regulatory investigations, enforcement actions, or sanctions related to money laundering, terrorism financing, or other financial crimes?		
5.2	Is the company compliant with all applicable laws and regulations, including anti-money laundering (AML) and know your customer (KYC) requirements?		

6.	ENHANCED DUE DILIGENCE (EDD)	YES	NO
6.1	Will the company require any enhanced due diligence measures to be applied to its account, such as additional documentation or monitoring?		
6.2	If yes, please specify the reasons for requiring enhanced due diligence.		

7.	BENEFICIAL OWNERSHIP AND ULTIMATE BENEFICIAL OWNERSHIP (UBO)	YES	YES
7.1	Please provide details of the company's beneficial owners,		
	including their names, addresses, and ownership percentage.		
7.2	Who are the ultimate beneficial owners (UBOs) of the company,		
	and what is their relationship to the company?		



## 8. ANTI-MONEY LAUNDERING INDEMNITY

Name of Authorized Signatory:

The undersigned hereby undertakes to indemnify and hold harmless Adino Asset Management Limited, its directors, officers, employees, and affiliates from and against any and all losses, claims, penalties, liabilities, or expenses (including legal and regulatory costs) which may arise directly or indirectly from any breach, misstatement, or non-compliance with the provisions of the Money Laundering (Prevention and Prohibition) Act, 2022, the Economic and Financial Crimes Commission (Establishment) Act, 2004, any regulations issued by the Central Bank of Nigeria (CBN), and any other applicable Nigerian or international Anti-Money Laundering and Counter-Terrorist Financing laws.

This indemnity shall survive the submission of this questionnaire and any ensuing contractual relationship with Adino Asset Management Limited.

Signature:

Designation:	Date:
Name of Authorized Signatory:	Signature:
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Designation:	Date:
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9. OTHER RELEVANT INFORMATION	
Is there any other information relevant to would like to disclose?	the company's AML/KYC risk profile that you

## **DECLARATION:**

I/we hereby declare that the information provided in this questionnaire is true, accurate, and complete to the best of my/our knowledge. I/we understand that **Adino Asset Management Limited** may use this information to conduct further due diligence and verification checks as required by applicable laws and regulations.

Name of Authorized Signatory:	Signature:
Designation:	Date:
Name of Authorized Signatory:	Signature:
Designation:	Date:

[Company Seal (if applicable)]