



Financial Institution Name: THE FEDERAL BANK LIMITED  
Location (Country): INDIA

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
<b>1. ENTITY &amp; OWNERSHIP</b>		
1	Full Legal Name	THE FEDERAL BANK LTD
2	Append a list of foreign branches which are covered by this questionnaire	Bank does not have any foreign branch
3	Full Legal (Registered) Address	Federal Towers, P.B. No.103, Aluva, Kerala, India-683101
4	Full Primary Business Address (if different from above)	Federal Towers, P.B. No.103, Aluva, Kerala, India-683101
5	Date of Entity incorporation/establishment	23-04-1931
6	Select type of ownership and append an ownership chart if available	
6 a	Publicly Traded (25% of shares publicly traded)	Please select
6 a1	If Y, indicate the exchange traded on and ticker symbol	BSE-FEDERALBNK NSE-FEDERALBNK LSE-FEDS
6 b	Member Owned/Mutual	No <input checked="" type="checkbox"/>
6 c	Government or State Owned by 25% or more	No <input checked="" type="checkbox"/>
6 d	Privately Owned	No <input checked="" type="checkbox"/>
6 d1	If Y, provide details of shareholders or ultimate beneficial owners with a holding of 10% or more	Not Applicable
7	% of the Entity's total shares composed of bearer shares	Not Applicable
8	Does the Entity, or any of its branches, operate under an Offshore Banking License (OBL)?	Yes <input checked="" type="checkbox"/>
8 a	If Y, provide the name of the relevant branch/es which operate under an OBL	IFSC BANKING UNIT/GIFT CITY Unit No 703, 7th Floor, Hiranandani Signature, GIFT City, Gandhinagar, Gujarat, India, 382355
9	Does the Bank have a Virtual Bank License or provide services only through online channels?	No <input checked="" type="checkbox"/>
10	Name of primary financial regulator/supervisory authority	Reserve Bank of India (RBI)
11	Provide Legal Entity Identifier (LEI) if available	335800J8VWGE2HGWF417
12	Provide the full legal name of the ultimate parent (if different from the Entity completing the DDQ)	Not Applicable



13	Jurisdiction of licensing authority and regulator of ultimate parent	India	
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	No	<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)		
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	10001+	<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.		
<b>2. PRODUCTS &amp; SERVICES</b>			
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 checked="" type="checkbox"/>
19 a1b	Does the Entity allow domestic bank clients to provide downstream relationships?	Yes	<input checked="" type="checkbox"/>
19 a1c	Does the Entity have processes and procedures in place to identify downstream relationships with domestic banks?	Yes	<input checked="" type="checkbox"/>
19 a1d	Does the Entity offer Correspondent Banking services to foreign banks?	Yes	<input checked="" type="checkbox"/>
19 a1e	Does the Entity allow downstream relationships with foreign banks?	No	<input checked="" type="checkbox"/>
19 a1f	Does the Entity have processes and procedures in place to identify downstream relationships with foreign banks?	Yes	<input checked="" type="checkbox"/>
19 a1g	Does the Entity offer Correspondent Banking services to regulated Money Services Businesses (MSBs)/Money Value Transfer Services (MVTs)?	Yes	<input checked="" type="checkbox"/>
19 a1h	Does the Entity allow downstream relationships with MSBs, MVTs, or Payment Service Provider (PSPs)?		
19 a1h1	MSBs	No	<input type="checkbox"/>
19 a1h2	MVTs	No	<input type="checkbox"/>
19 a1h3	PSPs	No	<input type="checkbox"/>



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?	No	<input type="checkbox"/>
19 i1	If Y, please select all that apply below?		<input type="checkbox"/>
19 i2	Third Party Payment Service Providers	No	<input type="checkbox"/>
19 i3	Virtual Asset Service Providers (VASPs)	No	<input type="checkbox"/>
19 i4	eCommerce Platforms	No	<input type="checkbox"/>
19 i5	Other - Please explain		<input type="checkbox"/>
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:		<input type="checkbox"/>
19 p1	Check cashing service	No	<input type="checkbox"/>
19 p1a	If yes, state the applicable level of due diligence	Please select	<input type="checkbox"/>
19 p2	Wire transfers	Yes	<input type="checkbox"/>
19 p2a	If yes, state the applicable level of due diligence	Identification and verification	<input type="checkbox"/>
19 p3	Foreign currency conversion	Yes	<input type="checkbox"/>
19 p3a	If yes, state the applicable level of due diligence	Identification and verification	<input type="checkbox"/>
19 p4	Sale of Monetary Instruments	No	<input type="checkbox"/>
19 p4a	If yes, state the applicable level of due diligence	Please select	<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.	Not applicable	<input type="checkbox"/>
19 q	Other high-risk products and services identified by the Entity (please specify)	No	<input type="checkbox"/>
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.		<input type="checkbox"/>
21	If appropriate, provide any additional information/context to the answers in this section.		<input type="checkbox"/>
<b>3. AML, CTF &amp; SANCTIONS PROGRAMME</b>			
22	Does the Entity have a programme that sets minimum AML, CTF and Sanctions standards regarding the following components:		<input type="checkbox"/>
22 a	Appointed Officer with sufficient	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 type="checkbox"/>
22 l	Sanctions	Yes	<input type="checkbox"/>



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	<input type="checkbox"/>
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		
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.		
29	If appropriate, provide any additional information/context to the answers in this section.		
<b>4. ANTI BRIBERY &amp; CORRUPTION</b>			
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	<input type="checkbox"/>
35	Does the Entity have a global ABC policy that:		<input type="checkbox"/>
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	<input type="checkbox"/>
38 a	If N, provide the date when the last ABC EWRA was completed.		
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	<input type="checkbox"/>
40	Does the Entity's ABC EWRA cover the inherent risk components detailed below:	Yes	<input type="checkbox"/>
40 a	Potential liability created by intermediaries and other third-party providers as appropriate	Yes	<input type="checkbox"/>





40 b	Corruption risks associated with the countries and industries in which the Entity does business, directly or through intermediaries	Yes	<input type="checkbox"/>
40 c	Transactions, products or services, including those that involve state-owned or state-controlled entities or public officials	Yes	<input type="checkbox"/>
40 d	Corruption risks associated with gifts and hospitality, hiring/internships, charitable donations and political contributions	Yes	<input type="checkbox"/>
40 e	Changes in business activities that may materially increase the Entity's corruption risk	Yes	<input type="checkbox"/>
41	Does the Entity's internal audit function or other independent third party cover ABC Policies and Procedures?	Yes	<input type="checkbox"/>
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	Yes	<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.		
45	If appropriate, provide any additional information/context to the answers in this section.		
<b>5. AML, CTF &amp; SANCTIONS POLICIES &amp; PROCEDURES</b>			
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"/>



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.		
53	If appropriate, provide any additional information/context to the answers in this section.		
<b>6. AML, CTF &amp; SANCTIONS RISK ASSESSMENT</b>			
54	Does the Entity's AML & CTF EWRA cover the inherent risk components detailed below:		
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:		
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.		
57	Does the Entity's Sanctions EWRA cover the inherent risk components detailed below:		
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:		
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"/>



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.		
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 branches that this applies to.		
61	If appropriate, provide any additional information/context to the answers in this section.		
<b>7. KYC, CDD and EDD</b>			
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 checked="" type="checkbox"/>
64 e	Product usage	Yes	<input type="checkbox"/>
64 f	Purpose and nature of relationship	Yes	<input checked="" 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 checked="" type="checkbox"/>
65 b	Authorised signatories (where applicable)	Yes	<input checked="" 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?	10%	<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 checked="" type="checkbox"/>
67 a6	Other (specify)	Transaction Volume, Customer Type, PEP status etc.	
68	For high risk non-individual customers, is a site visit a part of your KYC process?	No	<input type="checkbox"/>
68 a	If Y, is this at:		
68 a1	Onboarding	No	<input checked="" type="checkbox"/>
68 a2	KYC renewal	No	<input type="checkbox"/>
68 a3	Trigger event	Yes	<input type="checkbox"/>
68 a4	Other	No	<input type="checkbox"/>
68 a4a	If yes, please specify "Other"		
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	No	<input type="checkbox"/>



69 a3	Trigger event	Yes	<input checked="" type="checkbox"/>
70	What is the method used by the Entity to screen for Adverse Media/Negative News?	Combination of automated and manual	<input type="checkbox"/>
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	<input type="checkbox"/>
71 a	If Y, is this at:		<input type="checkbox"/>
71 a1	Onboarding	Yes	<input type="checkbox"/>
71 a2	KYC renewal	No	<input type="checkbox"/>
71 a3	Trigger event	Yes	<input type="checkbox"/>
72	What is the method used by the Entity to screen PEPs?	Combination of automated and manual	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>
74	Is KYC renewed at defined frequencies based on risk rating (Periodic Reviews)?	Yes	<input type="checkbox"/>
74 a	If yes, select all that apply:		<input type="checkbox"/>
74 a1	Less than one year	No	<input type="checkbox"/>
74 a2	1 – 2 years	Yes	<input type="checkbox"/>
74 a3	3 – 4 years	No	<input type="checkbox"/>
74 a4	5 years or more	Yes	<input type="checkbox"/>
74 a5	Trigger-based or perpetual monitoring reviews	Yes	<input checked="" type="checkbox"/>
74 a6	Other (Please specify)	High Risk Customers-2 years Medium Risk Customers- 8 years Low Risk Customers -10 years	<input type="checkbox"/>
75	Does the Entity maintain and report metrics on current and past periodic or trigger event due diligence reviews?	Yes	<input type="checkbox"/>
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?		<input type="checkbox"/>
76 a	Arms, defence, military	Do not have this category of customer or industry	<input checked="" type="checkbox"/>
76 b	Respondent Banks	Always subject to EDD	<input checked="" type="checkbox"/>
76 b1	If EDD or restricted, does the EDD assessment contain the elements as set out in the Wolfsberg Correspondent Banking Principles 2022?	Yes	<input type="checkbox"/>
76 c	Embassies/Consulates	Always subject to EDD	<input checked="" type="checkbox"/>
76 d	Extractive industries	Prohibited	<input checked="" type="checkbox"/>
76 e	Gambling customers	Prohibited	<input checked="" type="checkbox"/>
76 f	General Trading Companies	EDD on risk-based approach	<input checked="" type="checkbox"/>
76 g	Marijuana-related Entities	Prohibited	<input checked="" type="checkbox"/>
76 h	MSB/MVTS customers	Always subject to EDD	<input checked="" type="checkbox"/>
76 i	Non-account customers	Restricted	<input checked="" type="checkbox"/>
76 j	Non-Government Organisations	Always subject to EDD	<input checked="" type="checkbox"/>
76 k	Non-resident customers	EDD on risk-based approach	<input checked="" type="checkbox"/>
76 l	Nuclear power	Prohibited	<input checked="" type="checkbox"/>
76 m	Payment Service Providers	Always subject to EDD	<input checked="" type="checkbox"/>
76 n	PEPs	Always subject to EDD	<input checked="" type="checkbox"/>
76 o	PEP Close Associates	Always subject to EDD	<input checked="" type="checkbox"/>
76 p	PEP Related	Always subject to EDD	<input checked="" type="checkbox"/>
76 q	Precious metals and stones	Always subject to EDD	<input checked="" type="checkbox"/>
76 r	Red light businesses/Adult entertainment	Prohibited	<input checked="" type="checkbox"/>
76 s	Regulated charities	Always subject to EDD	<input checked="" type="checkbox"/>
76 t	Shell banks	Prohibited	<input checked="" type="checkbox"/>
76 u	Travel and Tour Companies	Always subject to EDD	<input checked="" type="checkbox"/>
76 v	Unregulated charities	Prohibited	<input checked="" type="checkbox"/>
76 w	Used Car Dealers	Always subject to EDD	<input checked="" type="checkbox"/>
76 x	Virtual Asset Service Providers	Always subject to EDD	<input checked="" type="checkbox"/>
76 y	Other (specify)		<input type="checkbox"/>
77	If restricted, provide details of the restriction	Limited transactions	<input type="checkbox"/>
78	Does EDD require senior business management and/or compliance approval?	Yes	<input type="checkbox"/>





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



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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 <input type="checkbox"/>
93 b	Local Regulations	Yes <input checked="" type="checkbox"/>
93 b1	If Y, specify the regulation	Master Direction - Know Your Customer (KYC) Direction, 2016 (Updated as on November 06, 2024) ( <a href="https://www.rbi.org.in/Scripts/BS_ViewMasDirections.aspx?id=11566">https://www.rbi.org.in/Scripts/BS_ViewMasDirections.aspx?id=11566</a> )
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 <input type="checkbox"/>
95	Does the Entity have controls to support the inclusion of required beneficiary information cross-border payment messages?	Yes <input type="checkbox"/>
95 a	If Y, does the Entity have procedures to include beneficiary address including country in cross border payments?	Yes <input type="checkbox"/>
96	Confirm that all responses provided in the above Section are representative of all the LE's branches	Yes <input type="checkbox"/>
96 a	If N, clarify which questions the difference/s relate to and the branches that this applies to.	
97	If appropriate, provide any additional information/context to the answers in this section.	
<b>10. SANCTIONS</b>		
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 <input type="checkbox"/>
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 <input type="checkbox"/>
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 <input type="checkbox"/>
101	Does the Entity screen its customers, including beneficial ownership information collected by the Entity, during onboarding and regularly thereafter against Sanctions Lists?	Yes <input type="checkbox"/>
102	What is the method used by the Entity for sanctions screening?	Both Automated and Manual <input type="checkbox"/>
102 a	If 'automated' or 'both automated and manual' selected:	
102 a1	Are internal system of vendor-sourced tools used?	Vendor-sourced tools <input type="checkbox"/>
102 a1a	If a 'vendor-sourced tool' or 'both' selected, what is the name of the vendor/tool?	Firco Compliance link
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 <input type="checkbox"/>
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 <input type="checkbox"/>
104	What is the method used by the Entity?	Automated <input type="checkbox"/>



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)	Please select	
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	Not used	<input type="checkbox"/>
106 f	Other (specify)	WMD, UAPA	
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 branches that this applies to.		
110	If appropriate, provide any additional information/context to the answers in this section.		
<b>11. TRAINING &amp; EDUCATION</b>			
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	Yes	<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.		
116	If appropriate, provide any additional information/context to the answers in this section.		
<b>12. QUALITY ASSURANCE /COMPLIANCE TESTING</b>			
117	Does the Entity have a program wide risk based Quality Assurance programme for financial crime (separate from the independent Audit function)?	Yes	<input type="checkbox"/>
118	Does the Entity have a program wide risk based Compliance Testing process (separate from the independent Audit function)?	Yes	<input type="checkbox"/>
119	Confirm that all responses provided in the above Section are representative of all the LE's branches	Yes	<input type="checkbox"/>
119 a	If N, clarify which questions the difference/s relate to and the branch/es that this applies to.		
120	If appropriate, provide any additional information/context to the answers in this section.		
<b>13. AUDIT</b>			
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	<input type="checkbox"/>
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	<input checked="" type="checkbox"/>
122 b	External Third Party	Component-based reviews	<input type="checkbox"/>
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	<input type="checkbox"/>
123 b	Enterprise Wide Risk Assessment	Yes	<input checked="" type="checkbox"/>
123 c	Governance	Yes	<input type="checkbox"/>
123 d	KYC/CDD/EDD and underlying methodologies	Yes	<input type="checkbox"/>
123 e	Name Screening & List Management	Yes	<input type="checkbox"/>
123 f	Reporting/Metrics & Management Information	Yes	<input type="checkbox"/>
123 g	Suspicious Activity Filing	Yes	<input type="checkbox"/>
123 h	Technology	Yes	<input type="checkbox"/>
123 i	Transaction Monitoring	No	<input checked="" type="checkbox"/>
123 j	Transaction Screening including for sanctions	Yes	<input checked="" type="checkbox"/>
123 k	Training & Education	Yes	<input type="checkbox"/>
123 l	Other (specify)		
124	Are adverse findings from internal & external audit tracked to completion and assessed for adequacy and completeness?	Yes	<input type="checkbox"/>
125	Confirm that all responses provided in the above section are representative of all the LE's branches	Yes	<input type="checkbox"/>
125 a	If N, clarify which questions the difference/s relate to and the branch/es that this applies to.		
126	If appropriate, provide any additional information/context to the answers in this section.		
<b>14. FRAUD</b>			
127	Does the Entity have policies in place addressing fraud risk?	Yes	<input type="checkbox"/>
128	Does the Entity have a dedicated team responsible for preventing & detecting fraud?	Yes	<input type="checkbox"/>





129	Does the Entity have real time monitoring to detect fraud?	Yes
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
131 a	If N, clarify which questions the difference/s relate to and the branch/es that this applies to.	
132	If appropriate, provide any additional information/context to the answers in this section.	

**Declaration Statement**

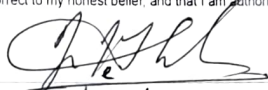
THE FEDERAL BANK LTD (Financial Institution name) is fully committed to the fight against financial crime and makes every effort to remain in full compliance with all applicable financial crime laws, regulations and standards in all of the jurisdictions in which it does business and holds accounts

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/s committed to adopting these standards

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

I, JADE KORASON (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.

  
13/06/2025 (Signature & Date)

