

# FINANCIAL INTERMEDIARIES QUESTIONNAIRE

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## Kleinwort Hambros

Throughout this Financial Intermediaries Questionnaire, all references to Kleinwort Hambros shall be construed as references to the Kleinwort Hambros entity that will provide you with the particular client service you have selected.

The services will be provided by:  
(Please select all that apply)

- SG Kleinwort Hambros Bank Limited
  - SG Kleinwort Hambros Bank Limited, Jersey Branch
  - SG Kleinwort Hambros Bank Limited, Guernsey Branch
  - SG Kleinwort Hambros Bank Limited, Gibraltar Branch
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## USING THIS FORM

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- Please complete all sections of this form with as much detail as possible.
- Where the available space is insufficient for your answer, please continue on a separate sheet.

Please confirm you have in place the appropriate prevention procedures as required under the new Corporate Criminal Offence of Failure to Prevent the Facilitation of Tax Evasion (Part 3 of the Criminal Finances Act 2017) and you will immediately notify Kleinwort Hambros of any Suspicious Activity Report filed in relation to this offence to the extent that such report relates to services rendered to Kleinwort Hambros.

Full name of Regulated Company/Partnership	
Name of Regulator	
Regulator Licence number	
Legal Entity Identifier (LEI)	

## CONTACT DETAILS

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Primary contact name	
Registered address	
	Postcode
Business address (if different)	
	Postcode
Telephone	
Facsimile	
Email	
Website	

Please print and complete further copies of this page if needed.

## KEY PERSON DETAILS

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Name	
Role (e.g. Partner, Director, Shareholder etc.)	
% Shareholding	
Address	
	Postcode
Telephone	
Email	
Date of birth	DD / MM / YYYY

Name	
Role (e.g. Partner, Director, Shareholder etc.)	
% Shareholding	
Address	
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Role (e.g. Partner, Director, Shareholder etc.)	
% Shareholding	
Address	
	Postcode
Telephone	
Email	
Date of birth	DD / MM / YYYY

## KEY PERSON DETAILS

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	Money Laundering Compliance Officer	Money Laundering Reporting Officer
Name		
Email		
Telephone		

## GROUP STRUCTURE

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Detail any other Group Companies regulated as part of the Group operational activities with each entity. Please state the relationship to the 'parent' firm and the purpose of use of the Group Company. Please provide a current structure chart. Please list major changes in the last 12 months (if appropriate).

Company name	Relationship	Purpose

## SCOPE AND SCALE OF ACTIVITIES

Where the available space is insufficient for your answer, please continue on a separate sheet

Please can you confirm the jurisdictions that you operate in and the percentage of business that each jurisdiction represents	
Please can you confirm which licences you and other entities in your Group hold?	
Please can you confirm how many people you employ locally and globally (if applicable)?	
Please can you confirm the products and services that you offer?	
Please can you confirm the main source(s) of new business to your organisation?	

### CLIENT BASE

Risk level and % of client base	High _____ %      Medium _____ %      Low _____ %
Average client value (GBP)	
Total number of clients	
Approximate % of total client base with Politically Exposed Persons (PEPs) or connections with PEPs	

Please list the top 5 countries by the number of clients and then the total Assets Under Management (AUM) associated with this country.

Country	Number of clients	AUM (GBP)
1.		
2.		
3.		
4.		
5.		



## SCOPE AND SCALE OF ACTIVITIES

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### CLIENT BASE CONTINUED

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Where the available space is insufficient for your answer, please continue on a separate sheet

General client nature (institutional/ private client)	
How do you rate your risk appetite on a scale of 1-10? (0 = risk averse, 10 = risk hungry)	
Please can you provide comments to support this risk rating	
Can you please provide the date and outcome of your last Regulatory visit?	

# SANCTIONS AND EMBARGOS QUESTIONNAIRE

## FOR FINANCIAL INTERMEDIARIES

Please complete this due diligence questionnaire and return to your contact at Kleinwort Hambros. Alternatively, you may respond to these questions via email or by post. The sanctions due diligence information must be provided by a senior officer with sufficient knowledge of the entity's global operations in order to respond appropriately (e.g., CFO, CEO, Compliance Officer, General Counsel, etc.). For Banks or Money Services Business, this questionnaire must be signed by an authorised person within your organisation (e.g. a senior representative of an independent control function, such as Compliance, Legal, or Audit).

Please also note that this questionnaire may be shared with any other entity of Societe Generale Group, for the exclusive purpose of fighting money laundering and terrorist financing. By signing this questionnaire, you expressly agree to this sharing. Kleinwort Hambros took all necessary security measures to ensure the confidentiality of the information transmitted through this questionnaire.

Legal Name of Client and Identification Information

Company (Entity) Name (please specify which entities of the group are covered by this questionnaire)

### Questionnaire

#### Preliminary Question

Does the client (and any entity concerned by this questionnaire) conduct international activity\* ? Yes  No

If the answer is "no", there is no requirement to complete the questions below.

1. Are you or any of your subsidiaries, affiliates, joint ventures, directors or officers the target of any economic or financial sanctions administered by the UN, the EU, HMT, OFAC, or pursuant to jurisdiction-specific sanctions regimes applicable to the places you are located or operating from? Yes  No

a) If yes, please provide details.

2. Are you or any of your subsidiaries, affiliates, or joint ventures located within or operating from any of the following countries and regions?:

a) Countries: Afghanistan, Belarus, Burma/Myanmar, Burundi, Central African Republic, Cuba, Democratic Republic of Congo, Egypt, Eritrea, Iraq, Lebanon, Libya, North Korea, Republic of Guinea, Republic of Guinea-Bissau, Russia, Somalia, Sudan, South Sudan, Syria, Tunisia, Venezuela, Yemen or Zimbabwe Yes  No

b) Regions: Crimea, Donetsk People's Republic, Luhansk People's Republic or Sevastopol Region Yes  No

\*Depending on client type "international activity" could include, but is not limited to: conducting cross-border business, having subsidiaries/branches/representative offices outside of your country of incorporation, using suppliers that are based abroad, selling goods internationally, using intermediaries abroad, owning properties abroad, owning assets abroad etc.

## SANCTIONS AND EMBARGOS QUESTIONNAIRE

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### FOR FINANCIAL INTERMEDIARIES CONTINUED

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3. Are you or any of your subsidiaries, affiliates, or joint ventures engaged in transactions, investments, business, or other dealings that directly or indirectly involve or benefit any Sanctioned Countries or any person or entity which is the target of any sanctions ("Sanctioned Persons")? Yes  No
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4. If the answer to Question 2 or 3 is "yes", the list of subsidiaries or joint ventures concerned must be provided and the following questions must be answered for each of those entities if they have a relationship with Kleinwort Hambros (including the client itself).
- a) Please explain and detail what percentage of sales and/or purchases involve each Sanctioned Country or Sanctioned Person.
- 
- b) Please explain if there is an intention to expand the scope of this activity.
- 
- c) Please confirm that you will not directly or indirectly use any Kleinwort Hambros account, relationship, or service to conduct, facilitate, or route any funds related to activity with any countries subject to US comprehensive sanctions or Sanctioned Person.
- 
- d) Please explain the controls that you have in place to ensure the activity related to any countries subject to US comprehensive sanctions or Sanctioned Person does not directly or indirectly involve any Kleinwort Hambros account, relationship, or service.
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## **NEW CLIENT PROCEDURES**

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Where the available space is insufficient for your answer, please continue on a separate sheet

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Please can you describe your process for verifying the identify and address of your client(s), beneficial owner(s) or principals.

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Please can you describe your process for verifying the source of wealth and business activities of your client(s), beneficial owner(s) or principals.

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Please outline the risk levels used to assess clients and how these risk levels are determined.

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## NEW CLIENT PROCEDURES

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Where the available space is insufficient for your answer, please continue on a separate sheet

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Please can you describe the enhanced due diligence measures that you apply to your higher risk and PEP clients (if applicable).  
*Please indicate if the procedures for PEPs are different.*

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Please be advised that Kleinwort Hambros is only able to accept business from Financial Intermediaries that collect and hold client due diligence. *Please can you confirm that this is the case and that you do not rely on due diligence gathered and held by any other third party or financial services business.*

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With specific regard to Investment Advice, please outline the measures you take to assess Suitability and Appropriateness including where clients are (located) in a non-Markets in Financial Instruments Directive (MIFID) country.

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## **ONGOING MONITORING PROCEDURES**

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Where the available space is insufficient for your answer, please continue on a separate sheet

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Please outline the arrangements you have in place to undertake ongoing screening of clients to ensure any change in their circumstances and risk profile are identified and enhanced due diligence measures taken where applicable.

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Please describe the measures you take to ensure that documents, data and information obtained under identification measures are kept up to date and relevant.

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With specific regard to Investment Advice, please outline the ongoing measures you take to verify where there is a change to information known about the client.

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## ONGOING MONITORING PROCEDURES

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Where the available space is insufficient for your answer, please continue on a separate sheet

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Please outline the ongoing enhanced due diligence activities undertaken on higher risk and PEP clients.

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## DOCUMENTATION ENCLOSED TO SUPPORT THIS FORM

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- |   |                          |
|---|--------------------------|
| Certified copy of Certificate of Incorporation  | <input type="checkbox"/> |
| Certified copy of Articles and Memorandum of Association or equivalent constitutional documents | <input type="checkbox"/> |
| Certified copy of up to date Licence or Authority to conduct financial services business        | <input type="checkbox"/> |
| Copy of the latest set of Annual Accounts   | <input type="checkbox"/> |
| Brochures regarding the services provided   | <input type="checkbox"/> |
| Copy of policies and procedures to combat money laundering and terrorist financing              | <input type="checkbox"/> |
| Copy of policies and procedures for Bribery and Corruption                                      | <input type="checkbox"/> |
| Copy of policies and procedures regarding cross-border activities                               | <input type="checkbox"/> |
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## BANK ACCOUNT INFORMATION

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### THE COMPANY'S/PARTNERSHIPS CURRENT BANK ACCOUNT

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Please provide details of the main bank account of the Company/Partnership

Name of bank		
Address of bank		
	Postcode	
Account number ■ ■ ■ ■ ■ ■ ■ ■ ■ ■	Roll number (if applicable) ■ ■ ■ ■ ■ ■ ■ ■ ■ ■	Sort code or equivalent ■ ■ ■ - ■ ■ ■ - ■ ■ ■



## **CONFIDENTIALITY AND DATA PROTECTION**

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The following sections shall apply until formal written agreements are entered into between us.

### **Disclosure of Information**

We will keep all information provided within this form confidential, save as set out below.

We may disclose confidential information to any other companies which are at the time of disclosure in the Societe Generale Group. We (or they) may disclose confidential information to third parties who provide services to us (or them) or that act as our (or their) agents (or prospective third party service providers or prospective agents). We, or the relevant member of the Societe Generale Group, will take all reasonable steps to ensure that the service provider or agent is subject to appropriate confidentiality requirements.

We may also disclose confidential information in the following circumstances:

- (a) to any court of any relevant jurisdiction, tribunal, mediator or arbitrator or any regulatory authority or taxation authority;
- (b) if we or any person to whom your information is disclosed have a right or duty to disclose it or are permitted (acting reasonably) or compelled by applicable laws or regulations or if we or any person to whom your information is disclosed wishes (acting reasonably) to share the information with other financial institutions to assist in the prevention of terrorism, money laundering, tax evasion, and other crimes;
- (c) to law enforcement agencies and/or fraud prevention agencies;
- (d) to our agents, auditors, service providers, and professional advisers (and those agents, auditors, service providers and professional advisers of other Societe Generale Group companies) to enable them to perform their obligations;
- (e) to insurers and information providers;
- (f) otherwise if you consent to such disclosure.

### **Privacy Notice**

Personal data will be processed by Kleinwort Hambros as a data controller in accordance with the Privacy Notice – Third Parties which is available on our website at: [www.kleinworthambros.com/en/important-information/](http://www.kleinworthambros.com/en/important-information/).

## DECLARATION

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### By signing this declaration:

- I/We confirm that all the details and supporting documentation provided by me/us within or in connection with this Financial Intermediaries Questionnaire are true and correct to the best of my/our knowledge and belief;
- I/We agree that I/we will promptly inform Kleinwort Hambros in the event that there are any changes to the details and/or supporting documentation I/we have provided or other changes that may be relevant to this Financial Intermediaries Questionnaire;
- I/We also agree to provide Kleinwort Hambros with all further or updated information and documentation as it may, from time to time, reasonably request from me/us in connection with this Financial Intermediaries Questionnaire; and
- I/We acknowledge that the personal data provided in this form may be used in the ways set out in the Privacy Notice – Third Parties.

#### Financial Intermediary – Authorised Signatory

Signature

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Please print name in full

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Company (if applicable)

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Position

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Date **DD / MM / YYYY**

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#### Financial Intermediary – Authorised Signatory

Signature

---

Please print name in full

---

Company (if applicable)

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Position

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Date **DD / MM / YYYY**

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## FINANCIAL REGULATED INTERMEDIARY SIGN OFF

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For Kleinwort Hambros use only

	Name	Signature	Date
Private Banker			DD / MM / YYYY
Director			DD / MM / YYYY
Compliance			DD / MM / YYYY

## NOTES

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## NOTES

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## NOTES

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**SG Kleinwort Hambros Bank Limited**

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F +44 20 7597 3456

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[www.kleinworthambros.com](http://www.kleinworthambros.com)



SOCIETE GENERALE GROUP