

Quarterly Global Banking AML/NCA Assessment Form

Entity Name: _____

New Client Adoption Date: _____ CIP Complete Date: _____

Physical Address: _____

Date of Birth (For an Individual): _____

EIN / TIN: _____ Applied for TIN/EIN: yes no n/a

Entity Type: _____

CIP Notification: yes no OFAC: yes no PCR: yes no

Documentary: yes no Control Person review yes no n/a

- | | |
|---|---|
| <input type="checkbox"/> Certificate of Incorporation
<input type="checkbox"/> Certificate of Registration
<input type="checkbox"/> Registered Articles of Incorporation or Association
<input type="checkbox"/> Government Issued Business License
<input type="checkbox"/> Statutes | <input type="checkbox"/> By-laws
<input type="checkbox"/> Prospectus
<input type="checkbox"/> Offering Memorandum
<input type="checkbox"/> Plan/Subscription Agreement
<input type="checkbox"/> Other _____ |
|---|---|

Non-Documentary yes no

- | | |
|--|--|
| <input type="checkbox"/> Dunn & Bradstreet
<input type="checkbox"/> Lexis/Nexis | <input type="checkbox"/> S&P Directory
<input type="checkbox"/> Other _____ |
|--|--|

EDD yes no n/a

PEP yes no High Risk Industry yes no High Risk Country yes no

Foreign Financial Institution in a designated country yes no

Qualitative Review of Alert Escalations (PCR/RDC:)

PCR yes no

RDC yes no

Comments:

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