



Corporate Bank Account
Supplemental Due Diligence

Section 1: Supplemental Due Diligence

DCBank is committed to the prevention of money laundering and terrorist financing and performs supplemental due diligence on businesses operating in industries known to be higher risk such as: money services business, dealers in precious metals and stones, legalized marijuana business, cryptocurrency related businesses and other higher risk industries as determined by DCBank.

If your business is exposed to a higher risk of money laundering or terrorist financing, as determined by DCBank, DCBank requires the completion of the following Supplemental Due Diligence Questionnaire.

Please complete the following information:

Section	Title	Complete	Not Applicable
1	Supplemental Questionnaire	<input type="checkbox"/>	<input type="checkbox"/>
2	Contact information for all senior management and auditors	<input type="checkbox"/>	<input type="checkbox"/>
3	Details regarding agents or suppliers	<input type="checkbox"/>	<input type="checkbox"/>
4	List of relevant registrations/licenses required to carry on the business	<input type="checkbox"/>	<input type="checkbox"/>
5	List of any material litigation that is pending, threatened or underway	<input type="checkbox"/>	<input type="checkbox"/>
6	List of past and current banking arrangements	<input type="checkbox"/>	<input type="checkbox"/>
7	List of past and current business affiliations in the same industry of your entity	<input type="checkbox"/>	<input type="checkbox"/>
8	List of other business affiliations	<input type="checkbox"/>	<input type="checkbox"/>
9	Limits disclosure	<input type="checkbox"/>	<input type="checkbox"/>
The following documents should accompany the completed questionnaire:		Complete	Not Applicable
Copy of standard agreement for agencies collecting payments		<input type="checkbox"/>	<input type="checkbox"/>
The results of any AML audits or reviews by licensing or regulatory bodies		<input type="checkbox"/>	<input type="checkbox"/>
Officer and Director lawsuits		<input type="checkbox"/>	<input type="checkbox"/>
Include an organizational chart outlining the structure of your business as well as a chart showing the structure of ownership if your business is owned by another business or entity		<input type="checkbox"/>	<input type="checkbox"/>
Explanation of how payments are collected, forwarded and split between cash, debit, cheques and etc.		<input type="checkbox"/>	<input type="checkbox"/>
Explanation of the flow of funds		<input type="checkbox"/>	<input type="checkbox"/>
Suspicious Transaction Reporting (STR) procedure documentation and how many STRs were reported last year		<input type="checkbox"/>	<input type="checkbox"/>
Copies of AML policies and procedures		<input type="checkbox"/>	<input type="checkbox"/>
Provide copy of all communications received from and provided to the regulator, including any compliance program reviews and requests for clarification		<input type="checkbox"/>	<input type="checkbox"/>
Description of all products and services offered and the percent (%) of the total business each constitutes		<input type="checkbox"/>	<input type="checkbox"/>

Section 1: Supplemental Questionnaire	
A. Regulatory	
a	List all ongoing investigations of the company, its affiliates or related operations by licensing and regulatory bodies:
b	If the company or its affiliates or operations has ever been investigated or the subject of an investigation, provide details below:
c	Have any officers/directors/owners been convicted of a criminal offence for which you have not been granted a pardon? If yes, give details (charge(s), name of police force, city, province/state, country and date of convictions)
d	Have any officers/directors/owners been involved in any business or personal receivership, bankruptcy proceedings, commercial or consumer proposals? If yes, please provide details

B. Laws and Regulations		YES	NO
a	Is money laundering and terrorist financing considered a crime in your governing jurisdiction?	<input type="checkbox"/>	<input type="checkbox"/>
b	Has your governing jurisdiction established laws designed to prevent money laundering and terrorist financing?	<input type="checkbox"/>	<input type="checkbox"/>
c	Is your entity subject to such laws and regulations?	<input type="checkbox"/>	<input type="checkbox"/>

C. Anti-Money Laundering and Counter-Terrorist Financing Policies and Procedures (AML/CTF)		YES	NO
a	Have your AML/CTF policies been audited or reviewed by licensing or regulatory bodies?	<input type="checkbox"/>	<input type="checkbox"/>
b	Are your AML/CTF policies and procedures developed according to local laws, rules and standards?	<input type="checkbox"/>	<input type="checkbox"/>
c	Does your entity have written policies and procedures on AML/CTF for all domestic and foreign business units?	<input type="checkbox"/>	<input type="checkbox"/>
d	Do your entity's AML/CTF policies and procedures apply to all your branches and subsidiaries both in the home country and in locations outside of your home country?	<input type="checkbox"/>	<input type="checkbox"/>
e	Do your entity's AML/CTF policies and procedures require approval of your Board/Management/Senior Management?	<input type="checkbox"/>	<input type="checkbox"/>
f	Is implementation of AML/CTF policies and procedures monitored on a regular/permanent basis?	<input type="checkbox"/>	<input type="checkbox"/>
g	Does your compliance program include establishing policies, procedures and processes for managing Economic and Trade Sanctions? If 'YES', please indicate the Sanctions program(s) incorporated in your compliance program: <input type="checkbox"/> OFAC <input type="checkbox"/> United Nations <input type="checkbox"/> DFAT (Australia) <input type="checkbox"/> European Union <input type="checkbox"/> HM Treasury <input type="checkbox"/> NZRBA <input type="checkbox"/> HKMA <input checked="" type="checkbox"/> FINTRAC Others (please specify):	<input type="checkbox"/>	<input type="checkbox"/>
h	Please attach all relevant AML/CTF policies and procedures, including the results of any reviews by licensing or regulatory bodies	<input type="checkbox"/>	<input type="checkbox"/>

D. Know Your Client and Client Due Diligence (KYC/CDD)		YES	NO
a	Do your KYC/CDD policies and procedures require you to:		
a1	Identify and verify the identity of customers?	<input type="checkbox"/>	<input type="checkbox"/>
a2	Identify and verify beneficial ownership and control transactions?	<input type="checkbox"/>	<input type="checkbox"/>
a3	Obtain information on the purpose and intended nature of the business relationship/transaction?	<input type="checkbox"/>	<input type="checkbox"/>
a4	Conduct ongoing due diligence and scrutiny, to ensure the information provided is updated and relevant?	<input type="checkbox"/>	<input type="checkbox"/>
a5	Monitor customers' activities to detect suspicious transactions?	<input type="checkbox"/>	<input type="checkbox"/>
a6	Conduct enhanced due diligence for high risk customers?	<input type="checkbox"/>	<input type="checkbox"/>
a7	Keep all records pertinent to customers' identification and transaction information? If 'YES', how long are records kept? _____	<input type="checkbox"/>	<input type="checkbox"/>
b	Do your AML or KYC/CDD policies and procedures allow for:		
b1	Opening or maintaining anonymous accounts?	<input type="checkbox"/>	<input type="checkbox"/>
b2	Conducting business with banks having no physical presence in any country?	<input type="checkbox"/>	<input type="checkbox"/>

D. Know Your Client and Client Due Diligence (KYC/CDD)		YES	NO
c	Has your entity, officers or directors been subject to any investigation, indictment, conviction or civil enforcement action related to anti-money laundering or anti-terrorist financing, fraud, or any other criminal activities? If yes, provide details.	<input type="checkbox"/>	<input type="checkbox"/>
d	Does your entity follow Financial Action Task Force (FATF) recommendations on money laundering and terrorist financing?	<input type="checkbox"/>	<input type="checkbox"/>
e	Does your entity provide services to offshore banks, internet banking based institutions or banks located in high risk areas as highlighted by the Financial Action Task Force (FATF)?	<input type="checkbox"/>	<input type="checkbox"/>
f	Does your institution or any subsidiaries have assets/interest or operations in any country subject to UN, Canadian, US or EU sanctions? If yes, please provide details.	<input type="checkbox"/>	<input type="checkbox"/>
g	Does your entity identify the transactions related to persons/entities suspected of AML/CTF, comprised in official lists by appropriate authorities?	<input type="checkbox"/>	<input type="checkbox"/>
h	Does your entity ensure that effective anti-money laundering and counter-terrorism controls are in place on new technologies and when dealing in non-face to face interactions or through intermediaries?	<input type="checkbox"/>	<input type="checkbox"/>
i	Do you screen your customers against a particular sanctions program? If 'YES', please indicate the program below: <input type="checkbox"/> OFAC <input type="checkbox"/> United Nations <input type="checkbox"/> DFAIT (Australia) <input type="checkbox"/> European Union <input type="checkbox"/> HM Treasury <input type="checkbox"/> NZRBA <input type="checkbox"/> HKMA <input type="checkbox"/> OSFI Others (please specify):	<input type="checkbox"/>	<input type="checkbox"/>
j	If 'YES' to above, please state how often you conduct this search over your customer database: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually Others (please specify):		
k	Do you include originator information with outgoing wire transfers?	<input type="checkbox"/>	<input type="checkbox"/>
l	If 'YES' to above, are you required by your local regulator to do so?	<input type="checkbox"/>	<input type="checkbox"/>
m	Do you filter your international wire transfers against a particular sanctions program? If 'YES', please indicate the program below: <input type="checkbox"/> OFAC <input type="checkbox"/> United Nations <input type="checkbox"/> DFAIT (Australia) <input type="checkbox"/> European Union <input type="checkbox"/> HM Treasury <input type="checkbox"/> NZRBA <input type="checkbox"/> HKMA <input type="checkbox"/> OSFI Others (please specify):	<input type="checkbox"/>	<input type="checkbox"/>

E. AML/CFT Compliance Program		YES	NO
a	Does your entity have a senior officer or a designated Compliance Officer responsible for your organization's AML/CFT program?	<input type="checkbox"/>	<input type="checkbox"/>
b	Does your entity provide AML/CFT training to employees that includes: identification and reporting of transactions, different forms of money laundering involving the entity's products and services and internal policies to prevent money laundering?	<input type="checkbox"/>	<input type="checkbox"/>
c	Does your entity retain records of its training sessions including attendance records and relevant training materials used?	<input type="checkbox"/>	<input type="checkbox"/>
d	Does your entity communicate new AML/CFT related laws or changes to existing AML/CFT related policies or practices to employees?	<input type="checkbox"/>	<input type="checkbox"/>
e	Does your entity provide AML/CFT training to relevant third parties that includes identification and reporting of transactions, different forms of money laundering involving the entity's products and services and internal controls to prevent money laundering?	<input type="checkbox"/>	<input type="checkbox"/>
f	Does your entity have a policy of protecting the employees, if they, in good faith, report a suspicious transaction?	<input type="checkbox"/>	<input type="checkbox"/>
g	Has your entity developed an Internal Audit function in order to test the system for prevention of money laundering and terrorism financing and reviews your entity's AML/CFT Compliance policy and program? If 'YES' to above, how frequently is the review conducted?	<input type="checkbox"/>	<input type="checkbox"/>
h	Have you changed the service provider for any AML/ATF program effectiveness reviews? If yes, please provide a reason for the change.	<input type="checkbox"/>	<input type="checkbox"/>
i	Are the results of the review escalated to Senior Management?	<input type="checkbox"/>	<input type="checkbox"/>
j	Are steps taken to close the compliance gaps identified by such reviews?	<input type="checkbox"/>	<input type="checkbox"/>
k	Have you been penalized by a regulator(s) for any reason not limited to the following:		
k1	Failure to register or obtain a license for your business with the relevant regulatory body when required to do so.	<input type="checkbox"/>	<input type="checkbox"/>
k2	Failure to submit information as required in an application for registration and, if applicable, information about your agents, mandataries or branches.	<input type="checkbox"/>	<input type="checkbox"/>
k3	Failure to submit as required any newly obtained registration information or any changes to your registration information.	<input type="checkbox"/>	<input type="checkbox"/>
k4	Failure to reply as required to a clarification requested by a regulator within the required timeframe after the request is made.	<input type="checkbox"/>	<input type="checkbox"/>
k5	Failure to submit information as required in an application to renew your registration before it expires. - Failure to notify your regulator(s) as required that you ceased your activities for which you are registered within the required timeframe after the day on which you cease them	<input type="checkbox"/>	<input type="checkbox"/>
k6	Incomplete written policies and procedures, failure to assess and document the risks related to money laundering and terrorist financing, inadequate written ongoing compliance training program, failure to report prescribed transactions.	<input type="checkbox"/>	<input type="checkbox"/>

Section 2: Contact Details			
President			
Name:			Title:
Phone:		Fax:	Email:
Address:			

Chief Executive Officer (CEO)			
Name:			Title:
Phone:		Fax:	Email:
Address:			

Chief Compliance Officer (CCO)			
Name:			Title:
Phone:		Fax:	Email:
Address:			

Chief Financial Officer (CFO)			
Name:			Title:
Phone:		Fax:	Email:
Address:			

Chief Anti-Money Laundering Officer (CAMLO)			
Name:			Title:
Phone:		Fax:	Email:
Address:			

Internal Auditor			
Name:			Title:
Phone:		Fax:	Email:
Address:			

Financial Auditor			
Name:			Title:
Phone:		Fax:	Email:
Address:			

Anti-Money Laundering (AML) Auditor			
Name:			Title:
Phone:		Fax:	Email:
Address:			

Section 3: Details Regarding Agents or Suppliers

Please list and describe any agent or supplier relationships for the Business. Examples include cash collecting agents, payout agents or suppliers who are material to your Business.

Agent/Supplier:	Limited Company Name:	Number of Locations:
Address:		
Phone Number:	Annual Volume:	Start Date:
Directors:		
Principals:		
Description of relationship:		

Agent/Supplier:	Limited Company Name:	Number of Locations:
Address:		
Phone Number:	Annual Volume:	Start Date:
Directors:		
Principals:		
Description of relationship:		

Agent/Supplier:	Limited Company Name:	Number of Locations:
Address:		
Phone Number:	Annual Volume:	Start Date:
Directors:		
Principals:		
Description of relationship:		

Agent/Supplier:	Limited Company Name:	Number of Locations:
Address:		
Phone Number:	Annual Volume:	Start Date:
Directors:		
Principals:		
Description of relationship:		

Please photocopy and add additional pages as required.

Agent/Supplier:	Limited Company Name:	Number of Locations:
Address:		
Phone Number:	Annual Volume:	Start Date:
Directors:		
Principals:		
Description of relationship:		

Agent/Supplier:	Limited Company Name:	Number of Locations:
Address:		
Phone Number:	Annual Volume:	Start Date:
Directors:		
Principals:		
Description of relationship:		

Agent/Supplier:	Limited Company Name:	Number of Locations:
Address:		
Phone Number:	Annual Volume:	Start Date:
Directors:		
Principals:		
Description of relationship:		

Agent/Supplier:	Limited Company Name:	Number of Locations:
Address:		
Phone Number:	Annual Volume:	Start Date:
Directors:		
Principals:		
Description of relationship:		

Please photocopy and add additional pages as required.

Section 4: List of Relevant Registrations/Licenses Required to Carry on the Business

Relevant licenses to carry on a business	Licensing Entities	Status of license	Date Last Registered

If you have received a denial or revocation of registration by any registered body please state your understanding of why below:

Section 5: List of Any Material Litigation That is Pending, Threatened or Underway

Counterparty	Amount	Description

Section 6: Past and Current Banking Arrangements

Bank Name:	
Contact Name:	
History of Business:	

Bank Name:	
Contact Name:	
History of Business:	

Bank Name:	
Contact Name:	
History of Business:	

Section 7: Past and Current List Business Affiliations in the Same Industry of Your Entity

To the best of your knowledge, are you personally and/or is the entity involved/have been involved with any other business in the same industry as that of your entity recently or in the past? If yes, please provide details below or if the space provided does not suffice, please provide details on a separate sheet and attach.

MSB Name:	
Contact Name:	
History of Business:	

MSB Name:	
Contact Name:	
History of Business:	

MSB Name:	
Contact Name:	
History of Business:	

Section 8: Other Business Affiliations

To the best of your knowledge, are you personally and/or the entity involved/have been involved with any other type of businesses? If yes, please provide details below or if the space provided does not suffice, please provide details on a separate sheet and attach.

Business Name:	
Contact Name:	
History of Business:	

Business Name:	
Contact Name:	
History of Business:	

Business Name:	
Contact Name:	
History of Business:	

Section 9: Limits Disclosure (in Canadian Dollars)

Description	Daily Transaction Limit	Daily Dollar Limit	Weekly Dollar Limit	Monthly Dollar Limit
Sending Individuals				
Receiving Individuals				
Sending Agents				
Receiving Agents				

STATEMENT OF PRINCIPAL FOR THE BUSINESS:

I, _____, am an officer or director of the company and warrant that the information provided herein is accurate and complete, to the best of my knowledge, and that any material changes in this information will be relayed immediately to the due diligence department of DirectCash Bank. I understand that DirectCash Bank will be relying on its accuracy to make decisions regarding any relationship with my company. I authorize verification of this information via a background investigation and a credit investigation.

Title: Director

Date