

# Bank of England

## Bank of England CNRF Know Your Customer Questionnaire

### Introduction

This questionnaire is designed for applicants that have applied to become Participants in the Bank of England's Contingent Non-Bank Financial Institution (NBFI) Repo Facility (CNRF). Terms defined in the [CNRF Terms and Conditions](#) have the same meaning where used in this questionnaire, unless defined herein or as the context otherwise requires.

As a contingent facility the CNRF will, once activated by the Bank at its discretion, be available to eligible insurance companies, pension funds and liability-driven investment (LDI) funds as set out in the CNRF Terms and Conditions.

The Bank of England is committed to sound money laundering and counter terrorist financing risk management and to support its function in protecting the integrity and stability of the UK financial system.

The Bank will process personal data provided by you in response to this questionnaire, in accordance with the privacy notice available on the [Bank's CNRF webpage](#). Each section includes an opportunity to provide additional detail to support and explain answers and provide any other information which may be useful to support the Bank's due diligence process.

A Participant may participate in the CNRF either directly or by appointing a Representative to act on its behalf. A Representative must be a legal person and may be an existing or new agent, delegate or manager of the Participant (or it's a sub-agent, sub-delegate or sub-manager). An LDI Fund Participant may choose to appoint its third-party Fund Manager or a different entity as its Representative.

Unless otherwise indicated, this questionnaire should be completed in respect of an applicant's participation in the CNRF. The Bank may amend the questionnaire from time to time at its sole discretion.

Please ensure full and comprehensive answers are provided in response to each question. The Bank reserves the right to make checks to verify any information that has been supplied with this application form.

Once completed, please submit this questionnaire, along with the CNRF Application Form, electronically via e-mail to the Bank at:

**[CNRFapplications@bankofengland.co.uk](mailto:CNRFapplications@bankofengland.co.uk)**

To keep our information up to date, please notify us promptly if any of the information provided in this form changes.

Applicants are advised to keep a record of this document following submission.

**Contents**

Bank of England Financial Crime Questionnaire ..... 1

    Know Your Customer “KYC” contact..... 4

    SECTION 1: Entity & Ownership Details..... 4

    SECTION 2: AML, CFT and Sanctions Laws, Regulations & Best Practice ..... 5

    SECTION 3: AML, CFT & Sanctions Programme ..... 6

    SECTION 4: AML, CFT & Sanctions Risk Assessment..... 6

    SECTION 5: Sanctions ..... 7

    SECTION 6: Know Your Customer (KYC), Customer Due Diligence (CDD) and Enhanced  
    Due Diligence (EDD) ..... 8

    SECTION 7: Monitoring & Reporting ..... 9

    SECTION 8: Training and Education ..... 9

    SECTION 9: Anti-Bribery & Corruption (ABC)..... 10

    SECTION 10: Representatives ..... 10

**Know Your Customer “KYC” contacts**

The Know Your Customer “KYC” contact is the individual completing this form. This individual should be authorized and empowered to act on behalf of the applicant, including providing information with respect to the applicant’s accounts and transactions. Please provide contact details below:

Name of primary KYC contact:  
 Position title:  
 Address:  
 Email address:  
 Primary phone number:

Name of secondary KYC contact (where different to contact one):  
 Position title:  
 Address:  
 Email address:  
 Primary phone number:

**SECTION 1: Applicant & Ownership Details**

#	
1.1	Please provide the applicant’s full legal name:
1.2	Please provide the applicant’s full legal address:
1.3	Please provide the applicant’s Institution type: <input type="checkbox"/> Insurance Company <input type="checkbox"/> Defined-benefit Pension Fund <input type="checkbox"/> Alternative Investment Fund with sterling-denominated liability driven investment as its primary strategy (LDI Fund)
1.4	Please describe the applicant’s nature of business:
1.5	Indicate the ownership structure of the applicant – tick all that apply: <input type="checkbox"/> State-owned corporation or entity (wholly or majority owned by the state) <input type="checkbox"/> Integral part of a government (e.g., agency or ministry of the government itself) <input type="checkbox"/> Private corporation <input type="checkbox"/> Publicly traded corporation <input type="checkbox"/> Stockholders <input type="checkbox"/> Institutional Investors <input type="checkbox"/> Other (please describe):
1.6	Please provide the full name, activities undertaken, and the ownership percentage of any subsidiary owned at least in part by the applicant:

1.7	<p>Does any individual(s) own or control, directly or indirectly, 25% or more of the applicant?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, provide the following information for each individual with 25% or greater ownership or control (if appropriate please provide an ownership chart):</p> <table border="1" data-bbox="212 412 1385 645"> <thead> <tr> <th data-bbox="212 412 505 477">Name (first and last)</th> <th data-bbox="505 412 799 477">Primary Occupation</th> <th data-bbox="799 412 1093 477">Country of Residence</th> <th data-bbox="1093 412 1385 477">Percentage Ownership</th> </tr> </thead> <tbody> <tr> <td data-bbox="212 477 505 645"></td> <td data-bbox="505 477 799 645"></td> <td data-bbox="799 477 1093 645"></td> <td data-bbox="1093 477 1385 645"></td> </tr> </tbody> </table>	Name (first and last)	Primary Occupation	Country of Residence	Percentage Ownership				
Name (first and last)	Primary Occupation	Country of Residence	Percentage Ownership						
1.8	<p>Please provide the following information of all the Entity's board of directors or equivalent management body:</p> <table border="1" data-bbox="212 745 1394 916"> <thead> <tr> <th data-bbox="212 745 633 779">Name (first and last)</th> <th data-bbox="633 745 975 779">Primary Occupation</th> <th data-bbox="975 745 1394 779">Country of Residence</th> </tr> </thead> <tbody> <tr> <td data-bbox="212 779 633 916"></td> <td data-bbox="633 779 975 916"></td> <td data-bbox="975 779 1394 916"></td> </tr> </tbody> </table>	Name (first and last)	Primary Occupation	Country of Residence					
Name (first and last)	Primary Occupation	Country of Residence							
1.9	<p>Please provide further information and context in support of your answers above.</p>								

<b>SECTION 2: AML, CFT and Sanctions Laws, Regulations &amp; Best Practice</b>	
#	
2.1	<p>Can you please list the relevant AML, CFT and Sanctions laws that apply to the applicant?</p> <p>Please provide full details:</p>
2.2	<p>Can you please confirm who supervises the applicant for the purposes of financial crime?</p>
2.3	<p>Are there any legal or regulatory actions either recent or in progress relevant to this application?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please provide details:</p>
2.4	<p>Please provide further information and context in support of your answers above.</p>

**SECTION 3: AML, CFT & Sanctions Programme**

#	
3.1	Does the applicant maintain an AML, CFT and Sanctions policy? <input type="checkbox"/> Yes <input type="checkbox"/> No
3.2	Is the applicant's AML, CFT & Sanctions policy approved at least annually by the Board or equivalent Senior Management Committee? <input type="checkbox"/> Yes <input type="checkbox"/> No  If NO, please specify how regularly this takes place:
3.3	Does the Board or equivalent Senior Management Committee receive regular reporting on the status of the AML, CFT & Sanctions programme? <input type="checkbox"/> Yes <input type="checkbox"/> No
3.4	Does the applicant use third parties to carry out any components of its AML, CFT & Sanctions programme? <input type="checkbox"/> Yes <input type="checkbox"/> No  (If YES, please provide details of these components):
3.5	How many full-time employees are in the applicant's AML, CFT & Sanctions Compliance Department?
3.6	Please provide further information and context in support of your answers above.

**SECTION 4: AML, CFT & Sanctions Risk Assessment**

#	
4.1	Does the applicant conduct an AML, CFT and Sanctions Enterprise-Wide Risk Assessment (EWRA)? <input type="checkbox"/> Yes <input type="checkbox"/> No  If NO, proceed to section 5.
4.2	Has the applicant's AML & CFT EWRA been completed in the last 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No  If NO, please specify the last time this was completed:

4.3	<p>Has the applicant 's Sanctions EWRA been completed in the last 12 months?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>If NO, please specify the last time this was completed:</p>
4.4	<p>Please provide further information and context in support of your answers above.</p>

## SECTION 5: Sanctions

#	
5.1	<p><b>Name screening:</b> Does the applicant screen its customers, including relevant beneficial ownership and control information, during onboarding and regularly thereafter against Sanctions Lists?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>If yes, what is the method used (i.e., automated, manual or combination):</p>
5.2	<p><b>Transaction Screening:</b> Does the applicant screen payment details, including at a minimum, applicant and location information, against sanctions lists?</p> <p><input type="checkbox"/> Yes – If yes, what is the method used (i.e., automated, manual or combination):</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> N/A – If N/A please provide further information.</p>
5.3	<p>Please select all sanctions lists used by the applicant in its sanctions screening processes:</p> <p>a) Consolidated United Nations Security Council Sanctions List (UN) <input type="checkbox"/></p> <p>b) European Union Consolidated List (EU) <input type="checkbox"/></p> <p>c) United States Department of the Treasury's Office of Foreign Assets Control (OFAC) <input type="checkbox"/></p> <p>d) Office of Financial Sanctions Implementation HMT (OFSI) <input type="checkbox"/></p> <p>e) Other, including other G7 and domestic Lists (specify below): <input type="checkbox"/></p>
5.4	<p>Does the applicant have procedures to ensure screening against non-list based sanction obligations, for example with sectoral / specific market sanctions and trade embargoes?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
5.5	<p>Please provide further information and context in support of your answers above.</p>

## SECTION 6: Know Your Customer (KYC), Customer Due Diligence (CDD) and Enhanced Due Diligence (EDD)

#	
6.1	<p>Does the applicant verify the identity and legitimacy of its customers?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>If YES, please provide information on how this is completed:</p>
6.2	<p>Which of the following does the applicant gather and retain when conducting CDD? Select all that apply:</p> <p>a) Ownership structure <input type="checkbox"/></p> <p>b) Authorized signatories <input type="checkbox"/></p> <p>c) Key controllers (i.e., directors) <input type="checkbox"/></p> <p>d) Customer identification <input type="checkbox"/></p> <p>e) Expected activity <input type="checkbox"/></p> <p>f) Nature of business/employment <input type="checkbox"/></p> <p>g) Product usage <input type="checkbox"/></p> <p>h) Purpose and nature of relationship <input type="checkbox"/></p> <p>i) Source of funds <input type="checkbox"/></p> <p>j) Source of wealth <input type="checkbox"/></p> <p>k) Other: <input type="checkbox"/></p>
6.3	<p>Does the applicant undertake Enhanced Due Diligence (EDD) for customers assessed to present a higher risk of money laundering or terrorist financing?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>If yes, please provide details:</p>
6.4	<p>Does the applicant have a risk-based approach to screening and escalating customers and connected parties to determine whether they are Politically Exposed Persons (PEPs) or controlled by PEPs?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>If yes, what is the method used by the Entity to screen PEPs (automated, manual or combination)?</p>
6.5	<p>If YES to 6.4 at what stage(s) is this completed:</p> <p>a) Onboarding <input type="checkbox"/></p> <p>b) KYC renewal <input type="checkbox"/></p> <p>c) Trigger event <input type="checkbox"/></p> <p>d) Transaction monitoring <input type="checkbox"/></p>
6.6	<p>Please provide further information and context in support of your answers above.</p>



**SECTION 7: Monitoring & Reporting**

#	
7.1	<p>Does the applicant have documented policies and procedures related to applicable AML, CFT &amp; Sanctions requirements and/or best practices to reasonably prevent, detect and report suspicious transactions?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
7.2	<p>Does the applicant monitor transactions for suspicious activity?</p> <p><input type="checkbox"/> Yes – If Yes, what is the method used by the Entity to monitor transactions for suspicious activities (i.e., Automated, manual or combination?)</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> N/A – Please provide further info.</p>
7.3	<p>Does the applicant have regulatory requirements to report suspicious activity, for example to the domestic Financial Intelligence Unit “FIU”?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
7.4	<p>Please provide further information and context in support of your answers above.</p>

**SECTION 8: Training and Education**

#	
8.1	<p>Does the applicant provide AML, CFT and sanctions training to staff?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, how regularly is it provided to staff?</p>
8.2	<p>If AML, CFT and sanctions training is provided, is it customized for the specific roles and responsibilities of staff?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, describe the customization that is applied to the training?</p>
8.3	<p>Please provide further information and context in support of your answers above.</p>

**SECTION 9: Anti-Bribery & Corruption (ABC)**

#	
9.1	Has the applicant documented policies and procedures consistent with applicable ABC regulations and requirements to [reasonably] prevent, detect, and report bribery and corruption? <input type="checkbox"/> Yes <input type="checkbox"/> No
9.2	How frequently does the applicant review the effectiveness of its ABC programme?
9.3	Please provide further information and context in support of your answers above.

**SECTION 10: Representatives**

#	The information submitted in this section should only be completed in relation to the Representative to be appointed to act on behalf of an applicant. Applicants that will be direct participants in the CNRF should leave this section blank.
10.1	Is the appointed Representative subject to UK Money Laundering Regulations? <input type="checkbox"/> Yes <input type="checkbox"/> No  If No, please provide further details.
10.2	Can you confirm that the appointed Representative will manage funds in accordance with all relevant sanctions obligations? <input type="checkbox"/> Yes <input type="checkbox"/> No  If No, please provide further details:
10.3	Can you confirm who is responsible for supervising the Representative for financial crime purposes?
10.4	Please provide further information and context in support of your answers above.

*By submitting this form I confirm that the information is accurate and complete to the best of my knowledge and belief and that I have taken all reasonable steps to ensure that this is the case. I also confirm that I will notify the Bank immediately if there is a significant change to the information given in the form.*

***Please ensure that the questionnaire is signed (either through a wet or eSignature) in accordance with the authorised signature list provided to the Bank of England.***

***Name of signatory signing on behalf of the***

***Applicant:*** .....

***Position of***

***signatory:*** .....

***Signature:*** .....

***Date:*** .....