



Financial Institution Name:	Taishin Securities Co., Ltd.
Location (Country) :	Taiwan(R.O.C)

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
1. ENTITY & OWNERSHIP		
1	Full Legal Name	Taishin Securities Co., Ltd.
2	Append a list of foreign branches which are covered by this questionnaire	N/A
3	Full Legal (Registered) Address	2F., No. 44, Sec. 2, Zhongshan N. Rd., Zhongshan Dist., Taipei City 104016, Taiwan (R.O.C.)
4	Full Primary Business Address (if different from above)	N/A
5	Date of Entity incorporation/establishment	1990.01.15
6	Select type of ownership and append an ownership chart if available	
6 a	Publicly Traded (25% of shares publicly traded)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
6 a1	If Y, indicate the exchange traded on and ticker symbol	N/A
6 b	Member Owned/Mutual	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
6 c	Government or State Owned by 25% or more	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
6 d	Privately Owned	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
6 d1	If Y, provide details of shareholders or ultimate beneficial owners with a holding of 10% or more	Taishin Financial Holding Co., Ltd.
7	% of the Entity's total shares composed of bearer shares	None
8	Does the Entity, or any of its branches, operate under an Offshore Banking License (OBL)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8 a	If Y, provide the name of the relevant branch/es which operate under an OBL	N/A
9	Does the Bank have a Virtual Bank License or provide services only through online channels?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
10	Name of primary financial regulator/supervisory authority	Financial Supervisory Commission ROC(Taiwan)
11	Provide Legal Entity Identifier (LEI) if available	N/A

12	Provide the full legal name of the ultimate parent (if different from the Entity completing the DDQ)	Taishin Financial Holding Co., Ltd.	
13	Jurisdiction of licensing authority and regulator of ultimate parent	Financial Supervisory Commission ROC(Taiwan)	
14	Select the business areas applicable to the Entity		
14 a	Retail Banking	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
14 b	Private Banking	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
14 c	Commercial Banking	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
14 d	Transactional Banking	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
14 e	Investment Banking	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
14 f	Financial Markets Trading	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
14 g	Securities Services/Custody	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
14 h	Broker/Dealer	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
14 i	Multilateral Development Bank	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
14 j	Wealth Management	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
14 k	Other (please explain)	N/A	
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)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
15 a	If Y, provide the top five countries where the non- resident customers are located.	N/A	
16	Select the closest value:		
16 a	Number of employees	<input checked="" type="checkbox"/> 501-1000	
16 b	Total Assets	<input checked="" type="checkbox"/> Greater than \$500 million	
17	Confirm that all responses provided in the above Section are representative of all the LE's branches.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
17 a	If N, clarify which questions the difference/s relate to and the branch/es that this applies to.	N/A	
18	If appropriate, provide any additional information/context to the answers in this section.	N/A	
2. PRODUCTS & SERVICES			
19	Does the Entity offer the following products and services:		
19 a	Correspondent Banking	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
19 a1	If Y		
19 a1a	Does the Entity offer Correspondent Banking services to domestic banks?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input checked="" type="checkbox"/> N/A

19 a1b	Does the Entity allow domestic bank clients to provide downstream relationships?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
19 a1c	Does the Entity have processes and procedures in place to identify downstream relationships with domestic banks?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
19 a1d	Does the Entity offer Correspondent Banking services to foreign banks?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
19 a1e	Does the Entity allow downstream relationships with foreign banks?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
19 a1f	Does the Entity have processes and procedures in place to identify downstream relationships with foreign banks?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
19 a1g	Does the Entity offer Correspondent Banking services to regulated Money Services Businesses (MSBs)/Money Value Transfer Services (MVTs)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
19 a1h	Does the Entity allow downstream relationships with MSBs, MVTs, or Payment Service Provider (PSPs)?			
19 a1h1	MSBs	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
19 a1h2	MVTs	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
19 a1h3	PSPs	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
19 a1i	Does the Entity have processes and procedures in place to identify downstream relationships with MSBs/MVTs/PSPs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
19 b	Cross-Border Bulk Cash Delivery	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
19 c	Cross-Border Remittances	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
19 d	Domestic Bulk Cash Delivery	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
19 e	Hold Mail	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
19 f	International Cash Letter	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
19 g	Low Price Securities	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
19 h	Payable Through Accounts	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
19 i	Payment services to non-bank entities who may then offer third party payment services to their customers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
19 i1	If Y, please select all that apply below?			
19 i2	Third Party Payment Service Providers	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
19 i3	Virtual Asset Service Providers (VASPs)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
19 i4	eCommerce Platforms	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
19 i5	Other - Please explain	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
19 j	Private Banking	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
19 k	Remote Deposit Capture (RDC)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A

19 l	Sponsoring Private ATMs	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
19 m	Stored Value Instruments	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
19 n	Trade Finance	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
19 o	Virtual Assets	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
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:			
19 p1	Check cashing service	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
19 p1a	If yes, state the applicable level of due diligence	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
19 p2	Wire transfers	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
19 p2a	If yes, state the applicable level of due diligence	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
19 p3	Foreign currency conversion	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
19 p3a	If yes, state the applicable level of due diligence	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
19 p4	Sale of Monetary Instruments	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
19 p4a	If yes, state the applicable level of due diligence	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
19 p5	If you offer other services to walk-in customers please provide more detail here, including describing the level of due diligence.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
19 q	Other high-risk products and services identified by the Entity (please specify)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
20	Confirm that all responses provided in the above Section are representative of all the LE's branches.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
20 a	If N, clarify which questions the difference/s relate to and the branch/es that this applies to.	N/A		
21	If appropriate, provide any additional information/context to the answers in this section.	N/A		
3. AML, CTF & SANCTIONS PROGRAMME				
22	Does the Entity have a programme that sets minimum AML, CTF and Sanctions standards regarding the following components:			
22 a	Appointed Officer with sufficient	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
22 b	Adverse Information Screening	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
22 c	Beneficial Ownership	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
22 d	Cash Reporting	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
22 e	CDD	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
22 f	EDD	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	

22 g	Independent Testing	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
22 h	Periodic Review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
22 i	Policies and Procedures	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
22 j	PEP Screening	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
22 k	Risk Assessment	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
22 l	Sanctions	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
22 m	Suspicious Activity Reporting	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
22 n	Training and Education	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
22 o	Transaction Monitoring	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
23	How many full time employees are in the Entity's AML, CTF & Sanctions Compliance Department?	<input checked="" type="checkbox"/> 11-100
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.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
25	Does the Board receive, assess, and challenge regular reporting on the status of the AML, CTF, & Sanctions programme?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
26	Does the Entity use third parties to carry out any components of its AML, CTF & Sanctions programme?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
26 a	If Y, provide further details	N/A
27	Does the entity have a whistleblower policy?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
28	Confirm that all responses provided in the above Section are representative of all the LE's branches	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
28 a	If N, clarify which questions the difference/s relate to and the branch/es that this applies to.	N/A
29	If appropriate, provide any additional information/context to the answers in this section.	N/A
4. ANTI BRIBERY & CORRUPTION		
30	Has the Entity documented policies and procedures consistent with applicable ABC regulations and requirements to reasonably prevent, detect and report bribery and corruption?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
31	Does the Entity have an enterprise wide programme that sets minimum ABC standards?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
32	Has the Entity appointed a designated officer or officers with sufficient	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

	experience/expertise responsible for coordinating the ABC programme?	
33	Does the Entity have adequate staff with appropriate levels of experience/expertise to implement the ABC programme?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
34	Is the Entity's ABC programme applicable to:	<input checked="" type="checkbox"/> Not Applicable
35	Does the Entity have a global ABC policy that:	
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.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
35 b	Includes enhanced requirements regarding interaction with public officials?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
36	Does the Entity have controls in place to monitor the effectiveness of their ABC programme?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
37	Does the Board receive, assess, and challenge regular reporting on the status of the ABC programme?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
38	Has the Entity's ABC Enterprise Wide Risk Assessment (EWRA) been completed in the last 12 months?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
38 a	If N, provide the date when the last ABC EWRA was completed.	N/A
39	Does the Entity have an ABC residual risk rating that is the net result of the controls effectiveness and the inherent risk assessment?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
40	Does the Entity's ABC EWRA cover the inherent risk components detailed below:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
40 a	Potential liability created by intermediaries and other third-party providers as appropriate	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
40 b	Corruption risks associated with the countries and industries in which the Entity does business, directly or through intermediaries	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
40 c	Transactions, products or services,	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

	including those that involve state-owned or state-controlled entities or public officials	
40 d	Corruption risks associated with gifts and hospitality, hiring/internships, charitable donations and political contributions	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
40 e	Changes in business activities that may materially increase the Entity's corruption risk	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
41	Does the Entity's internal audit function or other independent third party cover ABC Policies and Procedures?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
42	Does the Entity provide mandatory ABC training to:	
42 a	Board and senior Committee Management	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
42 b	1st Line of Defence	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
42 c	2nd Line of Defence	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
42 d	3rd Line of Defence	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
42 e	Third parties to which specific compliance activities subject to ABC risk have been outsourced	N/A
42 f	Non-employed workers as appropriate (contractors/consultants)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
43	Does the Entity provide ABC training that is targeted to specific roles, responsibilities and activities?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
44	Confirm that all responses provided in the above Section are representative of all the LE's branches	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
44 a	If N, clarify which questions the difference/s relate to and the branch/es that this applies to.	N/A
45	If appropriate, provide any additional information/context to the answers in this section.	N/A
5. AML, CTF & SANCTIONS POLICIES & PROCEDURES		
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	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
46 b	Terrorist financing	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
46 c	Sanctions violations	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
47	Are the Entity's policies and procedures updated at least annually?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

48	Has the Entity chosen to compare its policies and procedures against:	
48 a	U.S. Standards	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
48 a1	If Y, does the Entity retain a record of the results?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
48 b	EU Standards	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
48 b1	If Y, does the Entity retain a record of the results?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
49	Does the Entity have policies and procedures that:	
49 a	Prohibit the opening and keeping of anonymous and fictitious named accounts	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
49 b	Prohibit the opening and keeping of accounts for unlicensed banks and/or NBFIs	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
49 c	Prohibit dealing with other entities that provide banking services to unlicensed banks	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
49 d	Prohibit accounts/relationships with shell banks	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
49 e	Prohibit dealing with another entity that provides services to shell banks	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
49 f	Prohibit opening and keeping of accounts for Section 311 designated entities	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
49 h	Assess the risks of relationships with domestic and foreign PEPs, including their family and close associates	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
49 i	Define the process for escalating financial crime risk issues/potentially suspicious activity identified by employees	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
49 j	Define the process, where appropriate, for terminating existing customer relationships due to financial crime risk	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
49 k	Define the process for exiting clients for financial crime reasons that applies across the entity, including foreign branches and affiliates	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

49 m	Outline the processes regarding screening for sanctions, PEPs and Adverse Media/Negative News	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
49 n	Outline the processes for the maintenance of internal "watchlists"	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
50	Has the Entity defined a risk tolerance statement or similar document which defines a risk boundary around their business?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
51	Does the Entity have record retention procedures that comply with applicable laws?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
51 a	If Y, what is the retention period?	<input checked="" type="checkbox"/> 5 years or more
52	Confirm that all responses provided in the above Section are representative of all the LE's branches	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
52 a	If N, clarify which questions the difference/s relate to and the branch/es that this applies to.	N/A
53	If appropriate, provide any additional information/context to the answers in this section.	N/A
6. AML, CTF & SANCTIONS RISK ASSESSMENT		
54	Does the Entity's AML & CTF EWRA cover the inherent risk components detailed below:	
54 a	Client	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
54 b	Product	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
54 c	Channel	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
54 d	Geography	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
55	Does the Entity's AML & CTF EWRA cover the controls effectiveness components detailed below:	
55 a	Transaction Monitoring	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
55 b	Customer Due Diligence	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
55 c	PEP Identification	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
55 d	Transaction Screening	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
55 e	Name Screening against Adverse Media/Negative News	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
55 f	Training and Education	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
55 g	Governance	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
55 h	Management Information	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
56	Has the Entity's AML & CTF EWRA been completed in the last 12 months?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
56 a	If N, provide the date when the last AML & CTF EWRA was completed.	N/A

57	Does the Entity's Sanctions EWRA cover the inherent risk components detailed below:	
57 a	Client	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
57 b	Product	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
57 c	Channel	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
57 d	Geography	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
58	Does the Entity's Sanctions EWRA cover the controls effectiveness components detailed below:	
58 a	Customer Due Diligence	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
58 b	Governance	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
58 c	List Management	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
58 d	Management Information	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
58 e	Name Screening	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
58 f	Transaction Screening	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
58 g	Training and Education	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
59	Has the Entity's Sanctions EWRA been completed in the last 12 months?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
59 a	If N, provide the date when the last Sanctions EWRA was completed.	N/A
60	Confirm that all responses provided in the above Section are representative of all the LE's branches	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
60 a	If N, clarify which questions the difference/s relate to and the branch/es that this applies to.	N/A
61	If appropriate, provide any additional information/context to the answers in this section.	N/A
7. KYC, CDD and EDD		
62	Does the Entity verify the identity of the customer?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
64	Which of the following does the Entity gather and retain when conducting CDD? Select all that apply:	
64 a	Customer identification	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
64 b	Expected activity	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
64 c	Nature of business/employment	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
64 d	Ownership structure	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
64 e	Product usage	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
64 f	Purpose and nature of relationship	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
64 g	Source of funds	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
64 h	Source of wealth	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

65	Are each of the following identified:	
65 a	Ultimate beneficial ownership	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
65 a1	Are ultimate beneficial owners verified?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
65 b	Authorised signatories (where applicable)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
65 c	Key controllers	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
65 d	Other relevant parties	People who are involving in the transaction and senior managers
66	What is the Entity' s minimum (lowest) threshold applied to beneficial ownership identification?	25%
67	Does the due diligence process result in customers receiving a risk classification?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
67 a	If Y, what factors/criteria are used to determine the customer's risk classification? Select all that apply:	
67 a1	Product Usage	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
67 a2	Geography	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
67 a3	Business Type/Industry	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
67 a4	Legal Entity type	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
67 a5	Adverse Information	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
67 a6	Other (specify)	Agent 、 Ownership structure 、 Channel
68	For high risk non-individual customers, is a site visit a part of your KYC process?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
68 a	If Y, is this at:	
68 a1	Onboarding	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
68 a2	KYC renewal	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
68 a3	Trigger event	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
68 a4	Other	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
68 a4a	If yes, please specify "Other"	N/A
69	Does the Entity have a risk based approach to screening customers for Adverse Media/Negative News?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
69 a	If Y, is this at:	
69 a1	Onboarding	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
69 a2	KYC renewal	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
69 a3	Trigger event	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
70	What is the method used by the Entity to screen for Adverse Media/Negative News?	<input type="checkbox"/> Automated <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Combination of automated and manual
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?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
71 a	If Y, is this at:	
71 a1	Onboarding	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
71 a2	KYC renewal	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
71 a3	Trigger event	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

72	What is the method used by the Entity to screen PEPs?	<input type="checkbox"/> Automated <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Combination of automated and manual
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?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
74	Is KYC renewed at defined frequencies based on risk rating (Periodic Reviews)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
74 a	If yes, select all that apply:	
74 a1	Less than one year	N/A
74 a2	1 – 2 years	N/A
74 a3	3 – 4 years	N/A
74 a4	5 years or more	N/A
74 a5	Trigger-based or perpetual monitoring reviews	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
74 a6	Other (Please specify)	High-1 YEAR Medium risk -3 YEAR Low-5 YEAR
75	Does the Entity maintain and report metrics on current and past periodic or trigger event due diligence reviews?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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?	
76 a	Arms, defence, military	<input checked="" type="checkbox"/> EDD on risk-based approach <input type="checkbox"/> Always subject to EDD <input type="checkbox"/> Restricted <input type="checkbox"/> Prohibited <input type="checkbox"/> No EDD/restriction or prohibition <input type="checkbox"/> Do not have this category of customer or industry
76 b	Respondent Banks	<input checked="" type="checkbox"/> EDD on risk-based approach <input type="checkbox"/> Always subject to EDD <input type="checkbox"/> Restricted <input type="checkbox"/> Prohibited <input type="checkbox"/> No EDD/restriction or prohibition <input type="checkbox"/> Do not have this category of customer or industry
76 b1	If EDD or restricted, does the EDD assessment contain the elements as set out in the Wolfsberg Correspondent Banking Principles 2022?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
76 c	Embassies/Consulates	<input checked="" type="checkbox"/> EDD on risk-based approach <input type="checkbox"/> Always subject to EDD

		<input type="checkbox"/> Restricted <input type="checkbox"/> Prohibited <input type="checkbox"/> No EDD/restriction or prohibition <input type="checkbox"/> Do not have this category of customer or industry
76 d	Extractive industries	<input checked="" type="checkbox"/> EDD on risk-based approach <input type="checkbox"/> Always subject to EDD <input type="checkbox"/> Restricted <input type="checkbox"/> Prohibited <input type="checkbox"/> No EDD/restriction or prohibition <input type="checkbox"/> Do not have this category of customer or industry
76 e	Gambling customers	<input checked="" type="checkbox"/> EDD on risk-based approach <input type="checkbox"/> Always subject to EDD <input type="checkbox"/> Restricted <input type="checkbox"/> Prohibited <input type="checkbox"/> No EDD/restriction or prohibition <input type="checkbox"/> Do not have this category of customer or industry
76 f	General Trading Companies	<input checked="" type="checkbox"/> EDD on risk-based approach <input type="checkbox"/> Always subject to EDD <input type="checkbox"/> Restricted <input type="checkbox"/> Prohibited <input type="checkbox"/> No EDD/restriction or prohibition <input type="checkbox"/> Do not have this category of customer or industry
76 g	Marijuana-related Entities	<input checked="" type="checkbox"/> EDD on risk-based approach <input type="checkbox"/> Always subject to EDD <input type="checkbox"/> Restricted <input type="checkbox"/> Prohibited <input type="checkbox"/> No EDD/restriction or prohibition <input type="checkbox"/> Do not have this category of customer or industry
76 h	MSB/MVTS customers	<input type="checkbox"/> EDD on risk-based approach <input type="checkbox"/> Always subject to EDD <input type="checkbox"/> Restricted <input type="checkbox"/> Prohibited <input type="checkbox"/> No EDD/restriction or prohibition <input checked="" type="checkbox"/> Do not have this category of customer or industry
76 i	Non-account customers	<input type="checkbox"/> EDD on risk-based approach <input type="checkbox"/> Always subject to EDD <input type="checkbox"/> Restricted <input type="checkbox"/> Prohibited <input type="checkbox"/> No EDD/restriction or prohibition <input checked="" type="checkbox"/> Do not have this category of customer or industry
76 j	Non-Government Organisations	<input checked="" type="checkbox"/> EDD on risk-based approach <input type="checkbox"/> Always subject to EDD <input type="checkbox"/> Restricted <input type="checkbox"/> Prohibited <input type="checkbox"/> No EDD/restriction or prohibition <input type="checkbox"/> Do not have this category of customer or industry
76 k	Non-resident customers	<input checked="" type="checkbox"/> EDD on risk-based approach

		<input type="checkbox"/> Always subject to EDD <input type="checkbox"/> Restricted <input type="checkbox"/> Prohibited <input type="checkbox"/> No EDD/restriction or prohibition <input type="checkbox"/> Do not have this category of customer or industry
76 l	Nuclear power	<input type="checkbox"/> EDD on risk-based approach <input type="checkbox"/> Always subject to EDD <input type="checkbox"/> Restricted <input type="checkbox"/> Prohibited <input type="checkbox"/> No EDD/restriction or prohibition <input checked="" type="checkbox"/> Do not have this category of customer or industry
76 m	Payment Service Providers	<input checked="" type="checkbox"/> EDD on risk-based approach <input type="checkbox"/> Always subject to EDD <input type="checkbox"/> Restricted <input type="checkbox"/> Prohibited <input type="checkbox"/> No EDD/restriction or prohibition <input type="checkbox"/> Do not have this category of customer or industry
76 n	PEPs	<input checked="" type="checkbox"/> EDD on risk-based approach <input type="checkbox"/> Always subject to EDD <input type="checkbox"/> Restricted <input type="checkbox"/> Prohibited <input type="checkbox"/> No EDD/restriction or prohibition <input type="checkbox"/> Do not have this category of customer or industry
76 o	PEP Close Associate	<input checked="" type="checkbox"/> EDD on risk-based approach <input type="checkbox"/> Always subject to EDD <input type="checkbox"/> Restricted <input type="checkbox"/> Prohibited <input type="checkbox"/> No EDD/restriction or prohibition <input type="checkbox"/> Do not have this category of customer or industry
76 p	PEP Related	<input checked="" type="checkbox"/> EDD on risk-based approach <input type="checkbox"/> Always subject to EDD <input type="checkbox"/> Restricted <input type="checkbox"/> Prohibited <input type="checkbox"/> No EDD/restriction or prohibition <input type="checkbox"/> Do not have this category of customer or industry
76 q	Precious metals and stones	<input checked="" type="checkbox"/> EDD on risk-based approach <input type="checkbox"/> Always subject to EDD <input type="checkbox"/> Restricted <input type="checkbox"/> Prohibited <input type="checkbox"/> No EDD/restriction or prohibition <input type="checkbox"/> Do not have this category of customer or industry
76 r	Red light businesses/Adult entertainment	<input checked="" type="checkbox"/> EDD on risk-based approach <input type="checkbox"/> Always subject to EDD <input type="checkbox"/> Restricted <input type="checkbox"/> Prohibited <input type="checkbox"/> No EDD/restriction or prohibition <input type="checkbox"/> Do not have this category of customer or industry

76 s	Regulated charities	<input checked="" type="checkbox"/> EDD on risk-based approach <input type="checkbox"/> Always subject to EDD <input type="checkbox"/> Restricted <input type="checkbox"/> Prohibited <input type="checkbox"/> No EDD/restriction or prohibition <input type="checkbox"/> Do not have this category of customer or industry
76 t	Shell banks	<input type="checkbox"/> EDD on a risk based approach <input type="checkbox"/> EDD & restricted on a risk based approach <input checked="" type="checkbox"/> prohibited <input type="checkbox"/> Not EDD, not restricted or not prohibited on a risk based approach <input type="checkbox"/> Do not have this category of customer or industry
76 u	Travel and Tour Companies	<input checked="" type="checkbox"/> EDD on risk-based approach <input type="checkbox"/> Always subject to EDD <input type="checkbox"/> Restricted <input type="checkbox"/> Prohibited <input type="checkbox"/> No EDD/restriction or prohibition <input type="checkbox"/> Do not have this category of customer or industry
76 v	Unregulated charities	<input checked="" type="checkbox"/> EDD on risk-based approach <input type="checkbox"/> Always subject to EDD <input type="checkbox"/> Restricted <input type="checkbox"/> Prohibited <input type="checkbox"/> No EDD/restriction or prohibition <input type="checkbox"/> Do not have this category of customer or industry
76 w	Used Car Dealers	<input checked="" type="checkbox"/> EDD on risk-based approach <input type="checkbox"/> Always subject to EDD <input type="checkbox"/> Restricted <input type="checkbox"/> Prohibited <input type="checkbox"/> No EDD/restriction or prohibition <input type="checkbox"/> Do not have this category of customer or industry
76 x	Virtual Asset Service Providers	<input checked="" type="checkbox"/> EDD on risk-based approach <input type="checkbox"/> Always subject to EDD <input type="checkbox"/> Restricted <input type="checkbox"/> Prohibited <input type="checkbox"/> No EDD/restriction or prohibition <input type="checkbox"/> Do not have this category of customer or industry
76 y	Other (specify)	N/A
77	If restricted, provide details of the restriction	N/A
78	Does EDD require senior business management and/ or compliance approval?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
78 a	If Y indicate who provides the approval:	<input checked="" type="checkbox"/> Senior business management <input type="checkbox"/> Compliance <input type="checkbox"/> Both
79	Does the Entity have specific procedures for onboarding entities that handle client money such as lawyers, accountants,	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

	consultants, real estate agents?	
80	Does the Entity perform an additional control or quality review on clients subject to EDD?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
81	Confirm that all responses provided in the above Section are representative of all the LE's branches	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
81 a	If N, clarify which questions the difference/s relate to and the branch/es that this applies to	N/A
82	If appropriate, provide any additional information/context to the answers in this section.	N/A
8. MONITORING & REPORTING		
83	Does the Entity have risk based policies, procedures and monitoring processes for the identification and reporting of suspicious activity?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
84	What is the method used by the Entity to monitor transactions for suspicious activities?	<input type="checkbox"/> Automated <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Combination of automated and manual
84 a	If manual or combination selected, specify what type of transactions are monitored manually	Judgment of the reasonableness of the transaction
84 b	If automated or combination selected, are internal system or vendor-sourced tools used?	<input type="checkbox"/> Internal System <input type="checkbox"/> Vendor-sourced tools <input checked="" type="checkbox"/> Both
84 b1	If 'Vendor-sourced tool' or 'Both' selected, what is the name of the vendor/tool?	Stark Technology Inc. / Global Vision Systems-Partriot Officer
84 b2	When was the tool last updated?	<input checked="" type="checkbox"/> <1 year <input type="checkbox"/> 1-2 year <input type="checkbox"/> Other- please explain (in Question 91)
84 b3	When was the automated Transaction Monitoring application last calibrated?	<input checked="" type="checkbox"/> <1 year <input type="checkbox"/> 1-2 year <input type="checkbox"/> Other- please explain (in Question 91)
85	Does the Entity have regulatory requirements to report suspicious transactions?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
85 a	If Y, does the Entity have policies, procedures and processes to comply with suspicious transaction reporting requirements?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
86	Does the Entity have policies, procedures and processes to review and escalate matters arising from the monitoring of customer transactions and activity?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

87	Does the Entity have a data quality management programme to ensure that complete data for all transactions are subject to monitoring?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
88	Does the Entity have processes in place to respond to Request For Information (RFIs) from other entities in a timely manner?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
89	Does the Entity have processes in place to send Requests for Information (RFIs) to their customers in a timely manner?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
90	Confirm that all responses provided in the above Section are representative of all the LE's branches	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
90 a	If N, clarify which questions the difference/s relate to and the branch/es that this applies to	N/A
91	If appropriate, provide any additional information/context to the answers in this section.	N/A
9. PAYMENT TRANSPARENCY		
92	Does the Entity adhere to the Wolfsberg Group Payment Transparency Standards?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
93 b	Local Regulations	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
93 b1	If Y, specify the regulation	ML/CFT Regulatory Regime of Taiwan, e.g. Money Laundering Control Act · Regulations Governing Anti-Money Laundering of Financial Institutions.
93 c	If N, explain	N/A
94	Does the Entity have controls to support the inclusion of required and accurate originator information in cross border payment messages?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
95	Does the Entity have controls to support the inclusion of required beneficiary information cross-border payment messages?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
95 a	If Y, does the Entity have procedures to include beneficiary address including country in cross border payments?	N/A
96	Confirm that all responses provided in the above Section are representative of all the LE's branches	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

96 a	If N, clarify which questions the difference/s relate to and the branch/es that this applies to.	N/A
97	If appropriate, provide any additional information/context to the answers in this section.	N/A
10. SANCTIONS 制裁		
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?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
101	Does the Entity screen its customers, including beneficial ownership information collected by the Entity, during onboarding and regularly thereafter against Sanctions Lists?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
102	What is the method used by the Entity for sanctions screening?	<input type="checkbox"/> Automated <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Both Automated and Manual
102 a	If 'automated' or 'both automated and manual' selected:	
102 a1	Are internal system of vendor-sourced tools used?	<input type="checkbox"/> Internal System <input type="checkbox"/> Vendor-sourced tools <input checked="" type="checkbox"/> both
102 a1a	If a 'vendor-sourced tool' or 'both' selected, what is the name of the vendor/tool?	Stark Technology Inc. / Global Vision Systems-Patriot Officer

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)	<input checked="" type="checkbox"/> <1YEAR <input type="checkbox"/> 1-2 years <input type="checkbox"/> other
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?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
104	What is the method used by the Entity?	<input type="checkbox"/> Automated <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Combination of automated and manual
105	Does the Entity have a data quality management programme to ensure that complete data for all transactions are subject to sanctions screening?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
106	Select the Sanctions Lists used by the Entity in its sanctions screening processes:	
106 a	Consolidated United Nations Security Council Sanctions List (UN)	<input checked="" type="checkbox"/> Used for screening customers and beneficial owners(i.e. reference data) <input type="checkbox"/> Used for filtering transactional data <input type="checkbox"/> Used for screening customers and beneficial owners and for filtering transactional data <input type="checkbox"/> Not used
106 b	United States Department of the Treasury's Office of Foreign Assets Control (OFAC)	<input checked="" type="checkbox"/> Used for screening customers and beneficial owners(i.e. reference data) <input type="checkbox"/> Used for filtering transactional data <input type="checkbox"/> Used for screening customers and beneficial owners and for filtering transactional data <input type="checkbox"/> Not used
106 c	Office of Financial Sanctions Implementation HMT (OFSI)	<input checked="" type="checkbox"/> Used for screening customers and beneficial owners(i.e. reference data) <input type="checkbox"/> Used for filtering transactional data <input type="checkbox"/> Used for screening customers and beneficial owners and for filtering transactional data <input type="checkbox"/> Not used
106 d	European Union Consolidated List (EU)	<input checked="" type="checkbox"/> Used for screening customers and beneficial owners(i.e. reference data) <input type="checkbox"/> Used for filtering transactional data <input type="checkbox"/> Used for screening customers and beneficial owners and for filtering transactional data <input type="checkbox"/> Not used
106 e	Lists maintained by other G7 member countries	<input type="checkbox"/> Used for screening customers and beneficial owners(i.e. reference data) <input type="checkbox"/> Used for filtering transactional data <input type="checkbox"/> Used for screening customers and beneficial owners and for filtering transactional data <input checked="" type="checkbox"/> Not used
106 f	Other (specify)	N/A
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	<input checked="" type="checkbox"/> Same day to 2 business days <input type="checkbox"/> Within 3 to 5 business days <input type="checkbox"/> After 6 or more business days
107 b	Transactions	<input checked="" type="checkbox"/> Same day to 2 business days <input type="checkbox"/> Within 3 to 5 business days <input type="checkbox"/> After 6 or more business days
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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
109	Confirm that all responses provided in the above Section are representative of all the LE's branches	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
109 a	If N, clarify which questions the difference/s relate to and the branch/es that this applies to.	N/A
110	If appropriate, provide any additional information/context to the answers in this section.	N/A
11. TRAINING & EDUCATION		
111	Does the Entity provide mandatory training, which includes:	
111 a	Identification and reporting of transactions to government authorities	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
111 b	Examples of different forms of money laundering, terrorist financing and sanctions violations relevant for the types of products and services offered	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
111 c	Internal policies for controlling money laundering, terrorist financing and sanctions violations	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
111 d	New issues that occur in the market, e.g. significant regulatory actions or new regulations	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
111 e	Conduct and Culture	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
111 f	Fraud	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
112	Is the above mandatory training provided to:	
112 a	Board and Senior Committee Management	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
112 b	1st Line of Defence	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

112 c	2nd Line of Defence	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
112 d	3rd Line of Defence	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
112 e	Third parties to which specific FCC activities have been outsourced	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Applicable
112 f	Non-employed workers (contractors/consultants)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Applicable
113	Does the Entity provide AML, CTF & Sanctions training that is targeted to specific roles, responsibilities and high-risk products, services and activities?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
114	Does the Entity provide customised training for AML, CTF and Sanctions staff?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
114 a	If Y, how frequently is training delivered?	twice a year.
115	Confirm that all responses provided in the above Section are representative of all the LE's branches	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
115 a	If N, clarify which questions the difference/s relate to and the branch/es that this applies to.	N/A
116	If appropriate, provide any additional information/context to the answers in this section.	N/A
12. QUALITY ASSURANCE /COMPLIANCE TESTING		
117	Does the Entity have a program wide risk based Quality Assurance programme for financial crime (separate from the independent Audit function)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
118	Does the Entity have a program wide risk based Compliance Testing process (separate from the independent Audit function)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
119	Confirm that all responses provided in the above Section are representative of all the LE's branches	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
119 a	If N, clarify which questions the difference/s relate to and the branch/es that this applies to.	N/A
120	If appropriate, provide any additional information/context to the answers in this section.	N/A
13. AUDIT		
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,	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

	ABC, Fraud and Sanctions policies and practices on a regular basis?	
122	How often is the Entity audited on its AML, CTF, ABC, Fraud and Sanctions programme by the following:	
122 a	Internal Audit Department	<input checked="" type="checkbox"/> Yearly <input type="checkbox"/> 18 months <input type="checkbox"/> Component based reviews
122 b	External Third Party	<input type="checkbox"/> Yearly <input type="checkbox"/> 18 months <input type="checkbox"/> Component based reviews <input checked="" type="checkbox"/> Not Applicable
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	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
123 b	Enterprise Wide Risk Assessment	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
123 c	Governance	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
123 d	KYC/CDD/EDD and underlying methodologies	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
123 e	Name Screening & List Management	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
123 f	Reporting/Metrics & Management Information	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
123 g	Suspicious Activity Filing	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
123 h	Technology	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
123 i	Transaction Monitoring	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
123 j	Transaction Screening including for sanctions	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
123 k	Training & Education	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
123 l	Other (specify)	N/A
124	Are adverse findings from internal & external audit tracked to completion and assessed for adequacy and completeness?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
125	Confirm that all responses provided in the above section are representative of all the LE's branches	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
125 a	If N, clarify which questions the difference/s relate to and the branch/es that this applies to.	N/A
126	If appropriate, provide any additional information/context to the answers in this section.	N/A
14. FRAUD		
127	Does the Entity have policies in place addressing fraud risk?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

128	Does the Entity have a dedicated team responsible for preventing & detecting fraud?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
129	Does the Entity have real time monitoring to detect fraud?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
131	Confirm that all responses provided in the above section are representative of all the LE's branches	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
131 a	If N, clarify which questions the difference/s relate to and the branch/es that this applies to.	N/A
132	If appropriate, provide any additional information/context to the answers in this section.	N/A

Declaration Statement

Wolfsberg Group Correspondent Banking Due Diligence Questionnaire 2023 (CBDDQ V1.4)

Declaration Statement (To be signed by Global Head of Correspondent Banking or equivalent position holder AND Group Money Laundering Prevention Officer, Global Head of Anti- Money Laundering, Chief Compliance Officer, Global Head of Financial Crimes Compliance OR equivalent)

Taishin Securities Co., 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/is committed to adopting these standards.

The Financial Institution further certifies it complies with / is working to comply with the Wolfsberg Correspondent Banking Principles and the Wolfsberg Trade Finance Principles. The information provided in this Wolfsberg CBDDQ will be kept current and will be updated no less frequently than every eighteen months.

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

I, _____ (Global Head of Correspondent Banking 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.

✓ I, 李景偉 (Signature & Date) 2024/6/25 (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.

✓ 李景偉 (Signature & Date) 2024/6/25

(Signature & Date)

