FOREIGN FINANCIAL INSTITUTIONS

Anti-Money Laundering Questionnaire

1. Name of Financial Institution:

2. City/Country

3. Contact Name

4. Contact Information

Head Office Address

Telephone Number

Web Site

Registration/License No.

Tax Identification No:

Swift Address

E-mail Address

5. Major Activities

6. List of Shareholders (More than %25 of your institution's shares.)

Shareholder's Name	Country	Share Percentage (%)

7. List of UBOs (Please provide the list pf natural persons who controls or owns directly and/or indirectly %25 or more of ultimate shares.)

Name-Surname	Place of Birth	Date of Birth	Nationality	Passport No

8.List of Board of Directors

Name-Surname	Place of Birth	Date of Birth	Nationality	Passport No

9. List of Executive Board

Name-Surname	Place of Birth	Date of Birth	Nationality	Passport No

Please complete all of the questions and related requests for information listed below:

I. QUESTIONS RELATED TO REGULATORY ENVIRONMENT

1. Has your country established laws designed to prevent money laundering and terrorist financing and is your institution subject to such laws?

☐ Yes (Answer 1a) ☐ No

1a) If yes, please answer the name (s) of your country's relevant law(s) below:

2. Do you have foreign branches and/or subsidiaries?

☐ Yes (Answer 2a) ☐ No

2a) If yes, are these branches and/or subsidiaries subject to the anti money laundering laws applicable to your head office?

☐ Yes ☐ No (Answer 2b)

2b) If no, please provide regulatory authorities and relevant regulations for each foreign branch/subsidiary below:

Country	**Government Institution**	**Name of law**

II. QUESTIONS RELATED TO YOUR INSTITUTION'S AML POLICIES AND PRACTICES

3. Does your institution have a written policy, controls and procedures reasonably designed to prevent and detect money laundering/terrorist financing activities?

☐ Yes ☐ No

4. Does the AML compliance program require approval of the FI's Board or a senior committee thereof?

☐ Yes ☐ No

5. Does your institution appoint a senior officer responsible for your Institution's anti money laundering program?

☐ Yes (Answer 5a) ☐ No

5a) If yes, please provide the following information:

Name:
Title:

Address:
Phone number:
Email address:

6. Can you attach a copy of your institution's AML policy to this questionnaire?

☐ Yes (Proceed to Question 7) ☐ No (Comply with 6a)

6a) If you can not attach a copy of your institution's AML policy to this questionnaire please answer Question 7 and attach a separate letter briefly describes your institution's procedures for each item listed in Question 7. Please itemize each of your points in the letter referencing items 7a; 7b; 7c etc.

7. Does your institution's AML policy and program include the following?

7a) Customer identification requirements at the inception of the relationship?

☐ Yes ☐ No

7b) Customer identification requirements for non-established customers (ex. walk-ins) such as the sale of monetary instruments or wire transfers?

☐ Yes ☐ No

7c) Clearly defined roles, responsibilities and accountabilities as they relates to money laundering compliance?

☐ Yes ☐ No

7d) Prohibiting accounts/relationships with shell banks (A shell bank is defined as a bank incorporated in a jurisdiction in which it has no physical presence and which is unaffiliated with a regulated financial group.)?

☐ Yes ☐ No

7e) Periodic Anti Money Laundering Training Programs?

☐ Yes ☐ No

7f) Compliance with local suspicious activity reporting requirements (if any)?

☐ Yes ☐ No

7g) Procedures to monitor large cash deposits and withdrawals?

☐ Yes ☐ No

7h) Record retention requirements for documentation obtained regarding a Customer's identification?

☐ Yes ☐ No

If yes, how long are records retained?

7i) Policy and procedures for independent audit or testing of your anti money laundering compliance program?

☐ Yes ☐ No

If yes, how frequently are these audits/tests conducted (ex. quarterly, annually)

8. If you answered "NO" to any of the items in Question 7 above, please explain your institution's procedures regarding these items? (Please refer to specific item, ex 7a,7b, 7c etc.)

9. Does your institution have a risk focused assessment of your customer base and transactions of your customers?

☐ Yes ☐ No

10. Does your institution determine the appropriate level of enhanced due diligence necessary for those categories of customers and transactions that your institution has reason to believe pose a heightened risk of illicit activities at or through the FI?

☐ Yes ☐ No

11. Does your institution provide services to customers determined to be high risk including but not limited to:

-Foreign Financial Institutions

☐ Yes ☐ No

-Offshore Banks

☐ Yes ☐ No

-Casinos

☐ Yes ☐ No

-Cash Intensive Business

☐ Yes ☐ No

-Internet Banks

☐ Yes ☐ No

-Foreign Government Entities

☐ Yes ☐ No

-Non Resident Individuals

☐ Yes ☐ No

-Politically Exposed Persons, Their Family Members, close associates and consultants

☐ Yes ☐ No

-Money Service Businesses

☐ Yes ☐ No

-Entities in high risk jurisdictions

☐ Yes ☐ No

12. If you answered "YES" to any of the items in Question 11, do your institution's policies, procedures and monitoring specifically outline

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how to mitigate the potential risks associated with these higher risk customer types?

☐ Yes ☐ No

13. Does the Entity allow downstream relationships and nested transactions?

☐ Yes ☐ No

14. Does the institution use FIBABANKA accounts to offer clearing services to its downstream banks (that is, nested account business for correspondent banks)?

☐ Yes ☐ No

If you answered "YES" to Question 13 and Question 14, please confirm that do not use FIBABANKA accounts to offer clearing services to downstream banks.

☐ We confirm

III. QUESTIONS RELATED TO YOUR INSTITUTION'S AML POLICIES AND PRACTICES

15. Has your institution had any regulatory or criminal enforcement actions resulting from violations of anti- money laundering laws or regulations in the past five years?

☐ Yes (Answer 13a) ☐ No

13a) If yes, please provide explanation.

16. Has your institution, to your knowledge, been the subject any investigation, indictment, conviction or civil enforcement action related to financing terrorists in the past five years?

☐ Yes (Answer 14a) ☐ No

14a) If yes, please provide explanation

Fibabanka AS Risk Appetite Statement:

Fibabanka AS has no appetite to conduct transactions in connection with any entity or person listed below. Where identified, Fibabanka AS may reject such transactions.

- Transactions for or on behalf of underlying customers that are virtual currencies (cryptocurrencies) platforms/exchanges, or virtual currencies wallet providers.[1]
- Transactions involving unlicensed, unregistered or unregulated entities such as MSBs, Remittance Agents, Exchange Houses, Crypto Asset Service Providers, Crypto Asset Custodian Wallet Providers.

- Downstream correspondent banking transactions.
- Transactions that breach applicable anti financial crime laws and regulations and payments that appear linked to a predicate offence to money laundering or terrorist financing.
- Transactions that breach TR, UN, EU, UK, US or any other applicable sanctions.
- Transactions that involve shell banks or unregistered bearer share companies.
- Transactions that involve anonymous or omnibus accounts.
- Transactions that appear to lack legitimate economic purpose in light of the purpose of the originators or beneficiaries' apparent lines of business and relationships.
- Transactions that appear to relate to nuclear power industries, marijuana related businesses, red light/adult entertainment businesses, unregulated charities, illegal gambling.

[1]*FIBABANKA will permit only transactions relating to:*
1. Legitimate investments in VC (purchase or sale)
2. Development of technology or solutions pertaining to business.

Please confirm that do not use FIBABANKA accounts to conduct such transactions.

☐ We confirm

I confirm that, to the best of my knowledge, the above information is current, accurate and reflective of my institution's anti money laundering policies, combating terrorist financing and kmow your customer policies procedures and programs.

I confirm that, on your demand, my company will provide you with the data obtained pursuant to the fulfilment of the customer due diligence measures.

Signature:

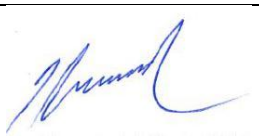
Title:

Date:

Legal Form of Our Bank:	**Joint Stock Company**
Registration Number:	**8592865278593300**
Tax ID:	**209 000 7808**
BIC Code:	**FBHLTRISXXX**
GIIN Number:	**WSH5EV.00000.LE.792**
Main Banking Activities:	**Retail Banking, Corporate Banking**
Name and Title of the Managing Director:	**General Manager, Ömer Mert**
Web Site:	**www.fibabanka.com.tr**

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Names and Titles of Authorized Signatories:	**Executive Board | Fibabanka**
Shareholder's Equity:	**Shareholder Structure | Fibabanka**
Board of Directors:	**The Board of Directors | Fibabanka**
Names and Titles of Executive Management:	**Executive Board | Fibabanka**
Articles of Association	**document_fibabanka-articles-of-associationa.pdf**
Annual Report:	**Annual Reports | Fibabanka**
Name of Regulatory Body That Oversees Our Instution:	**Banking Regulation and Supervision Agency, Please see at; BDDK**

Name:	**Serdal YILDIRIM**
Title:	**Compliance Officer**
E-Mail Address:	**Serdal. Yildirim@fibabanka.com.tr**
Address:	**Esentepe Mah. Büyükdere Cad. No:129 Sisli 34394 Istanbul TURKEY**
Phone Number:	**+90 212 – 381 82 42**
Fax Number:	**+90 212 – 258 37 78**
Signature:	
Date:	**24.09.2026**