



Financial Institution Name: BANK MELLI IRAN PARIS
 Location (Country) : FRANCE

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	BANK MELLI IRAN PARIS
2	Append a list of foreign branches which are covered by this questionnaire	NIL
3	Full Legal (Registered) Address	43 AVENUE MONTAIGNE 75008 PARIS FRANCE
4	Full Primary Business Address (if different from above)	
5	Date of Entity Incorporation/establishment	21.01.1971
6	Select type of ownership and append an ownership chart if available	
6 a	Publicly Traded (25% of shares publicly traded)	No <input checked="" type="checkbox"/>
6 a f	If Y, indicate the exchange traded on and ticker symbol	
6 b	Member Owned/Mutual	No <input checked="" type="checkbox"/>
6 c	Government or State Owned by 25% or more	Yes <input checked="" type="checkbox"/>
6 d	Privately Owned	No <input checked="" type="checkbox"/>
6 d1	If Y, provide details of shareholders or ultimate beneficial owners with a holding of 10% or more	
7	% of the Entity's total shares composed of bearer shares	
8	Does the Entity, or any of its branches, operate under an Offshore Banking License (OBL)?	No <input checked="" type="checkbox"/>
8 a	If Y, provide the name of the relevant branch/es which operate under an OBL	
9	Does the Bank have a Virtual Bank License or provide services only through online channels?	No <input checked="" type="checkbox"/>
10	Name of primary financial regulator/supervisory authority	ACPR (Autorité de Contrôle Prudentiel et de Résolution)
11	Provide Legal Entity Identifier (LEI) if available	549300VARZW1YCF8Z040
12	Provide the full legal name of the ultimate parent (if different from the Entity completing the DDQ)	

13	Jurisdiction of licensing authority and regulator of ultimate parent	FRANCE
14	Select the business areas applicable to the Entity	
14 a	Retail Banking	Yes <input type="checkbox"/>
14 b	Private Banking	No <input type="checkbox"/>
14 c	Commercial Banking	Yes <input type="checkbox"/>
14 d	Transactional Banking	No <input type="checkbox"/>
14 e	Investment Banking	No <input type="checkbox"/>
14 f	Financial Markets Trading	No <input type="checkbox"/>
14 g	Securities Services/Custody	No <input type="checkbox"/>
14 h	Broker/Dealer	No <input type="checkbox"/>
14 i	Multilateral Development Bank	No <input type="checkbox"/>
14 j	Wealth Management	No <input type="checkbox"/>
14 k	Other (please explain)	
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)	Yes <input type="checkbox"/>
15 a	If Y, provide the top five countries where the non-resident customers are located.	IRAN
16	Select the closest value:	
16 a	Number of employees	1-50 <input type="checkbox"/>
16 b	Total Assets	Between \$10 and \$100 million <input type="checkbox"/>
17	Confirm that all responses provided in the above Section are representative of all the LE's branches.	No branches <input type="checkbox"/>
17 a	If N, clarify which questions the difference/s relate to and the branch/es that this applies to.	THIS INSTITUTION HAS NO BRANCH
18	If appropriate, provide any additional information/context to the answers in this section.	
2. PRODUCTS & SERVICES		
19	Does the Entity offer the following products and services:	
19 a	Correspondent Banking	No <input type="checkbox"/>
19 a1	If Y	
19 a1a	Does the Entity offer Correspondent Banking services to domestic banks?	No <input type="checkbox"/>
19 a1b	Does the Entity allow domestic bank clients to provide downstream relationships?	No <input type="checkbox"/>
19 a1c	Does the Entity have processes and procedures in place to identify downstream relationships with domestic banks?	Yes <input type="checkbox"/>
19 a1d	Does the Entity offer Correspondent Banking services to foreign banks?	No <input type="checkbox"/>
19 a1e	Does the Entity allow downstream relationships with foreign banks?	No <input type="checkbox"/>
19 a1f	Does the Entity have processes and procedures in place to identify downstream relationships with foreign banks?	Yes <input type="checkbox"/>
19 a1g	Does the Entity offer Correspondent Banking services to regulated Money Services Businesses (MSBs)/Money Value Transfer Services (MVTs)?	No <input type="checkbox"/>
19 a1h	Does the Entity allow downstream relationships with MSBs, MVTs, or Payment Service Provider (PSPs)?	
19 a1h1	MSBs	No <input type="checkbox"/>
19 a1h2	MVTs	No <input type="checkbox"/>
19 a1h3	PSPs	No <input type="checkbox"/>

19 a1i	Does the Entity have processes and procedures in place to identify downstream relationships with MSBs /MVTs/PSPs?	Yes	<input type="checkbox"/>
19 b	Cross-Border Bulk Cash Delivery	No	<input type="checkbox"/>
19 c	Cross-Border Remittances	No	<input type="checkbox"/>
19 d	Domestic Bulk Cash Delivery	No	<input type="checkbox"/>
19 e	Hold Mail	No	<input type="checkbox"/>
19 f	International Cash Letter	No	<input type="checkbox"/>
19 g	Low Price Securities	No	<input type="checkbox"/>
19 h	Payable Through Accounts	No	<input type="checkbox"/>
19 i	Payment services to non-bank entities who may then offer third party payment services to their customers?	No	<input type="checkbox"/>
19 i1	If Y , please select all that apply below?		
19 i2	Third Party Payment Service Providers	Please select	<input type="checkbox"/>
19 i3	Virtual Asset Service Providers (VASPs)	Please select	<input type="checkbox"/>
19 i4	eCommerce Platforms	Please select	<input type="checkbox"/>
19 i5	Other - Please explain	SUCH SERVICES ARE NOT OFFERED BY THIS BRANCH	
19 j	Private Banking	No	<input type="checkbox"/>
19 k	Remote Deposit Capture (RDC)	No	<input type="checkbox"/>
19 l	Sponsoring Private ATMs	No	<input type="checkbox"/>
19 m	Stored Value Instruments	No	<input type="checkbox"/>
19 n	Trade Finance	Yes	<input type="checkbox"/>
19 o	Virtual Assets	No	<input type="checkbox"/>
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	No	<input type="checkbox"/>
19 p1a	If yes, state the applicable level of due diligence	Please select	<input type="checkbox"/>
19 p2	Wire transfers	No	<input type="checkbox"/>
19 p2a	If yes, state the applicable level of due diligence	Please select	<input type="checkbox"/>
19 p3	Foreign currency conversion	No	<input type="checkbox"/>
19 p3a	If yes, state the applicable level of due diligence	Please select	<input type="checkbox"/>
19 p4	Sale of Monetary Instruments	No	<input type="checkbox"/>
19 p4a	If yes, state the applicable level of due diligence	Please select	<input type="checkbox"/>
19 p5	If you offer other services to walk-in customers please provide more detail here, including describing the level of due diligence.	UNDER SANCTION CIRCUMSTANCES, NO SERVICE IS RENDERED	
19 q	Other high-risk products and services identified by the Entity (please specify)		
20	Confirm that all responses provided in the above Section are representative of all the LE's branches.	No branches	<input type="checkbox"/>
20 a	If N, clarify which questions the difference/s relate to and the branch/es that this applies to.	THIS INSTITUTION HAS NO BRANCH	
21	If appropriate, provide any additional information/context to the answers in this section.	DUE TO US UNFAIR SANCTIONS AGAINST IRAN, BRANCH BUSINESS ACTIVITY EQUALS TO ZERO	
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 experience/expertise	Yes	<input type="checkbox"/>
22 b	Adverse Information Screening	Yes	<input type="checkbox"/>
22 c	Beneficial Ownership	Yes	<input type="checkbox"/>
22 d	Cash Reporting	Yes	<input type="checkbox"/>
22 e	CDD	Yes	<input type="checkbox"/>
22 f	EDD	Yes	<input type="checkbox"/>
22 g	Independent Testing	Yes	<input type="checkbox"/>
22 h	Periodic Review	Yes	<input type="checkbox"/>
22 i	Policies and Procedures	Yes	<input type="checkbox"/>
22 j	PEP Screening	Yes	<input type="checkbox"/>
22 k	Risk Assessment	Yes	<input type="checkbox"/>
22 l	Sanctions	Yes	<input type="checkbox"/>

22 m	Suspicious Activity Reporting	Yes	<input type="checkbox"/>
22 n	Training and Education	No	<input type="checkbox"/>
22 o	Transaction Monitoring	Yes	<input type="checkbox"/>
23	How many full time employees are in the Entity's AML, CTF & Sanctions Compliance Department?	1-10	<input type="checkbox"/>
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.	No	<input type="checkbox"/>
25	Does the Board receive, assess, and challenge regular reporting on the status of the AML, CTF, & Sanctions programme?	Yes	<input type="checkbox"/>
26	Does the Entity use third parties to carry out any components of its AML, CTF & Sanctions programme?	No	<input type="checkbox"/>
26 a	If Y, provide further details		
27	Does the entity have a whistleblower policy?	Yes	<input type="checkbox"/>
28	Confirm that all responses provided in the above Section are representative of all the LE's branches	No branches	<input type="checkbox"/>
28 a	If N, clarify which questions the difference/s relate to and the branch/es that this applies to.	THIS INSTITUTION HAS NO BRANCH	
29	If appropriate, provide any additional information/context to the answers in this section.	DUE TO US ILLEGAL SANCTIONS, THE BRANCH ACTIVITY IS ZERO. THEN AML, CTF & SANCTIONS POLICY MAY BE APPROVED ONCE A YEAR, BIENNIALLY, TRIENNIALLY OR MORE. IT DEPENDS.	
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?	Yes	<input type="checkbox"/>
31	Does the Entity have an enterprise wide programme that sets minimum ABC standards?	Yes	<input type="checkbox"/>
32	Has the Entity appointed a designated officer or officers with sufficient experience/expertise responsible for coordinating the ABC programme?	Yes	<input type="checkbox"/>
33	Does the Entity have adequate staff with appropriate levels of experience/expertise to implement the ABC programme?	Yes	<input type="checkbox"/>
34	Is the Entity's ABC programme applicable to:	Not Applicable	<input type="checkbox"/>
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.	Yes	<input type="checkbox"/>
35 b	Includes enhanced requirements regarding interaction with public officials?	Yes	<input type="checkbox"/>
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)?	Yes	<input type="checkbox"/>
36	Does the Entity have controls in place to monitor the effectiveness of their ABC programme?	Yes	<input type="checkbox"/>
37	Does the Board receive, assess, and challenge regular reporting on the status of the ABC programme?	Yes	<input type="checkbox"/>
38	Has the Entity's ABC Enterprise Wide Risk Assessment (EWRA) been completed in the last 12 months?	No	<input type="checkbox"/>
38 a	If N, provide the date when the last ABC EWRA was completed.	2021	
39	Does the Entity have an ABC residual risk rating that is the net result of the controls effectiveness and the inherent risk assessment?	Yes	<input type="checkbox"/>
40	Does the Entity's ABC EWRA cover the inherent risk components detailed below:	Please select	
40 a	Potential liability created by intermediaries and other third-party providers as appropriate	Yes	<input type="checkbox"/>

40 b	Corruption risks associated with the countries and industries in which the Entity does business, directly or through intermediaries	Yes	<input type="checkbox"/>
40 c	Transactions, products or services, including those that involve state-owned or state-controlled entities or public officials	Yes	<input type="checkbox"/>
40 d	Corruption risks associated with gifts and hospitality, hiring/internships, charitable donations and political contributions	Yes	<input type="checkbox"/>
40 e	Changes in business activities that may materially increase the Entity's corruption risk	Yes	<input type="checkbox"/>
41	Does the Entity's internal audit function or other independent third party cover ABC Policies and Procedures?	Yes	<input type="checkbox"/>
42	Does the Entity provide mandatory ABC training to:		
42 a	Board and senior Committee Management	Yes	<input type="checkbox"/>
42 b	1st Line of Defence	Yes	<input type="checkbox"/>
42 c	2nd Line of Defence	Yes	<input type="checkbox"/>
42 d	3rd Line of Defence	Yes	<input type="checkbox"/>
42 e	Third parties to which specific compliance activities subject to ABC risk have been outsourced	Not Applicable	<input type="checkbox"/>
42 f	Non-employed workers as appropriate (contractors/consultants)	Not Applicable	<input type="checkbox"/>
43	Does the Entity provide ABC training that is targeted to specific roles, responsibilities and activities?	Yes	<input type="checkbox"/>
44	Confirm that all responses provided in the above Section are representative of all the LE's branches	No branches	<input type="checkbox"/>
44 a	If N, clarify which questions the difference/s relate to and the branch/es that this applies to.	THIS INSTITUTION HAS NO BRANCH	
45	If appropriate, provide any additional information/context to the answers in this section.		
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	Yes	<input type="checkbox"/>
46 b	Terrorist financing	Yes	<input type="checkbox"/>
46 c	Sanctions violations	Yes	<input type="checkbox"/>
47	Are the Entity's policies and procedures updated at least annually?	No	<input type="checkbox"/>
48	Has the Entity chosen to compare its policies and procedures against:		
48 a	U.S. Standards	Yes	<input type="checkbox"/>
48 a1	If Y, does the Entity retain a record of the results?	Yes	<input type="checkbox"/>
48 b	EU Standards	Yes	<input type="checkbox"/>
48 b1	If Y, does the Entity retain a record of the results?	Yes	<input type="checkbox"/>
49	Does the Entity have policies and procedures that:		
49 a	Prohibit the opening and keeping of anonymous and fictitious named accounts	Yes	<input type="checkbox"/>
49 b	Prohibit the opening and keeping of accounts for unlicensed banks and/or NBFIs	Yes	<input type="checkbox"/>
49 c	Prohibit dealing with other entities that provide banking services to unlicensed banks	Yes	<input type="checkbox"/>
49 d	Prohibit accounts/relationships with shell banks	Yes	<input type="checkbox"/>
49 e	Prohibit dealing with another entity that provides services to shell banks	Yes	<input type="checkbox"/>
49 f	Prohibit opening and keeping of accounts for Section 311 designated entities	Yes	<input type="checkbox"/>
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	Yes	<input type="checkbox"/>
49 h	Assess the risks of relationships with domestic and foreign PEPs, including their family and close associates	Yes	<input type="checkbox"/>

49 i	Define the process for escalating financial crime risk issues/potentially suspicious activity identified by employees	Yes	<input type="checkbox"/>
49 j	Define the process, where appropriate, for terminating existing customer relationships due to financial crime risk	Yes	<input type="checkbox"/>
49 k	Define the process for exiting clients for financial crime reasons that applies across the entity, including foreign branches and affiliates	Yes	<input type="checkbox"/>
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	Yes	<input type="checkbox"/>
49 m	Outline the processes regarding screening for sanctions, PEPs and Adverse Media/Negative News	Yes	<input type="checkbox"/>
49 n	Outline the processes for the maintenance of internal "watchlists"	Yes	<input type="checkbox"/>
50	Has the Entity defined a risk tolerance statement or similar document which defines a risk boundary around their business?	Yes	<input type="checkbox"/>
51	Does the Entity have record retention procedures that comply with applicable laws?	Yes	<input type="checkbox"/>
51 a	If Y, what is the retention period?	Less than 5 years	<input type="checkbox"/>
52	Confirm that all responses provided in the above Section are representative of all the LE's branches	No branches	<input type="checkbox"/>
52 a	If N, clarify which questions the difference/s relate to and the branch/es that this applies to.	THIS INSTITUTION HAS NO BRANCH	
53	If appropriate, provide any additional information/context to the answers in this section.		
6. AML, CTF & SANCTIONS RISK ASSESSMENT			
54	Does the Entity's AML & CTF EWRA cover the inherent risk components detailed below:		
54 a	Client	Yes	<input type="checkbox"/>
54 b	Product	Yes	<input type="checkbox"/>
54 c	Channel	Yes	<input type="checkbox"/>
54 d	Geography	Yes	<input type="checkbox"/>
55	Does the Entity's AML & CTF EWRA cover the controls effectiveness components detailed below:		
55 a	Transaction Monitoring	Yes	<input type="checkbox"/>
55 b	Customer Due Diligence	Yes	<input type="checkbox"/>
55 c	PEP Identification	Yes	<input type="checkbox"/>
55 d	Transaction Screening	Yes	<input type="checkbox"/>
55 e	Name Screening against Adverse Media/Negative News	Yes	<input type="checkbox"/>
55 f	Training and Education	Yes	<input type="checkbox"/>
55 g	Governance	Yes	<input type="checkbox"/>
55 h	Management Information	Yes	<input type="checkbox"/>
56	Has the Entity's AML & CTF EWRA been completed in the last 12 months?	No	<input type="checkbox"/>
56 a	If N, provide the date when the last AML & CTF EWRA was completed.	2021	
57	Does the Entity's Sanctions EWRA cover the inherent risk components detailed below:		
57 a	Client	Yes	<input type="checkbox"/>
57 b	Product	Yes	<input type="checkbox"/>
57 c	Channel	No	<input type="checkbox"/>
57 d	Geography	Yes	<input type="checkbox"/>
58	Does the Entity's Sanctions EWRA cover the controls effectiveness components detailed below:		
58 a	Customer Due Diligence	Yes	<input type="checkbox"/>
58 b	Governance	Yes	<input type="checkbox"/>
58 c	List Management	Yes	<input type="checkbox"/>
58 d	Management Information	Yes	<input type="checkbox"/>

58 e	Name Screening	Yes	<input type="checkbox"/>
58 f	Transaction Screening	Yes	<input type="checkbox"/>
58 g	Training and Education	Yes	<input type="checkbox"/>
59	Has the Entity's Sanctions EWRA been completed in the last 12 months?	No	<input type="checkbox"/>
59 a	If N, provide the date when the last Sanctions EWRA was completed.	2021	
60	Confirm that all responses provided in the above Section are representative of all the LE's branches	No branches	<input type="checkbox"/>
60 a	If N, clarify which questions the difference/s relate to and the branch/es that this applies to.	THIS INSTITUTION HAS NO BRANCH	
61	If appropriate, provide any additional information/context to the answers in this section.		
7. KYC, CDD and EDD			
62	Does the Entity verify the identity of the customer?	Yes	<input type="checkbox"/>
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?	Yes	<input type="checkbox"/>
64	Which of the following does the Entity gather and retain when conducting CDD? Select all that apply:		
64 a	Customer identification	Yes	<input type="checkbox"/>
64 b	Expected activity	Yes	<input type="checkbox"/>
64 c	Nature of business/employment	Yes	<input type="checkbox"/>
64 d	Ownership structure	Yes	<input type="checkbox"/>
64 e	Product usage	Yes	<input type="checkbox"/>
64 f	Purpose and nature of relationship	Yes	<input type="checkbox"/>
64 g	Source of funds	Yes	<input type="checkbox"/>
64 h	Source of wealth	Yes	<input type="checkbox"/>
65	Are each of the following identified:		
65 a	Ultimate beneficial ownership	Yes	<input type="checkbox"/>
65 a1	Are ultimate beneficial owners verified?	Yes	<input type="checkbox"/>
65 b	Authorised signatories (where applicable)	Yes	<input type="checkbox"/>
65 c	Key controllers	Yes	<input type="checkbox"/>
65 d	Other relevant parties	Yes	<input type="checkbox"/>
66	What is the Entity's minimum (lowest) threshold applied to beneficial ownership identification?	25%	<input type="checkbox"/>
67	Does the due diligence process result in customers receiving a risk classification?	Yes	<input type="checkbox"/>
67 a	If Y, what factors/criteria are used to determine the customer's risk classification? Select all that apply:		
67 a1	Product Usage	Yes	<input type="checkbox"/>
67 a2	Geography	Yes	<input type="checkbox"/>
67 a3	Business Type/Industry	Yes	<input type="checkbox"/>
67 a4	Legal Entity type	Yes	<input type="checkbox"/>
67 a5	Adverse Information	Yes	<input type="checkbox"/>
67 a6	Other (specify)		
68	For high risk non-individual customers, is a site visit a part of your KYC process?	Yes	<input type="checkbox"/>
68 a	If Y, is this at:		
68 a1	Onboarding	Yes	<input type="checkbox"/>
68 a2	KYC renewal	Yes	<input type="checkbox"/>
68 a3	Trigger event	Yes	<input type="checkbox"/>
68 a4	Other	Please select	
68 a4a	If yes, please specify "Other"		
69	Does the Entity have a risk based approach to screening customers for Adverse Media/Negative News?	Yes	<input type="checkbox"/>
69 a	If Y, is this at:		
69 a1	Onboarding	Yes	<input type="checkbox"/>
69 a2	KYC renewal	Yes	<input type="checkbox"/>

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69 a3	Trigger event	Yes	<input checked="" type="checkbox"/>
70	What is the method used by the Entity to screen for Adverse Media/Negative News?	Combination of automated and manual	<input type="checkbox"/>
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?	Yes	<input type="checkbox"/>
71 a	If Y, is this at:		
71 a1	Onboarding	Yes	<input type="checkbox"/>
71 a2	KYC renewal	Yes	<input type="checkbox"/>
71 a3	Trigger event	Yes	<input type="checkbox"/>
72	What is the method used by the Entity to screen PEPs?	Combination of automated and manual	<input checked="" type="checkbox"/>
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?	Yes	<input type="checkbox"/>
74	Is KYC renewed at defined frequencies based on risk rating (Periodic Reviews)?	Yes	<input type="checkbox"/>
74 a	If yes, select all that apply:		
74 a1	Less than one year	No	<input type="checkbox"/>
74 a2	1 – 2 years	Yes	<input type="checkbox"/>
74 a3	3 – 4 years	Yes	<input type="checkbox"/>
74 a4	5 years or more	No	<input type="checkbox"/>
74 a5	Trigger-based or perpetual monitoring reviews	Yes	<input checked="" type="checkbox"/>
74 a6	Other (Please specify)		
75	Does the Entity maintain and report metrics on current and past periodic or trigger event due diligence reviews?	Yes	<input type="checkbox"/>
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	Do not have this category of customer or industry	<input checked="" type="checkbox"/>
76 b	Respondent Banks	Do not have this category of customer or industry	<input checked="" type="checkbox"/>
76 b1	If EDD or restricted, does the EDD assessment contain the elements as set out in the Wolfsberg Correspondent Banking Principles 2022?	Please select	
76 c	Embassies/Consulates	Always subject to EDD	<input checked="" type="checkbox"/>
76 d	Extractive industries	Do not have this category of customer or industry	<input checked="" type="checkbox"/>
76 e	Gambling customers	Do not have this category of customer or industry	<input checked="" type="checkbox"/>
76 f	General Trading Companies	No EDD/restriction or prohibition	<input checked="" type="checkbox"/>
76 g	Marijuana-related Entities	Do not have this category of customer or industry	<input checked="" type="checkbox"/>
76 h	MSB/MVTS customers	Do not have this category of customer or industry	<input checked="" type="checkbox"/>
76 i	Non-account customers	Do not have this category of customer or industry	<input checked="" type="checkbox"/>
76 j	Non-Government Organisations	Always subject to EDD	<input checked="" type="checkbox"/>
76 k	Non-resident customers	Always subject to EDD	<input checked="" type="checkbox"/>
76 l	Nuclear power	Do not have this category of customer or industry	<input checked="" type="checkbox"/>
76 m	Payment Service Providers	Do not have this category of customer or industry	<input checked="" type="checkbox"/>
76 n	PEPs	Always subject to EDD	<input checked="" type="checkbox"/>
76 o	PEP Close Associates	Do not have this category of customer or industry	<input checked="" type="checkbox"/>
76 p	PEP Related	Do not have this category of customer or industry	<input checked="" type="checkbox"/>
76 q	Precious metals and stones	Do not have this category of customer or industry	<input checked="" type="checkbox"/>
76 r	Red light businesses/Adult entertainment	Do not have this category of customer or industry	<input checked="" type="checkbox"/>
76 s	Regulated charities	Do not have this category of customer or industry	<input checked="" type="checkbox"/>
76 t	Shell banks	Do not have this category of customer or industry	<input checked="" type="checkbox"/>
76 u	Travel and Tour Companies	Do not have this category of customer or industry	<input checked="" type="checkbox"/>
76 v	Unregulated charities	Do not have this category of customer or industry	<input checked="" type="checkbox"/>
76 w	Used Car Dealers	Do not have this category of customer or industry	<input checked="" type="checkbox"/>
76 x	Virtual Asset Service Providers	Do not have this category of customer or industry	<input checked="" type="checkbox"/>
76 y	Other (specify)		
77	If restricted, provide details of the restriction		
78	Does EDD require senior business management and/or compliance approval?	Yes	<input type="checkbox"/>

78 a	If Y indicate who provides the approval:	Both	<input type="checkbox"/>
79	Does the Entity have specific procedures for onboarding entities that handle client money such as lawyers, accountants, consultants, real estate agents?	Yes	<input type="checkbox"/>
80	Does the Entity perform an additional control or quality review on clients subject to EDD?	Yes	<input type="checkbox"/>
81	Confirm that all responses provided in the above Section are representative of all the LE's branches	No branches	<input type="checkbox"/>
81 a	If N, clarify which questions the difference/s relate to and the branch/es that this applies to	THIS INSTITUTION HAS NO BRANCH	
82	If appropriate, provide any additional information/context to the answers in this section.		
8. MONITORING & REPORTING			
83	Does the Entity have risk based policies, procedures and monitoring processes for the identification and reporting of suspicious activity?	Please select	
84	What is the method used by the Entity to monitor transactions for suspicious activities?	Please select	
84 a	If manual or combination selected, specify what type of transactions are monitored manually		
84 b	If automated or combination selected, are internal system or vendor-sourced tools used?	Please select	
84 b1	If 'Vendor-sourced tool' or 'Both' selected, what is the name of the vendor/tool?		
84 b2	When was the tool last updated?	Please select	
84 b3	When was the automated Transaction Monitoring application last calibrated?	Please select	
85	Does the Entity have regulatory requirements to report suspicious transactions?	Please select	
85 a	If Y, does the Entity have policies, procedures and processes to comply with suspicious transaction reporting requirements?	Please select	
86	Does the Entity have policies, procedures and processes to review and escalate matters arising from the monitoring of customer transactions and activity?	Please select	
87	Does the Entity have a data quality management programme to ensure that complete data for all transactions are subject to monitoring?	Please select	
88	Does the Entity have processes in place to respond to Request For Information (RFIs) from other entities in a timely manner?	Please select	
89	Does the Entity have processes in place to send Requests for Information (RFIs) to their customers in a timely manner?	Please select	
90	Confirm that all responses provided in the above Section are representative of all the LE's branches	Please select	
90 a	If N, clarify which questions the difference/s relate to and the branch/es that this applies to		
91	If appropriate, provide any additional information/context to the answers in this section.		
9. PAYMENT TRANSPARENCY			
92	Does the Entity adhere to the Wolfsberg Group Payment Transparency Standards?	Please select	

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	Please select
93 b	Local Regulations	Please select
93 b1	If Y, specify the regulation	
93 c	If N, explain	
94	Does the Entity have controls to support the inclusion of required and accurate originator information in cross border payment messages?	Please select
95	Does the Entity have controls to support the inclusion of required beneficiary information cross-border payment messages?	Please select
95 a	If Y, does the Entity have procedures to include beneficiary address including country in cross border payments?	Please select
96	Confirm that all responses provided in the above Section are representative of all the LE's branches	Please select
96 a	If N, clarify which questions the difference/s relate to and the branch/es that this applies to.	
97	If appropriate, provide any additional information/context to the answers in this section.	
10. SANCTIONS		
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?	Yes <input type="button" value="v"/>
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)?	Yes <input type="button" value="v"/>
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?	Yes <input type="button" value="v"/>
101	Does the Entity screen its customers, including beneficial ownership information collected by the Entity, during onboarding and regularly thereafter against Sanctions Lists?	Yes <input type="button" value="v"/>
102	What is the method used by the Entity for sanctions screening?	Both Automated and Manual <input type="button" value="v"/>
102 a	If 'automated' or 'both automated and manual' selected:	
102 a1	Are internal system of vendor-sourced tools used?	Internal System <input type="button" value="v"/>
102 a1a	If a 'vendor-sourced tool' or 'both' selected, what is the name of the vendor/tool?	
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)	< 1 year <input type="button" value="v"/>
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?	Yes <input type="button" value="v"/>
104	What is the method used by the Entity?	Combination of automated and manual <input type="button" value="v"/>

105	Does the Entity have a data quality management programme to ensure that complete data for all transactions are subject to sanctions screening?	Yes	<input type="checkbox"/>
106	Select the Sanctions Lists used by the Entity in its sanctions screening processes:		
106 a	Consolidated United Nations Security Council Sanctions List (UN)	Used for screening customers and beneficial owners and for filtering transactional data	<input type="checkbox"/>
106 b	United States Department of the Treasury's Office of Foreign Assets Control (OFAC)	Used for screening customers and beneficial owners and for filtering transactional data	<input type="checkbox"/>
106 c	Office of Financial Sanctions Implementation HMT (OFSI)	Not used	<input type="checkbox"/>
106 d	European Union Consolidated List (EU)	Used for screening customers and beneficial owners and for filtering transactional data	<input type="checkbox"/>
106 e	Lists maintained by other G7 member countries	Not used	<input type="checkbox"/>
106 f	Other (specify)		
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	Same day to 2 business days	<input type="checkbox"/>
107 b	Transactions	Same day to 2 business days	<input type="checkbox"/>
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?	Yes	<input type="checkbox"/>
109	Confirm that all responses provided in the above Section are representative of all the LE's branches	No branches	<input type="checkbox"/>
109 a	If N, clarify which questions the difference/s relate to and the branches/es that this applies to.	THIS INSTITUTION HAS NO BRANCH	
110	If appropriate, provide any additional information/context to the answers in this section.	OUR HO IS LOCATED IN SUCH A COUNTRIES	
11. TRAINING & EDUCATION			
111	Does the Entity provide mandatory training, which includes:		
111 a	Identification and reporting of transactions to government authorities	Yes	<input type="checkbox"/>
111 b	Examples of different forms of money laundering, terrorist financing and sanctions violations relevant for the types of products and services offered	Yes	<input type="checkbox"/>
111 c	Internal policies for controlling money laundering, terrorist financing and sanctions violations	Yes	<input type="checkbox"/>
111 d	New issues that occur in the market, e.g. significant regulatory actions or new regulations	Yes	<input type="checkbox"/>
111 e	Conduct and Culture	Yes	<input type="checkbox"/>
111 f	Fraud	Yes	<input type="checkbox"/>
112	Is the above mandatory training provided to:		
112 a	Board and Senior Committee Management	Yes	<input type="checkbox"/>
112 b	1st Line of Defence	Yes	<input type="checkbox"/>
112 c	2nd Line of Defence	Yes	<input type="checkbox"/>
112 d	3rd Line of Defence	Yes	<input type="checkbox"/>
112 e	Third parties to which specific FCC activities have been outsourced	Not Applicable	<input type="checkbox"/>
112 f	Non-employed workers (contractors/consultants)	Not applicable	<input type="checkbox"/>
113	Does the Entity provide AML, CTF & Sanctions training that is targeted to specific roles, responsibilities and high-risk products, services and activities?	Yes	<input type="checkbox"/>
114	Does the Entity provide customised training for AML, CTF and Sanctions staff?	Yes	<input type="checkbox"/>
114 a	If Y, how frequently is training delivered?	Annually	<input type="checkbox"/>
115	Confirm that all responses provided in the above Section are representative of all the LE's branches	No branches	<input type="checkbox"/>

115 a	If N, clarify which questions the difference/s relate to and the branch/es that this applies to.	THIS INSTITUTION HAS NO BRANCH
116	If appropriate, provide any additional information/context to the answers in this section.	
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)?	No <input type="checkbox"/>
118	Does the Entity have a program wide risk based Compliance Testing process (separate from the independent Audit function)?	No <input type="checkbox"/>
119	Confirm that all responses provided in the above Section are representative of all the LE's branches	No branches <input type="checkbox"/>
119 a	If N, clarify which questions the difference/s relate to and the branch/es that this applies to.	THIS INSTITUTION HAS NO BRANCH
120	If appropriate, provide any additional information/context to the answers in this section.	PREVAILING SITUATION DUE TO US UNFAIR SANCTIONS DOES NOT LET BRANCH OUTSOURCE SUCH A PROGRAM
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, ABC, Fraud and Sanctions policies and practices on a regular basis?	Yes <input type="checkbox"/>
122	How often is the Entity audited on its AML, CTF, ABC, Fraud and Sanctions programme by the following:	
122 a	Internal Audit Department	Yearly <input type="checkbox"/>
122 b	External Third Party	Not Applicable <input type="checkbox"/>
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	Yes <input type="checkbox"/>
123 b	Enterprise Wide Risk Assessment	Yes <input type="checkbox"/>
123 c	Governance	Yes <input type="checkbox"/>
123 d	KYC/CDD/EDD and underlying methodologies	Yes <input type="checkbox"/>
123 e	Name Screening & List Management	Yes <input type="checkbox"/>
123 f	Reporting/Metrics & Management Information	Yes <input type="checkbox"/>
123 g	Suspicious Activity Filing	Yes <input type="checkbox"/>
123 h	Technology	Yes <input type="checkbox"/>
123 i	Transaction Monitoring	Yes <input type="checkbox"/>
123 j	Transaction Screening including for sanctions	Yes <input type="checkbox"/>
123 k	Training & Education	Yes <input type="checkbox"/>
123 l	Other (specify)	
124	Are adverse findings from internal & external audit tracked to completion and assessed for adequacy and completeness?	Yes <input type="checkbox"/>
125	Confirm that all responses provided in the above section are representative of all the LE's branches	No branches <input type="checkbox"/>
125 a	If N, clarify which questions the difference/s relate to and the branch/es that this applies to.	THIS INSTITUTION HAS NO BRANCH
126	If appropriate, provide any additional information/context to the answers in this section.	
14. FRAUD		
127	Does the Entity have policies in place addressing fraud risk?	Yes <input type="checkbox"/>
128	Does the Entity have a dedicated team responsible for preventing & detecting fraud?	Yes <input type="checkbox"/>

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

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)

BANK MELLI IRAN PARIS (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.

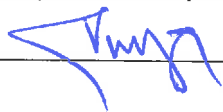
The Financial Institution further certifies it complies with / is working to comply with the Wolfsberg Correspondent Banking Principles and the Wolfsberg Trade Finance Principles. The information provided in this Wolfsberg CBDDQ will be kept current and will be updated no less frequently than every eighteen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

26.12.2023



(Signature & Date)

(Signature & Date)

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