**AFME Post Trade**

**Due Diligence Questionnaire**

***for use in 2025***

The AFME Due Diligence Questionnaire is available to any party to use. However, to maintain the integrity of the document, we ask users to recognise and respect the numbering and wording of all questions.

Please find below instruction for completion:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Services Provided** | **Sections to Complete** | | | | | | |
| **1** | **2** | **3** | **4** | **5** | **6** | **7** |
| Custody services only, with no sub custodian | X | X | X | X | X |  |  |
| Custody services only, with a sub custodian | X | X | X | X | X | X |  |
| Client money services only | X |  | X | X |  |  | X |
| Custody and client money services with no sub custodian | X | X | X | X | X |  | X |
| Custody and client money services with a sub custodian | X | X | X | X | X | X | X |

Client money services definition:

You would be considered as providing a client money service if you are holding money on behalf of our underlying clients and have been advised:

* That you are required to keep that money separate from our own money;
* That the money is being held by us in our capacity as trustee under the laws applicable to us and this has been documented between us in a contractual arrangement such as an acknowledgement letter;
* That you do not have any recourse or right against the money in the account(s) in respect of any sum owed to you, or owed to any third party, on any other account; and
* That you are required to release on demand all money in the account(s) upon proper notice and instruction from us or a liquidator, receiver, administrator or trustee (or similar person) appointed for us in bankruptcy (or similar procedure) in any relevant jurisdiction.

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Questionnaire

# 1 Credentials

In scope services: custody services (with or without a sub-custodian) and, if applicable, client money services

## 1.1 Respondent information

|  |
| --- |
| 1.1.1 Respondent information |

|  |  |
| --- | --- |
| Name of legal entity responding |  |
| Market |  |
| Designated responding manager (name/title) |  |
| Contact details (email/phone) |  |
| Date submitted |  |
| Signature (if not responding via electronic platform) |  |

**1.1.2 Which services are in scope of your response?**

|  |
| --- |
| ☐ Custody services  ☐ Client money services  ☐ Both |

## 1.2 Your name

|  |
| --- |
| 1.2.1 Please advise the name of the contracting party providing custody and/or client money services in your jurisdiction and responding to this questionnaire. If applicable, please also advise the name of the local delegate if different from the contracting entity. |

|  |
| --- |
|  |

|  |
| --- |
| 1.2.2 Please advise the full legal address and the country of incorporation of the contracting party providing custody and/or client money services in your jurisdiction and responding to this questionnaire. If applicable, please also provide this information for the local delegate if different from the contracting entity. |

|  |
| --- |
| Legal address |
|  |
| Country of incorporation |
|  |

|  |
| --- |
| 1.2.3 Please state the full legal addresses of your head office and of any departments that service us (e.g. operational service centres, including significant outsourced operational functions relevant to custody and/or client money services). |

|  |
| --- |
|  |

|  |
| --- |
| **1.2.4** **In the last 12 months have there been any changes (e.g. merger, transfer, or novation, change of type of corporation) to the legal names or the entities providing custody and/or client money services in your jurisdiction and responding to this questionnaire. If applicable, please also provide this information for the local delegate if different from the contracting entity.** |

|  |
| --- |
| ☐ Yes  ☐ No |
| If yes, supply a copy of the notification. |
|  |

## 1.3 Your regulatory environment

|  |  |  |
| --- | --- | --- |
| 1.3.1 Which official body regulates your business (including banking, custody and client money)? If they license or provide a formal approval of your business, how frequently does this need to be renewed? | | |
|  | Licensed/regulated by | Frequency |
| 1. Banking |  |  |
| 1. Custody |  |  |
| 1. Client money |  |  |
| **Please provide a copy of each current licence or approval notification** | | |
| [File Attachment] | | |

|  |
| --- |
| 1.3.2 Has your regulator(s) raised any material issues in respect of your banking, custody and client money activities within the last 12 months? |

|  |
| --- |
| ☐ Yes  ☐ No |
| If yes, provide details. |
|  |

|  |
| --- |
| 1.3.3 Are you a branch of an entity incorporated in another country? |

|  |
| --- |
| ☐ Yes  ☐ No |
| If yes, please explain the division of regulatory responsibility between your host and home state regulators. |
|  |

|  |
| --- |
| 1.3.4 Please confirm that you comply with local regulatory requirements in relation to the provision of custody or client money services in your jurisdiction. |

|  |
| --- |
| Custody |
| ☐ Yes  ☐ No  ☐ N/A |
| Client Money |
| ☐ Yes  ☐ No  ☐ N/A |
| Comments |
|  |

|  |
| --- |
| 1.3.5 Have you been subject to any fines, enforcement actions or other admonishments by authorities during the last 12 months? |

|  |
| --- |
| ☐ Yes  ☐ No |
| If yes, provide details. |
|  |

|  |
| --- |
| 1.3.6 Please confirm which of the following criteria you meet in order to serve as an eligible custodian under Rule 17(f)5 of the US Investment Company Act 1940. |

|  |
| --- |
| ☐ A U.S. bank as specified in Section 17(f) or a member of a U.S. national securities exchange as specified in Section 17(f). |
| ☐ Eligible Foreign Custodian - an entity incorporated or organised under the laws of a country, other than the US and that is a Qualified Foreign Bank or a majority owned direct or indirect subsidiary of a U.S. bank or bank holding company. |
| ☐ A Qualified Foreign Bank - a banking institution or trust company, incorporated or organised under the laws of a country, other than the US, that is regulated by its national regulator. |

|  |
| --- |
| 1.3.7 Please confirm which of the following criteria you meet to be an "approved bank" under the UK Financial Conduct Authority (FCA) guidelines: |

|  |
| --- |
| ☐ A Central Bank of a member state of the OECD (including the Bank of England). |
| ☐ A bank which is supervised by the Bank of England, or a central bank or other banking regulator of a member state of the OECD. |
| ☐ A credit institution established in an EEA State other than the United Kingdom and duly authorised by the relevant Home State regulator, or a bank which is regulated in the Isle of Man or the Channel Islands. |
| ☐ Supervised by the South African Reserve Bank. |
| ☐ Regulated by a local banking regulator, required to provide audited accounts; have minimum net assets of £5 million (or equivalent) and have had a surplus revenue over expenditure for the last two financial years. |
| Comments |
|  |

|  |
| --- |
| 1.3.8 Please confirm which of the following criteria you meet to comply with the current European Union (EU) directives and regulations applicable to Alternative Investment Fund (AIF) and Undertakings for Collective Investment in Transferable Securities (UCITS). |

|  |
| --- |
| ☐ A Central Bank of a member state of the EU |
| ☐ A credit institution authorised in accordance with Directive 2013/36/EU on the access to the activity of credit institutions and the prudential supervision of credit institutions and investment firms |
| ☐ A third country credit institution subject to prudential regulation and supervision which have the same effect as EU law and are effectively enforced and in accordance with the principles laid down in Article 16 of Directive 2006/73/EC. (Such prudential regulation and supervision would include aspects of the following: (a) custody services being governed by law; (b) your assets being clearly segregated from those of your clients; (c) there being a deposit guarantee schemes in place for cash in the event of your failure; (d) your regulator being a member of the International Organisation of Securities Commissions (IOSCO).) |
| Comments |
|  |

|  |
| --- |
| 1.3.9 Please confirm that you are subject to prudential regulation, including minimum capital requirements? |

|  |
| --- |
| ☐ Yes  ☐ No |
| Comments |
|  |

|  |
| --- |
| 1.3.10 Have regulators required your organisation to undertake any stress testing to ensure your risk management and capital planning decisions can sufficiently withstand adverse market events? |

|  |
| --- |
| ☐ Yes  ☐ No |
| If yes, did you pass the test? |
|  |
| If no, provide details. |
|  |

## 1.4 Your group

|  |
| --- |
| 1.4.1 Have there been any changes to your group's ownership structure in the last 12 months? |
| ☐ Yes  ☐ No |
| If yes, provide details. |
|  |

|  |
| --- |
| 1.4.2 What is your relationship to your group? |

|  |
| --- |
| ☐ Parent Entity |
| ☐ Full branch (if proposed sub-custodian is a bank) |
| If a branch, please confirm where your parent entity is incorporated. |
|  |
| ☐ Subsidiary – wholly owned |
| ☐ Subsidiary – not wholly owned |
| If not wholly owned, what percentage of share capital does your group own? |
|  |
| ☐ Other |
| If other, provide details |
|  |

|  |
| --- |
| 1.4.3 Please provide an organisational chart which clearly indicates in which strategic business area your custody business fits, and highlight if there have been any changes in the last 12 months. |

|  |
| --- |
| Please attach file here |
| [File Attachment] |
| Comments |
|  |

|  |
| --- |
| 1.4.3.1 Does your organisation have measures in place to identify and prevent conflicts of interest between custody and other businesses (e.g. prime brokerage, execution, asset management services)? |

|  |
| --- |
| ☐ Yes  ☐ No |
| If no, please outline why not and provide details of alternative controls that exist. |
|  |

|  |
| --- |
| 1.4.4 Please state the latest available Basel III ratios. If your local regulators specify more stringent requirements than the Basel Agreement, please indicate the requirements and whether you comply. |

|  |
| --- |
| Please specify if Basel III is in transition or fully implemented. |
| ☐ In transition  ☐ Fully implemented |
| Capital adequacy ratio (%) |
|  |
| Basel III (estimated %) |
|  |
| Meets local requirements |
| ☐ Yes  ☐ No |
| Meets regulatory requirements |
| ☐ Yes  ☐ No |
| Comments |
|  |
| Please specify the basis of calculation for your Risk Weighted Assets (i.e. standardised or advanced). |
| ☐ Standardised  ☐ Advanced |

|  |
| --- |
| 1.4.5 Please state the credit ratings of the contracting party in the table below. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Contracting party |  | | | |
|  | Credit Rating (year-end) | S&P | Moody | Fitch |
| Long-term rating | Current | ☐ AAA  ☐ AA+  ☐ AA  ☐ AA-  ☐ A+  ☐ A-  ☐ BBB+  ☐ BBB  ☐ BBB-  ☐ BB+  ☐ BB  ☐ BB-  ☐ B+  ☐ B  ☐ B-  ☐ CCC+  ☐ CCC  ☐ CCC-  ☐ CC  ☐ C  ☐ D | ☐ Aaa  ☐ Aa1  ☐ Aa2  ☐ Aa3  ☐ A1  ☐ A2  ☐ A3  ☐ Baa1  ☐ Baa2  ☐ Baa3  ☐ Ba1  ☐ Ba2  ☐ Ba3  ☐ B1  ☐ B2  ☐ B3  ☐ Caa1  ☐ Caa2  ☐ Caa3  ☐ Ca  ☐ C | ☐ AAA  ☐ AA+  ☐ AA  ☐ AA-  ☐ A+  ☐ A-  ☐ BBB+  ☐ BBB  ☐ BBB-  ☐ BB+  ☐ BB  ☐ BB-  ☐ B+  ☐ B  ☐ B-  ☐ CCC  ☐ DDD  ☐ DD  ☐ D |
|  | Preceding year | ☐ AAA  ☐ AA+  ☐ AA  ☐ AA-  ☐ A+  ☐ A-  ☐ BBB+  ☐ BBB  ☐ BBB-  ☐ BB+  ☐ BB  ☐ BB-  ☐ B+  ☐ B  ☐ B-  ☐ CCC+  ☐ CCC  ☐ CCC-  ☐ CC  ☐ C  ☐ D | ☐ Aaa  ☐ Aa1  ☐ Aa2  ☐ Aa3  ☐ A1  ☐ A2  ☐ A3  ☐ Baa1  ☐ Baa2  ☐ Baa3  ☐ Ba1  ☐ Ba2  ☐ Ba3  ☐ B1  ☐ B2  ☐ B3  ☐ Caa1  ☐ Caa2  ☐ Caa3  ☐ Ca  ☐ C | ☐ AAA  ☐ AA+  ☐ AA  ☐ AA-  ☐ A+  ☐ A-  ☐ BBB+  ☐ BBB  ☐ BBB-  ☐ BB+  ☐ BB  ☐ BB-  ☐ B+  ☐ B  ☐ B-  ☐ CCC  ☐ DDD  ☐ DD  ☐ D |
| Comments | | | | |
|  | | | | |

|  |
| --- |
| 1.4.6 Please provide a copy (in English) of or link to the latest annual report for the contracting party and, if applicable, the local delegate. If not available, please provide this for the parent organisation. |

|  |
| --- |
| Please attach file here |
| [File Attachment] |
| Comments |
|  |

|  |
| --- |
| 1.4.7 Please confirm if your organisation is considered a systematically important financial institution as defined by the Financial Stability Board/Basel Committee on Banking Supervision or as defined in the jurisdiction where it is registered. |

|  |
| --- |
| ☐ Yes  ☐ No |
| Comments |
|  |

## 1.5 Insurance

|  |
| --- |
| 1.5.1 Please confirm that you maintain adequate insurance policies to cover (select all that apply): |

|  |
| --- |
| ☐ Any liabilities and indemnities that you may incur in connection with services you provide. |
| ☐ Professional Liability |
| ☐ Crime Insurance that covers dishonest acts |
| ☐ Enterprise privacy liability (cyber) |
| Please attach copies of all relevant insurance certificates. |
| [File Attachment] |
| Comments |
|  |

|  |
| --- |
| 1.5.2 Please confirm that a qualified team within your organisation, independent of your custody business, reviews your insurance cover on at least an annual basis |
| ☐ Yes  ☐ No |
| Comments |
|  |

## 1.6 Your strategy

|  |
| --- |
| 1.6.1 In the last 12 months have there been any changes to your business activities which are relevant to the services that you provide to your custody or client money clients? |

|  |
| --- |
| Custody |
| ☐ Yes  ☐ No  ☐ N/A |
| If yes, provide details. |
|  |
| Client money |
| ☐ Yes  ☐ No  ☐ N/A |
| If yes, provide details. |
|  |

|  |
| --- |
| 1.6.2 Do you undertake other business activities which could compromise your ability to provide custody or client money services? |

|  |
| --- |
| Custody |
| ☐ Yes  ☐ No  ☐ N/A |
| If yes, provide details. |
|  |
| Client money |
| ☐ Yes  ☐ No  ☐ N/A |
| If yes, provide details. |
|  |

|  |
| --- |
| 1.6.3 Are there any regulatory changes being implemented that will directly impact your custody or client money business strategy over the next 24 months? |
| ☐ Yes  ☐ No |
| Comments |
|  |

|  |
| --- |
| 1.6.4 Are there any IT developments that will directly impact your custody and/or client money provisions over the next 24 months? |
| ☐ Yes  ☐ No |
| Comments |
|  |

## 1.7 Your organisation

|  |
| --- |
| 1.7.1 Is your custody or client money operations department (e.g. including the systems used) a segregated unit from any trading/investment banking activity? |

|  |
| --- |
| ☐ Yes  ☐ No  ☐ N/A |
| Comments |
|  |

|  |
| --- |
| 1.7.2 Where your organisation has centralised, offshored or outsourced activities to a third party (i.e. not the legal entity that has been contracted with for the provision of services), what is the relationship of that third party to your organisation? |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Relationship | Yes/No | Location (country/city) | Legal name | Activities |
| Branch | ☐ Yes  ☐ No |  |  |  |
| Subsidiary | ☐ Yes  ☐ No |  |  |  |
| Joint venture | ☐ Yes  ☐ No |  |  |  |
| Affiliate | ☐ Yes  ☐ No |  |  |  |
| External party | ☐ Yes  ☐ No |  |  |  |
| Other | ☐ Yes  ☐ No |  |  |  |
| N/A | ☐ Yes  ☐ No |  |  |  |
| Comments | | | |  |
|  | | | |  |

|  |
| --- |
| 1.7.3 In the past 12 months, have there been any changes to custody and/or client money activities which you centralise, offshore or outsource? (e.g. instruction capture, matching, settlements, reconciliations, corporate actions) |

|  |
| --- |
| Centralised/Offshored |
| ☐ Yes  ☐ No  ☐ N/A |
| Comments |
|  |
| Outsourced |
| ☐ Yes  ☐ No  ☐ N/A |
| Comments |
|  |

|  |
| --- |
| 1.7.4 In the next 12 months, does your organisation plan to centralise, offshore or outsource any additional custody and/or client money activities to another part of your group or to a third party? |

|  |
| --- |
| Centralised/Offshored |
| ☐ Yes  ☐ No  ☐ N/A |
| If yes, provide details. |
|  |
| Outsourced |
| ☐ Yes  ☐ No  ☐ N/A |
| If yes, provide details. |
|  |

|  |
| --- |
| 1.7.5 Are there any legal or regulatory changes planned for your market which will affect your centralised, offshored or outsourced activities? |

|  |
| --- |
| Centralised/Offshored |
| ☐ Yes  ☐ No  ☐ N/A |
| If yes, provide details. |
|  |
| Outsourced |
| ☐ Yes  ☐ No  ☐ N/A |
| If yes, provide details. |
|  |

|  |
| --- |
| 1.7.6 Where you have centralised, offshored or outsourced activities , how are they monitored by management in the home jurisdiction? Please select all that apply. |

|  |
| --- |
| Centralised/Offshored |
| ☐ DDQ (please specify frequency) |
| ☐ SLAs |
| ☐ KPIs |
| ☐Service Review meeting/call |
| ☐ Other (please provide details) |
| ☐ None |
| ☐ N/A |
| Comments |
|  |

|  |
| --- |
| Outsourced |
| ☐ DDQ (please specify frequency) |
| ☐ SLAs |
| ☐ KPIs |
| ☐Service Review meeting/call |
| ☐ Other (please provide details) |
| ☐ None |
| ☐ N/A |
| Comments |
|  |

|  |
| --- |
| 1.7.7 Where you have centralised, offshored or outsourced activities, has the accountability for service standards and operational functions been diverted from the contracting party? |

|  |
| --- |
| Centralised/Offshored |
| ☐ Yes  ☐ No  ☐ N/A |
| If yes, provide details. |
|  |
| Outsourced |
| ☐ Yes  ☐ No  ☐ N/A |
| If yes, provide details. |
|  |

|  |
| --- |
| 1.7.8 Do you have all necessary regulatory approvals in place, for centralised, offshored or outsourced activities? |

|  |
| --- |
| Centralised/Offshored |
| ☐ Yes  ☐ No  ☐ N/A |
| If no, provide details. |
|  |
| Outsourced |
| ☐ Yes  ☐ No  ☐ N/A |
| If no, provide details. |
|  |

|  |
| --- |
| 1.7.9 Do you receive and review a copy of the internal and external audit reports for centralised, offshored and outsourced services? |

|  |
| --- |
| Centralised/Offshored |
| ☐ Yes  ☐ No  ☐ N/A |
| If no, provide details. |
|  |
| Outsourced |
| ☐ Yes  ☐ No  ☐ N/A |
| If no, provide details. |
|  |

|  |
| --- |
| 1.7.10 Do you conduct a risk assessment of activities that are centralised, offshored or outsourced? |

|  |
| --- |
| Centralised/Offshored |
| ☐ Yes  ☐ No  ☐ N/A |
| If no, provide details. |
|  |
| Outsourced |
| ☐ Yes  ☐ No  ☐ N/A |
| If no, provide details. |
|  |

|  |
| --- |
| 1.7.11 Do you have plans in place to substitute centralised, offshored or outsourced services if a provider is unable to continue? |

|  |
| --- |
| Centralised/Offshored |
| ☐ Yes  ☐ No  ☐ N/A |
| If no, provide details |
|  |
| Outsourced |
| ☐ Yes  ☐ No  ☐ N/A |
| If no, provide details. |
|  |

|  |
| --- |
| 1.7.12 Do you have an exit strategy (e.g. policies and procedures to ensure data protection, retention and retrieval) when terminating a contract or business relationship with a third-party supplier? |

|  |
| --- |
| ☐ Yes  ☐ No  ☐ N/A |
| If no, provide details. |
|  |

|  |
| --- |
| 1.7.13 Please confirm that you assess the following criteria for entities providing centralised, offshored or outsourced services. |

|  |
| --- |
| Centralised/Offshored |
| ☐ Financial |
| ☐ Audit |
| ☐ Physical |
| ☐ Service continuity |
| ☐ Cybersecurity |
| ☐ N/A |
| Comments |
|  |

|  |
| --- |
| Outsourced |
| ☐ Financial |
| ☐ Audit |
| ☐ Physical |
| ☐ Service continuity |
| ☐ Cybersecurity |
| ☐ N/A |
| Comments |
|  |

## 1.8 Your performance

|  |
| --- |
| 1.8.1 Please briefly describe your market advocacy activities and achievements in the last 12 months, both locally and globally, in making improvements to local and worldwide custody. |

|  |
| --- |
|  |

|  |
| --- |
| 1.8.2 Please indicate your membership and participation in local industry bodies and initiatives. |

|  |
| --- |
| ☐ CSD working group |
| ☐ Central Bank working group |
| ☐ National trade association |
| ☐ Other |
| If yes to any of the above, provide details. |
|  |

|  |
| --- |
| 1.8.3 Please complete the following table indicating the domestic and foreign clients you currently serve, plus current client assets under custody in each case. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Currency |  | | | |
|  | Number of domestic clients | Assets under custody | Number of foreign clients | Assets under custody |
| Banks/global custodians |  |  |  |  |
| Asset managers/institutions |  |  |  |  |
| Brokers/dealers |  |  |  |  |
| Private clients |  |  |  |  |
| Mutual funds |  |  |  |  |
| Public sector (sovereign wealth, national pension funds, Central Banks) |  |  |  |  |
| Other (please specify) |  |  |  |  |
| Comments | | | | |
|  | | | | |

|  |
| --- |
| 1.8.4 Please complete the following table, showing the total number of custody employees located domestically plus a breakdown by key activities. |

|  |  |
| --- | --- |
|  | Number of custody employees |
| Total |  |
| Management |  |
| Operations |  |
| Client services | |
| Relationship managers |  |
| Account officers |  |
| Other |  |
| Comments | |
|  | |

|  |
| --- |
| 1.8.5 What is the staff turnover in your custody and/or client money services businesses in the past 12 months? |

|  |
| --- |
| Custody |
| ☐ 0-5%  ☐ 5-10%  ☐ 10-15%  ☐ > 15%  ☐ N/A |
| Client Money |
| ☐ 0-5%  ☐ 5-10%  ☐ 10-15%  ☐ > 15%  ☐ N/A |

|  |
| --- |
| 1.8.6 Has your organisation been named in a lawsuit in the last 12 months relating to your custody and/or client money businesses? |

|  |
| --- |
| ☐ Yes  ☐ No |
| If yes, explain the circumstances of each lawsuit and the outcome(s) to the extent legally permissible. |
|  |

|  |
| --- |
| 1.8.7 Does your organisation provide ongoing training to all relevant staff to ensure that knowledge is maintained at the requisite levels for the performance of their respective duties? |

|  |
| --- |
| ☐ Yes  ☐ No |

# 2. Asset safety and custody

In scope services: custody services (with or without a sub-custodian)

## 2.1 Regulations, laws and market practices

|  |
| --- |
| 2.1.1 Do you have processes in place to manage, capture and communicate regulatory rule changes within your organisation and, where applicable, to clients? |

|  |
| --- |
| ☐ Yes  ☐ No |
| Comments |
|  |

|  |
| --- |
| 2.1.2 Are you subject to local regulatory disclosure reporting requirements? If yes, please provide details. |

|  |
| --- |
| ☐ Yes  ☐ No |
| Comments |
|  |

|  |
| --- |
| 2.1.3 Do you obtain an external Legal Opinion? |

|  |
| --- |
| ☐ Yes  ☐ No |
| If yes, provide a copy. |
|  |
| If no, please explain why. |
|  |

|  |
| --- |
| 2.1.4 In the last 12 months have there been any changes that affect either legal requirements or market practices related to the holding of client assets? |

|  |
| --- |
| Legal requirements |
| ☐ Yes  ☐ No |
| If yes, provide details. |
|  |
| Market practices |
| ☐ Yes  ☐ No |
| If yes, provide details. |
|  |

|  |
| --- |
| 2.1.5 In the last 12 months have there been any changes to local law in your jurisdiction which require us to grant you a security interest, lien or right of set-off over our clients’ assets to recover debts that are not related to our clients? |

|  |
| --- |
| ☐ Yes  ☐ No |
| If yes, provide details. |
|  |

|  |
| --- |
| 2.1.6 Concerning laws which a) affect the assurance that your organisation’s clients have rights to have securities and cash held by you returned in the event of your insolvency, and b) that would protect your clients from having their assets taken by an insolvency authority to satisfy claims against you by any other person including creditors, please confirm the following: |

|  |
| --- |
| **Do the laws assuring the above currently exist?** |
| ☐ Yes  ☐ No |
| If yes, have there been any changes in the past 12 months and if so, please provide details |
| ☐ Yes  ☐ No |
| Comments |
|  |
| **Are new insolvency/bankruptcy laws or amendments to those that exist pending implementation?** |
| ☐ Yes  ☐ No |
| If yes, provide details of relevant legislation. |
|  |
| **That you will, within a reasonable time, inform us should there be any changes in the insolvency /bankruptcy laws.** |
| ☐ Yes  ☐ No |
| If no, please provide details. |
|  |

|  |
| --- |
| 2.1.6.1 Would your clients be protected from having their assets taken by an insolvency authority to satisfy claims against you by any other person including creditors? |

|  |
| --- |
| ☐ Yes  ☐ No |
| If no, provide details. |
|  |

|  |
| --- |
| 2.1.7 In the last 12 months have there been any changes to the current legal framework regarding the required account structure (e.g. omnibus or segregated accounts)? |

|  |
| --- |
| ☐ Yes  ☐ No |
| If yes, provide details. |
|  |

|  |
| --- |
| 2.1.8 Are there any planned changes to the current legal framework regarding the required account structure (e.g. omnibus or segregated accounts)? |

|  |
| --- |
| ☐ Yes  ☐ No |
| If yes, provide details. |
|  |

|  |
| --- |
| 2.1.9 Please specify or confirm under which names it is legally possible to record or register legal title to securities in your jurisdiction. (Please answer "confirmed" next to each possible name listed below) (Please note that "legal title holder" in this case is the person that the issuer of the securities would recognise as having direct ownership of the securities). |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Our client’s/ investor/ beneficial owner name:** | **Our name:** | **Our nominee name:** | **Your**  **name:** | **Your nominee name:** | **A third party nominee name:** |
| Equities | ☐ Confirmed | ☐ Confirmed | ☐ Confirmed | ☐ Confirmed | ☐ Confirmed | ☐ Confirmed |
| Exchange traded funds | ☐ Confirmed | ☐ Confirmed | ☐ Confirmed | ☐ Confirmed | ☐ Confirmed | ☐ Confirmed |
| Funds | ☐ Confirmed | ☐ Confirmed | ☐ Confirmed | ☐ Confirmed | ☐ Confirmed | ☐ Confirmed |
| Corporate, municipal, sovereign bonds, and  Eurobonds\*  (\* only held at ICSDs) | ☐ Confirmed | ☐ Confirmed | ☐ Confirmed | ☐ Confirmed | ☐ Confirmed | ☐ Confirmed |
| Government instruments | ☐ Confirmed | ☐ Confirmed | ☐ Confirmed | ☐ Confirmed | ☐ Confirmed | ☐ Confirmed |
| Physical securities | ☐ Confirmed | ☐ Confirmed | ☐ Confirmed | ☐ Confirmed | ☐ Confirmed | ☐ Confirmed |

|  |
| --- |
| 2.1.9.1 Please confirm that you verify your client’s assets are registered or that legal title to them is recorded as above. |

|  |
| --- |
| ☐ Yes  ☐ No |
| If no, provide details. |
|  |

|  |
| --- |
| 2.1.9.2 Please confirm that you record assets to reflect the legal requirements in your jurisdiction? |

|  |
| --- |
| ☐ Yes  ☐ No |
| If no, provide details. |
|  |

|  |
| --- |
| 2.1.9.3 Please confirm that you record assets to reflect the market practice in your jurisdiction? |

|  |
| --- |
| ☐ Yes  ☐ No |
| If no, provide details as to how they are recorded at the CSD. |
|  |

|  |
| --- |
| 2.1.9.4 Please confirm that all assets held by you on behalf of your clients are recorded or held by you on your books and records in accordance with local law, rules, regulations and market practice. |

|  |
| --- |
| ☐ Yes  ☐ No |
| If no, provide details. |
|  |

|  |
| --- |
| 2.1.9.5 Is the level of account segregation and record-keeping applicable and implemented by you sufficient to ensure that such assets are protected from your insolvency under the law of your jurisdiction? |

|  |
| --- |
| ☐ Yes  ☐ No |
| If no, describe what additional arrangements you have implemented to minimise the risk of loss and ensure that such assets held for your clients are protected on your insolvency. |
|  |

|  |
| --- |
| 2.1.10 In the last 12 months, have there been any errors which have resulted in securities (proprietary or client assets) not being adequately safeguarded? |

|  |
| --- |
| ☐ Yes  ☐ No |
| If yes, provide details. |
|  |

|  |
| --- |
| 2.1.11 Within which entity or entities is legal ownership recorded? Please select all that apply: |

|  |
| --- |
| ☐ CSD |
| ☐ Custodian |
| ☐ Registrar |
| Comments |
|  |

|  |
| --- |
| 2.1.12 In your market, is the nominee concept fully recognised and accepted? |

|  |
| --- |
| ☐ Yes  ☐ No |
| Comments |
|  |

|  |
| --- |
| 2.1.13 If 2.1.12 yes, does the definition of a nominee company under your local market laws/regulations comply with the following definition: ‘a body corporate whose business consists solely of acting as a nominee holder of investments or other property’? |

|  |
| --- |
| ☐ Yes  ☐ No  ☐ N/A |
| Comments |
|  |

|  |
| --- |
| 2.1.14 If you adopt the use of a nominee concept, is it used to hold only client assets? |

|  |
| --- |
| ☐ Yes  ☐ No  ☐ N/A |
| Comments |
|  |

|  |
| --- |
| 2.1.15 If you adopt the use of a nominee concept, is it required by law or general market practice? |

|  |
| --- |
| ☐ Required by law  ☐ Market practice  ☐ N/A |
| Comments |
|  |

|  |
| --- |
| 2.1.16 Is there a difference between a legal owner and a beneficial owner of securities according to local rules and regulations? |

|  |
| --- |
| ☐ Yes  ☐ No |
| If yes, provide details. |
|  |

|  |
| --- |
| 2.1.17 In the last 12 months have there been any changes to the registration practices for client securities in your jurisdiction?. |

|  |
| --- |
| ☐ Yes  ☐ No  ☐ N/A |
| If yes, provide details. |
|  |

|  |
| --- |
| 2.1.18 Are there any legal requirements or market practices related to the holding of our assets or our clients’ assets that could adversely affect our rights or our clients’ rights? |

|  |
| --- |
| ☐ Yes  ☐ No |
| If yes, provide details. |
|  |

|  |
| --- |
| 2.1.19 Can securities that you hold in an omnibus account, or an omnibus account itself, be restricted for any reason other than a valid court order? |

|  |
| --- |
| ☐ Yes  ☐ No |
| Comments |
|  |

|  |
| --- |
| 2.1.20 In the last 12 months have there been any changes to the protection or compensation available to our organisation if you are unable to meet your obligations? |

|  |
| --- |
| ☐ Yes  ☐ No |
| Comments |
|  |

|  |
| --- |
| 2.1.21 In the last 12 months have there been any changes to the action we need to take to recover our assets/monies in the event of your bankruptcy? |

|  |
| --- |
| ☐ Yes  ☐ No |
| Comments |
|  |

## 2.2 Your accounts

|  |
| --- |
| 2.2.1 Are you able to identify assets / securities held in your omnibus accounts as client assets? |

|  |
| --- |
| ☐ Yes  ☐ No |
| Comments |
|  |

|  |
| --- |
| 2.2.2 Acting as custodian, do you provide segregation between your proprietary holdings and clients’ holdings? |
| ☐ Yes  ☐ No |
| Acting as custodian, do you provide segregation between clients’ proprietary holdings and your clients’ clients’ holdings? |
| ☐ Yes  ☐ No |
| Acting as custodian, do you provide segregation throughout the custody chain including at CSD level? |
| ☐ Yes  ☐ No |
| Comments |
|  |

|  |
| --- |
| 2.2.3 Are assets settled directly into a segregated client account or are they settled into a commingled firm / client account and subsequently segregated? |

|  |
| --- |
| **a) Settlement at sub-custodian** |
| Fully segregated |
| ☐ Yes  ☐ No |
| Commingled, then segregated |
| ☐ Yes  ☐ No |
| Comments |
|  |
| **b) Settlement at CSD** |
| Fully segregated |
| ☐ Yes  ☐ No |
| Commingled, then segregated |
| ☐ Yes  ☐ No |
| Comments |
|  |

|  |
| --- |
| 2.2.4 At the request of your client, do you segregate the following on your books and records? |

|  |
| --- |
| Clients’ UCITS securities from other clients’ non-UCITS securities |
| ☐ Yes  ☐ No |
| If yes, describe how. |
|  |
| Clients’ UCITS cash holdings from other clients’ non-UCITS cash holdings |
| ☐ Yes  ☐ No |
| If yes, describe how. |
|  |
| Clients’ AIF securities from other clients’ non-AIF securities |
| ☐ Yes  ☐ No |
| If yes, describe how. |
|  |
| Clients’ AIF cash holdings from other clients’ non-AIF cash holdings |
| ☐ Yes  ☐ No |
| If yes, describe how. |
|  |

## 2.3 Central Securities Depository (CSD)

|  |
| --- |
| 2.3.1 In the last 12 months have there been any changes that affect the securities account structure and/or account naming conventions at either the CSD or local custodian? |

|  |
| --- |
| CSD |
| ☐ Yes  ☐ No |
| If yes, provide details. |
|  |
| Local custodian |
| ☐ Yes  ☐ No |
| If yes, provide details. |
|  |

|  |
| --- |
| 2.3.2 Please advise on the following: |

|  |
| --- |
| **Are your clients' assets held in an account at the CSD entitled “Clients” or in the name of the client?** |
| ☐ Yes  ☐ No  ☐ N/A |
| **Are your clients’ assets segregated at the CSD from your proprietary holdings?** |
| ☐ Yes  ☐ No  ☐ N/A |
| **Are your clients’ assets held at the CSD in a different nominee name to your proprietary assets (including those of affiliates)?** |
| ☐ Yes  ☐ No  ☐ N/A |
| If no to any of the above, provide details. |
|  |

|  |
| --- |
| 2.3.3 For functions performed by a CSD(s) in the market, can you confirm that in the event of any errors by the CSD, you will pursue a claim on our behalf? |
| ☐ Yes  ☐ No |
| Comments |
|  |

|  |
| --- |
| 2.3.4 Does the CSD have any right of lien, retention or sale over client assets that you hold in safe custody?. |

|  |
| --- |
| ☐ Yes  ☐ No |
| If yes, specify under which circumstances. |
|  |

|  |
| --- |
| 2.3.5 Please confirm that you would notify us of any changes in respect of the CSD and its right of lien, retention or sale over our assets that you hold in safe custody? |

|  |
| --- |
| ☐ Yes  ☐ No |
| Comments |
|  |

|  |
| --- |
| 2.3.6 In the last 12 months have there been any changes to your relationship with any delegate or sub-custodian that would change their rights to offset balances or which affect their lien over our cash and securities accounts? |

|  |
| --- |
| ☐ Yes  ☐ No |
| If yes, please provide details. |
|  |

|  |
| --- |
| 2.3.7 In the last 12 months have you identified any changes to the CSD’s terms and conditions and/or rulebook that increased the risks for you as a member and/or your clients? |
| ☐ Yes  ☐ No |
| If yes, provide details. |
|  |

|  |
| --- |
| **2.3.8 Do you perform a risk assessment and/or an operational due diligence review of the CSD (or equivalent infrastructure) to identify risks for you as a member and your clients on an annual basis?** |
| ☐ Yes  ☐ No |
| If no, please advise why not. |
|  |
| **Were there any areas of material concern noted as part of your most recent review?** |
| ☐ Yes  ☐ No |
| If yes, provide details. |
|  |

|  |
| --- |
| **2.3.9 In the last 12 months, have there been any regulatory actions/adverse findings against the CSD?** |
| ☐ Yes  ☐ No |
| If yes, provide details. |
|  |

|  |
| --- |
| **2.3.10 How do you ensure sufficient liquidity for your obligations at the CSD?** |
| ☐ Cash Funding |
| ☐ Collateral |
| ☐ Self-Collateralisation |
| ☐ Other (please advise) |
| Comments |
|  |

|  |
| --- |
| **2.3.11 In the last 12 months have there been any changes to the settlement methodology used by the CSD?** |
| ☐ Yes  ☐ No |
| If yes, provide details. |
|  |

## 2.4 Control and reconciliation

|  |
| --- |
| 2.4.1 Please confirm that neither you nor your affiliates will transfer securities in the absence of an instruction from us. |

|  |
| --- |
| ☐ Yes  ☐ No |
| Comments |
|  |

|  |
| --- |
| 2.4.2 Please confirm that you would notify us prior to making any changes that were not initiated by our instruction to the numbers or titles of our accounts in your books or at the CSD. |

|  |
| --- |
| ☐ Yes  ☐ No |
| Comments |
|  |

|  |
| --- |
| 2.4.3 Please confirm your organisation has adequate procedures and controls to prevent brokers/third parties accessing clients’ CSD holdings directly. |

|  |
| --- |
| ☐ Yes  ☐ No |
| Comments |
|  |

|  |
| --- |
| 2.4.4 Where assets are being held in any of your nominee companies, please provide evidence that these and any new nominee companies are owned and controlled by you. Suitable evidence is in the form of extracts from financial statements, directors’ reports or other forms of official company documentation. |

|  |
| --- |
| Please attach file here |
| [Attachment] |
| Comments |
|  |

|  |
| --- |
| 2.4.5 In the last 12 months, have there been any changes to your measures to minimise the risk of loss or diminution of financial instruments or of rights in connection with those instruments in case of abuse, fraud, inadequate administration, improper record keeping or negligence? |

|  |
| --- |
| ☐ Yes  ☐ No |
| Comments |
|  |

|  |
| --- |
| 2.4.6 Please confirm that you would advise us as soon as you became aware of any loss of securities. |

|  |
| --- |
| ☐ Yes  ☐ No |
| If no, please explain. |
|  |

|  |
| --- |
| 2.4.7 Please confirm the frequency and automation of reconciliation of securities and cash balances to the following entities. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Securities | | Cash | |
|  | (Frequency of reconciliation) | Automation | (Frequency of reconciliation) | Automation |
| CSD (balance) | ☐ Intraday  ☐ Daily  ☐ Weekly  ☐ Monthly  ☐ > Monthly  ☐ N/A | ☐ Fully automated  ☐ Semi automated  ☐ Manual  ☐ N/A | ☐ Intraday  ☐ Daily  ☐ Weekly  ☐ Monthly  ☐ > Monthly  ☐ N/A | ☐ Fully automated  ☐ Semi automated  ☐ Manual  ☐ N/A |
| CSD (transaction) | ☐ Intraday  ☐ Daily  ☐ Weekly  ☐ Monthly  ☐ > Monthly  ☐ N/A | ☐ Fully automated  ☐ Semi automated  ☐ Manual  ☐ N/A | ☐ Intraday  ☐ Daily  ☐ Weekly  ☐ Monthly  ☐ > Monthly  ☐ N/A | ☐ Fully automated  ☐ Semi automated  ☐ Manual  ☐ N/A |
| Central Bank (balance) | ☐ Intraday  ☐ Daily  ☐ Weekly  ☐ Monthly  ☐ > Monthly  ☐ N/A | ☐ Fully automated  ☐ Semi automated  ☐ Manual  ☐ N/A | ☐ Intraday  ☐ Daily  ☐ Weekly  ☐ Monthly  ☐ > Monthly  ☐ N/A | ☐ Fully automated  ☐ Semi automated  ☐ Manual  ☐ N/A |
| Central Bank (transactions) | ☐ Intraday  ☐ Daily  ☐ Weekly  ☐ Monthly  ☐ > Monthly  ☐ N/A | ☐ Fully automated  ☐ Semi automated  ☐ Manual  ☐ N/A | ☐ Intraday  ☐ Daily  ☐ Weekly  ☐ Monthly  ☐ > Monthly  ☐ N/A | ☐ Fully automated  ☐ Semi automated  ☐ Manual  ☐ N/A |
| Registrar (balance) | ☐ Intraday  ☐ Daily  ☐ Weekly  ☐ Monthly  ☐ > Monthly  ☐ N/A | ☐ Fully automated  ☐ Semi automated  ☐ Manual  ☐ N/A | ☐ Intraday  ☐ Daily  ☐ Weekly  ☐ Monthly  ☐ > Monthly  ☐ N/A | ☐ Fully automated  ☐ Semi automated  ☐ Manual  ☐ N/A |
| Registrar (transactions) | ☐ Intraday  ☐ Daily  ☐ Weekly  ☐ Monthly  ☐ > Monthly  ☐ N/A | ☐ Fully automated  ☐ Semi automated  ☐ Manual  ☐ N/A | ☐ N/A | |
| Delegated sub-custodians (balance) | ☐ Intraday  ☐ Daily  ☐ Weekly  ☐ Monthly  ☐ > Monthly  ☐ N/A | ☐ Fully automated  ☐ Semi automated  ☐ Manual  ☐ N/A | ☐ N/A | |
| Delegated sub-custodians (transactions) | ☐ Intraday  ☐ Daily  ☐ Weekly  ☐ Monthly  ☐ > Monthly  ☐ N/A | ☐ Fully automated  ☐ Semi automated  ☐ Manual  ☐ N/A | ☐ Intraday  ☐ Daily  ☐ Weekly  ☐ Monthly  ☐ > Monthly  ☐ N/A | ☐ Fully automated  ☐ Semi automated  ☐ Manual  ☐ N/A |
| Transfer Agents | ☐ Intraday  ☐ Daily  ☐ Weekly  ☐ Monthly  ☐ > Monthly  ☐ N/A | ☐ Fully automated  ☐ Semi automated  ☐ Manual  ☐ N/A | ☐ Intraday  ☐ Daily  ☐ Weekly  ☐ Monthly  ☐ > Monthly  ☐ N/A | ☐ Fully automated  ☐ Semi automated  ☐ Manual  ☐ N/A |
| Where manual intervention is required, describe the entity and process. | | | | |
|  | | | | |

|  |
| --- |
| 2.4.8 In the last 12 months, have there been any changes to your reconciliation processes or procedures used when a discrepancy is identified? |

|  |
| --- |
| ☐ Yes  ☐ No |
| If yes, provide details. |
|  |

|  |
| --- |
| 2.4.9 Do you have a tracking process for aged discrepancies (e.g. standardised thresholds, Key Performance Indicators (KPIs))? |

|  |
| --- |
| ☐ Yes  ☐ No |
| Comments |
|  |

|  |
| --- |
| 2.4.10 In the last 12 months, have there been any changes to the way your system records if securities are held in custody but are unavailable for delivery? (e.g. due to being out for transfer or splitting, being used for collateral or lending, stopped for any other reasons) |

|  |
| --- |
| Transfer |
| ☐ Yes  ☐ No |
| If yes, provide details. |
|  |
| Splitting |
| ☐ Yes  ☐ No |
| If yes, provide details. |
|  |
| Collateral |
| ☐ Yes  ☐ No |
| If yes, provide details. |
|  |
| Lending |
| ☐ Yes  ☐ No |
| If yes, provide details. |
|  |
| Other |
| ☐ Yes  ☐ No |
| If yes, provide details. |
|  |

|  |
| --- |
| 2.4.11 In the last 12 months has the number of unreconciled items increased by more than 10% for any of the following: |

|  |
| --- |
| Securities balances |
| ☐ Yes  ☐ No |
| If yes, provide details. |
|  |
| Cash balances |
| ☐ Yes  ☐ No |
| If yes, provide details. |
|  |
| Securities transactions |
| ☐ Yes  ☐ No |
| If yes, provide details. |
|  |
| Cash transactions |
| ☐ Yes  ☐ No |
| If yes, provide details. |
|  |

|  |
| --- |
| 2.4.12 In the last 12 months have there been any changes or enhancements regarding the process for reconciliation of breaks or outstanding items? |

|  |
| --- |
| ☐ Yes  ☐ No |
| If yes, provide details. |
|  |

## 2.5 Physical holdings (answer if applicable)

|  |
| --- |
| If physical securities exist in the market, please complete this section (2.5). If not, please tick the ‘Not Applicable’ box below and move to section 2.6. |

|  |
| --- |
| ☐ N/A |

|  |
| --- |
| 2.5.1 Please confirm that your vault security features include the following: |

|  |
| --- |
| ☐ Security guards |
| ☐ 24-hour closed-circuit camera surveillance |
| ☐ Dual control over all activities |
| ☐ Monitoring of access via a log book |
| ☐ Alarms |
| ☐ Panic buttons |
| ☐ Movement detectors |
| ☐ Timed locks |
| ☐ Fire suppression systems |
| ☐ Flood control systems |
| Please list any additional features: |
|  |

|  |
| --- |
| 2.5.2 Please state the location of the vault (e.g. is it in the same building as your securities services operations, which floor is it located on)? |

|  |
| --- |
|  |

|  |
| --- |
| 2.5.3 Do you have procedures and controls for the physical transportation of securities? |

|  |
| --- |
| ☐ Yes  ☐ No |
| If no, please explain why. |
|  |

|  |
| --- |
| 2.5.4 Has there been any changes to these procedures in the past 12 months? |

|  |
| --- |
| ☐ Yes  ☐ No |
| If yes, provide details |
|  |

|  |
| --- |
| 2.5.5 Has there been an internal audit in the last 12 months? |

|  |
| --- |
| ☐ Yes  ☐ No |
| Comments |
|  |

|  |
| --- |
| 2.5.6 Were there any exceptions noted? |

|  |
| --- |
| ☐ Yes  ☐ No |
| If yes, provide details . |
|  |

|  |
| --- |
| 2.5.7 Has there been an external audit in the last 12 months? |

|  |
| --- |
| ☐ Yes  ☐ No |
| Comments |
|  |

|  |
| --- |
| 2.5.8 Were there any exceptions noted?. |

|  |
| --- |
| ☐ Yes  ☐ No |
| If yes, provide details |
|  |

|  |
| --- |
| 2.5.9 Do you outsource the safekeeping of physical assets? |

|  |
| --- |
| ☐ Yes  ☐ No |
| If yes, provide details. |
|  |

|  |
| --- |
| 2.5.10 Please confirm that there are dual controls in place for all physical security management (e.g. delivery of physical securities). |

|  |
| --- |
| ☐ Yes  ☐ No |
| If no, please explain why. |
|  |

|  |
| --- |
| 2.5.11 Please confirm that there is a segregation of duties between the maintenance of physical custody records and their reconciliation. |

|  |
| --- |
| ☐ Yes  ☐ No |
| If no, please explain why. |
|  |

|  |
| --- |
| 2.5.12 Please outline how client assets are segregated within the vault from your organisation's and other clients' assets. |

|  |
| --- |
|  |

|  |
| --- |
| 2.5.13 Please advise in which entity's name physical securities are registered, where applicable. |

|  |
| --- |
|  |

|  |
| --- |
| 2.5.14 Please outline how you record bearer instruments in your books and records so that you know who the beneficial owner is. |

|  |
| --- |
|  |

|  |
| --- |
| 2.5.15 At what capacity is your vault currently operating? |

|  |
| --- |
|  |

|  |
| --- |
| 2.5.16 How do you monitor vault capacity levels? |

|  |
| --- |
|  |

|  |
| --- |
| 2.5.17 Please outline your Business Continuity Plan (BCP) should the operation of your vault become impaired. |

|  |
| --- |
|  |

|  |
| --- |
| 2.5.18 How frequently are physical securities counted and reconciled to your records? |

|  |
| --- |
| ☐ Quarterly  ☐ Semi annually  ☐ Annually  ☐ Other (please specify) |
| Comments |
|  |

|  |
| --- |
| 2.5.19 Do your procedures include how exceptions are investigated, reported and escalated and corrected? |

|  |
| --- |
| ☐ Yes  ☐ No |
| If not, please explain why. |
|  |

|  |
| --- |
| 2.5.20 Do you reconcile registered physical securities to the registrar’s records at least once every six months? |

|  |
| --- |
| ☐ Yes  ☐ No |
| If not, please advise the scope and frequency of vault counts. |
|  |

|  |
| --- |
| 2.5.21 Do local rules and regulations stipulate how frequently you are required to perform vault reconciliations? |

|  |
| --- |
| ☐ Yes  ☐ No |
| If yes, please advise the frequency |
| ☐ Quarterly  ☐ Semi annually  ☐ Annually  ☐ Other |
| If other, please specify |
|  |

|  |
| --- |
| 2.5.22 Do local rules and regulations stipulate how frequently you are required to perform reconciliations against registrar records? |

|  |
| --- |
| ☐ Yes  ☐ No |
| If yes, please advise how often. |
| ☐ Quarterly  ☐ Semi annually  ☐ Annually  ☐ Other |
| If other, please specify. |
|  |

## 2.6 Building security

|  |
| --- |
| 2.6.1 Please confirm which of these applies to the security on your premises. |

|  |
| --- |
| ☐ 24-hour security coverage |
| ☐ External security personnel |
| ☐ Internal security personnel |
| ☐ Armed security personnel |
| ☐ Building entry security clearance and ID if required |
| ☐ Physical entry barriers |
| ☐ Restricted access ID cards for all staff and visitors |
| ☐ Security cameras |
| ☐ Alarms to detect unauthorised entry |
| ☐ Alarms to detect smoke |
| ☐ Alarms to detect heat and fire |
| ☐ Alarms to detect flooding |
| If security is not provided on a 24-hour basis, provide details of arrangements in place. |
|  |

|  |
| --- |
| 2.6.2 Are all staff, visitors and vendors properly identified, required to sign in, and wear badges? |

|  |
| --- |
| ☐ Yes  ☐ No |
| Comments |
|  |

|  |
| --- |
| 2.6.3 Are all visitors and vendors supervised whilst on the premises? |

|  |
| --- |
| ☐ Yes  ☐ No |
| Comments |
|  |

|  |
| --- |
| 2.6.4 Is data centre access limited to employees with appropriate job responsibilities? |

|  |
| --- |
| ☐ Yes  ☐ No |
| Comments |
|  |

# 3. Risk mitigation

In scope services: custody services (with or without a sub-custodian) and, if applicable, client money services

## 3.1 Operational controls

|  |
| --- |
| 3.1.1 Do you maintain written operational controls and procedures for all custody operations and banking functions? |

|  |
| --- |
| ☐ Yes  ☐ No |
| Comments |
|  |

|  |
| --- |
| 3.1.2 How frequently are the operational controls and procedures reviewed/updated and by whom? |

|  |
| --- |
| Review |
| ☐ Quarterly  ☐ Semi annually  ☐ Annually  ☐ Other (please specify): |
| Reviewed by: |
|  |
| **In the last 12 months have there been material changes to your operational controls and procedures?** |
| ☐ Yes  ☐ No |
| If yes, provide details. |
|  |

|  |
| --- |
| 3.1.3 In the last 12 months has your local regulator raised any concerns in relation to your operational controls and procedures? |

|  |
| --- |
| ☐ Yes  ☐ No |
| If yes, provide details. |
|  |

|  |
| --- |
| 3.1.4 Are unique user names and passwords used for internal and external systems? |

|  |
| --- |
| ☐ Yes  ☐ No |
| If yes, please state the frequency of change of passwords. |
|  |

## 3.2 Risk management

|  |
| --- |
| 3.2.1 Do you have an independent risk management function in your organisation? |

|  |
| --- |
| ☐ Yes  ☐ No |
| If yes, please provide an organisation chart showing (or explain) where risk management resides within your organisation including reporting lines, roles and responsibility for the management of risk, oversight breaches and remediation in relation to securities services or client money. |
| [Attachment] |
|  |

|  |
| --- |
| **3.2.2 Do you use Risk and Control Self-Assessment (RCSA)?** |

|  |
| --- |
| ☐ Yes  ☐ No |
| **If you use RCSA, please confirm a risk assessment is carried out for custody and specify the frequency.** |
| Custody |
| ☐ Yes  ☐ No  ☐ N/A |
| Frequency |
| ☐ Monthly  ☐ Quarterly  ☐ Biannually  ☐ Annually  ☐ Ad-hoc |
| If no, please explain why. |
|  |
| **If you use RCSA, please confirm a risk assessment is carried out for client money and specify the frequency.** |
| Client Money |
| ☐ Yes  ☐ No  ☐ N/A |
| Frequency |
| ☐ Monthly  ☐ Quarterly  ☐ Biannually  ☐ Annually  ☐ Ad-hoc |
| If no, please explain why. |
|  |

## 3.3 Audit

|  |
| --- |
| 3.3.1 Who are your external auditors responsible for operational audit? |

|  |
| --- |
|  |

|  |
| --- |
| 3.3.2 Please confirm if you have within your internal audit function staff dedicated to your custody and/or client money operations. |

|  |
| --- |
| Custody |
| ☐ Yes  ☐ No  ☐ N/A |
| If yes, provide details. |
|  |
| Client Money |
| ☐ Yes  ☐ No  ☐ N/A |
| If yes, provide details. |
|  |

|  |
| --- |
| 3.3.3 Please provide an overview or (as an attachment) a diagram showing where your internal audit function resides and who it reports to. |

|  |
| --- |
| Attachment |
| [File Attachment] |
| Comments |
|  |

|  |
| --- |
| 3.3.4 Do any supervisory regulations apply to the design of your internal audit function? |

|  |
| --- |
| ☐ Yes  ☐ No |
| If yes, provide details. |
|  |

|  |
| --- |
| 3.3.5 Do your regulators review your internal procedures? |

|  |
| --- |
| ☐ Yes  ☐ No |
| **If yes, how frequently?** |
|  |

|  |  |  |
| --- | --- | --- |
| **3.3.6 How frequently are your custody operations audited by your internal auditors?**  **Please provide the date of the last internal audits.** | | |
| Frequency | Date | Type |
| ☐ 6 months  ☐ 12 months  ☐ 18 months  ☐ 24 months  ☐ Other (specify): |  |  |
| Has this frequency changed in the last 12 months? | | |
| ☐ Yes  ☐ No | | |
| If yes, please provide details. | | |
|  | | |
| If frequency is greater than 24 months, please advise next anticipated audit date below. | | |
|  | | |
| Comments | | |
|  | | |

|  |  |  |
| --- | --- | --- |
| **3.3.7 How frequently are your custody operations audited by your external auditors?**  **Please provide the date of the last external audits.** | | |
| Frequency | Date | Type |
| ☐ 6 months  ☐ 12 months  ☐ 18 months  ☐24 months  ☐ Other (specify) |  |  |
| Has this frequency changed in the last 12 months? | | |
| ☐ Yes  ☐ No | | |
| If yes, please provide details. | | |
|  | | |
| If frequency is greater than 24 months, please advise next anticipated audit date below. | | |
|  | | |
| Please attach a copy of the last audit report from your external auditors. | | |
| [File Attachment/URL Link] | | |
| Comments | | |
|  | | |

|  |  |  |
| --- | --- | --- |
| **3.3.8 How frequently are your custody operations audited by your market regulators?**  **Please provide the date of the last market regulators audits.** | | |
| Frequency | Date | Type |
| ☐ 6 months  ☐ 12 months  ☐ 18 months  ☐24 months  ☐ Other (specify) |  |  |
| Has this frequency changed in the last 12 months? | | |
| ☐ Yes  ☐ No | | |
| If yes, please provide details. | | |
|  | | |
| If frequency is greater than 24 months, please advise next anticipated audit date below. | | |
|  | | |
| Comments | | |
|  | | |

|  |  |  |
| --- | --- | --- |
| **3.3.9 How frequently are your custody operations audited by your Central Bank?**  **Please provide the date of the last Central Bank audits.** | | |
| Frequency | Date | Type |
| ☐ 6 months  ☐ 12 months  ☐ 18 months  ☐24 months  ☐ Other (specify) |  |  |
| Has this frequency changed in the last 12 months? | | |
| ☐ Yes  ☐ No | | |
| If yes, please provide details. | | |
|  | | |
| If frequency is greater than 24 months, please advise next anticipated audit date below. | | |
|  | | |
| Comments | | |
|  | | |

|  |  |  |
| --- | --- | --- |
| **3.3.10 How frequently are your client money operations audited by your internal auditors?**  **Please provide the date of the last internal audits.** | | |
| Frequency | Date | Type |
| ☐ 6 months  ☐ 12 months  ☐ 18 months  ☐ 24 months  ☐ Other (specify)  ☐ N/A |  |  |
| Has this frequency changed in the last 12 months? | | |
| ☐ Yes  ☐ No  ☐ N/A | | |
| If yes, please provide details. | | |
|  | | |
| If frequency is greater than 24 months, please advise next anticipated audit date below. | | |
|  | | |
| Comments | | |
|  | | |

|  |  |  |
| --- | --- | --- |
| **3.3.11 How frequently are your client money operations audited by your external auditors?**  **Please provide the date of the last external audits.** | | |
| Frequency | Date | Type |
| ☐ 6 months  ☐ 12 months  ☐ 18 months  ☐ 24 months  ☐ Other (specify)  ☐ N/A |  |  |
| Has this frequency changed in the last 12 months? | | |
| ☐ Yes  ☐ No  ☐ N/A | | |
| If yes, please provide details. | | |
|  | | |
| If frequency is greater than 24 months, please advise next anticipated audit date below. | | |
|  | | |
| Please attach a copy of the last audit report from your external auditors. | | |
| [File Attachment/URL Link] | | |
| Comments | | |
|  | | |

|  |  |  |
| --- | --- | --- |
| **3.3.12 How frequently are your client money operations audited by your market regulators?**  **Please provide the date of the last market regulators audits.** | | |
| Frequency | Date | Type |
| ☐ 6 months  ☐ 12 months  ☐ 18 months  ☐ 24 months  ☐ Other (specify)  ☐ N/A |  |  |
| Has this frequency changed in the last 12 months? | | |
| ☐ Yes  ☐ No  ☐ N/A | | |
| If yes, please provide details. | | |
|  | | |
| If frequency is greater than 24 months, please advise next anticipated audit date below. | | |
|  | | |
| Comments | | |
|  | | |

|  |  |  |
| --- | --- | --- |
| **3.3.13 How frequently are your client money operations audited by your Central Bank?**  **Please provide the date of the last Central Bank audits.** | | |
| Frequency | Date | Type |
| ☐ 6 months  ☐ 12 months  ☐ 18 months  ☐ 24 months  ☐ Other (specify)  ☐ N/A |  |  |
| Has this frequency changed in the last 12 months? | | |
| ☐ Yes  ☐ No  ☐ N/A | | |
| If yes, please provide details. | | |
|  | | |
| If frequency is greater than 24 months, please advise next anticipated audit date below. | | |
|  | | |
| Comments | | |
|  | | |

|  |
| --- |
| 3.3.14 Do you prepare assurance reports to prove internal control operations and procedures are efficient, effective, robust and satisfy their control objectives? |

|  |
| --- |
| ☐ Yes  ☐ No |
| If yes, provide a copy of the report. |
| [File Attachment] |
| Comments |
|  |

|  |
| --- |
| 3.3.15 Please highlight any concerns raised in any of the above audits together with actions to remediate these points. |

|  |
| --- |
| Comments |
|  |
| Please attach file here |
| [File Attachment] |

|  |
| --- |
| 3.3.16 Please confirm that follow-up procedures exist to ensure that internal/external audit or regulatory audit recommendations are implemented. |

|  |
| --- |
| ☐ Yes  ☐ No |
| Comments |
|  |

|  |
| --- |
| 3.3.17 Are there any recommendations that have not been implemented? |

|  |
| --- |
| ☐ Yes  ☐ No |
| If yes, provide details. |
|  |

|  |
| --- |
| 3.3.18 Are all key operating procedures and escalation procedures clearly documented and shared with relevant staff? |

|  |
| --- |
| ☐ Yes  ☐ No |
| Comments |
|  |

|  |
| --- |
| 3.3.19 Do your external auditors verify that assets held by you are in your custody and control? |

|  |
| --- |
| ☐ Yes  ☐ No |
| If no, provide details. |
|  |

|  |
| --- |
| 3.3.20 In the past 12 months, please confirm that such external audits have taken place in respect of assets recorded in your books and are reconciled with the Central Securities Depository / Registrar or any other sub-custodian? |

|  |
| --- |
| ☐ Yes  ☐ No |
| Comments |
|  |

## 3.4 IT Disaster recovery (systems and data)

|  |
| --- |
| 3.4.1 Please confirm that you have disaster recovery plans (DRP). |

|  |
| --- |
| ☐ Yes  ☐ No |
| Comments |
|  |

|  |
| --- |
| 3.4.2 In the last 12 months have there been any material changes to these plans? |

|  |
| --- |
| ☐ Yes  ☐ No |
| If yes, provide details. |
|  |

|  |
| --- |
| 3.4.3 Are these plans reviewed by your regulator? |

|  |
| --- |
| ☐ Yes  ☐ No |
| Comments |
|  |

|  |
| --- |
| 3.4.4 Who within your organisation has oversight over your DRP? |

|  |
| --- |
|  |

|  |
| --- |
| 3.4.5 Who has authority to activate your DRP? |

|  |
| --- |
|  |

|  |
| --- |
| 3.4.6 How often is your DRP tested? What was the date of the last test? |

|  |
| --- |
| ☐ 6 months  ☐ 12 months  ☐ 18 months  ☐ 24 months  ☐ Other (specify): |
| Date of last test (DD/MM/YYYY) |
|  |

|  |
| --- |
| 3.4.7 Was the last DRP test successful? |

|  |
| --- |
| ☐ Yes  ☐ No |
| **If not, please describe items that require remediation and confirm that a remediation plan is in place.** |
|  |

|  |
| --- |
| 3.4.8 Is your DRP testing live and/or simulated? |

|  |
| --- |
| ☐ Live  ☐ Simulated  ☐ Both |
| Comments |
|  |

|  |
| --- |
| 3.4.9 Does the DRP testing include financial market infrastructures? |

|  |
| --- |
| ☐ Yes  ☐ No |
| Comments |
|  |

|  |
| --- |
| 3.4.10 Does the DRP testing include other third parties? |

|  |
| --- |
| ☐ Yes  ☐ No |
| Comments |
|  |

|  |
| --- |
| 3.4.11 Please confirm that testing replicates a full business day. |

|  |
| --- |
| ☐ Yes  ☐ No |
| Comments |
|  |

|  |
| --- |
| 3.4.12 Are the results of the DRP test audited by internal or external auditors? |

|  |
| --- |
| ☐ Yes, internal  ☐ Yes, external  ☐ Yes, both (internal and external)  ☐ No |
| If yes, provide a copy of the reports. |
| [File Attachment] |
| Comments |
|  |

|  |
| --- |
| 3.4.13 How do you monitor gaps from these findings and ensure action is taken to remediate these issues? |

|  |
| --- |
|  |

|  |
| --- |
| 3.4.14 How and when would clients be advised in the event of a disaster? |

|  |
| --- |
|  |

|  |
| --- |
| 3.4.15 In a disaster event, how soon do you commit to reconstituting your system/parallel system? |

|  |
| --- |
| ☐ Within 1 hour  ☐ Within 4 hours  ☐ Within 12 hours  ☐ Within 24 hours  ☐ More than 24 hours |
| Comments |
|  |

|  |
| --- |
| 3.4.16 In a disaster event, how soon are you able to revert to normal business operations? |

|  |
| --- |
| ☐ Within 1 hour  ☐ Within 4 hours  ☐ Within 12 hours  ☐ Within 24 hours  ☐ More than 24 hours |
| Comments |
|  |

|  |
| --- |
| 3.4.17 Have you tested your capability to meet your Recovery Time Objective within the last 12 months? |

|  |
| --- |
| ☐ Yes  ☐ No |
| If yes, what was the outcome? |
|  |

|  |
| --- |
| 3.4.18 Are there any limitations to your system capabilities whilst in DR mode? |

|  |
| --- |
| ☐ Yes  ☐ No |
| If yes, provide details. |
|  |

|  |
| --- |
| 3.4.19 Do you back up your data in real time? |

|  |
| --- |
| ☐ Yes  ☐ No |
| If no, how often is data backed up? |
| ☐ Mirrored with delay  ☐ Daily  ☐ Weekly  ☐ Other |
| Comments |
|  |

|  |
| --- |
| 3.4.20 In the last 12 months have you invoked your DRP? |

|  |
| --- |
| ☐ Yes  ☐ No |
| If yes, provide details. |
|  |

|  |
| --- |
| 3.4.21 Did the results comply with your plan? |

|  |
| --- |
| ☐ Yes  ☐ No  ☐ N/A |
| Comments |
|  |

|  |
| --- |
| **3.4.22 How far apart are your primary and secondary processing hardware located?** |

|  |
| --- |
| Distance ( )km |

|  |
| --- |
| 3.4.22.1 Are your primary and secondary processing hardware located in the same power grid? |

|  |
| --- |
| ☐ Yes  ☐ No |
| Comments |
|  |

|  |
| --- |
| 3.4.22.2 If your primary and secondary processing hardware are located in the same power grid, how do you mitigate this risk? |

|  |
| --- |
|  |

|  |
| --- |
| 3.4.23 Do you operate a “hot” disaster recovery site? |

|  |
| --- |
| ☐ Yes  ☐ No |
| Comments |
|  |

|  |
| --- |
| 3.4.24 Are backup systems available at the primary data centre? |

|  |
| --- |
| ☐ Yes  ☐ No |
| Comments |
|  |

|  |
| --- |
| 3.4.25 If the primary lines of communication between your primary data centre and the back-up site fail, what contingency measures are in place? |

|  |
| --- |
|  |

## 3.5 Cybersecurity

|  |
| --- |
| 3.5.1 Does your organisation have a documented cybersecurity policy in place? |

|  |
| --- |
| ☐ Yes  ☐ No |
| If yes, provide a copy or overview. |
| [File Attachment] |
| Comments |
|  |

|  |
| --- |
| 3.5.1.1 Please confirm that your staff receive relevant training about this policy. |

|  |
| --- |
| ☐ Yes  ☐ No |
| Comments |
|  |

|  |
| --- |
| 3.5.2 Please provide an overview of your policy for continuity of business in the event of a large data breach or cyber-attack against your organisation. |

|  |
| --- |
|  |

|  |
| --- |
| 3.5.3 In the last 12 months have there been any changes to the policy? |

|  |
| --- |
| ☐ Yes  ☐ No |
| If yes, provide details. |
|  |

|  |
| --- |
| 3.5.4 How often do you review the policy? |

|  |
| --- |
| ☐ Semi annually  ☐ Annually  ☐ Other (please specify): |
| Comments |
|  |

|  |
| --- |
| 3.5.5 Please provide (as an attachment) a diagram showing where your cybersecurity function resides and who it reports to. |

|  |
| --- |
| Please attach file here |
| [File Attachment] |
| Comments |
|  |

|  |
| --- |
| 3.5.6 How does your organisation identify which business functions carry a cyber risk? |

|  |
| --- |
|  |

|  |
| --- |
| 3.5.7 Do you conduct ongoing testing and monitoring processes to ensure that all internal and external connectivity and system configurations are not at risk of cybersecurity breaches? |

|  |
| --- |
| ☐ Yes  ☐ No |
| If yes, provide details and indicate frequency. |
|  |

|  |
| --- |
| 3.5.8 What technological controls and protections are in place for your systems and networks? |

|  |
| --- |
|  |

|  |
| --- |
| 3.5.8.1 Does your organisation use multi-factor authentication? |

|  |
| --- |
| ☐ Yes  ☐ No |
| Comments |
|  |

|  |
| --- |
| 3.5.8.2 Where your organisation has outsourced activities or functions to a third-party provider, is your cyber risk exposure documented? |

|  |
| --- |
| ☐ Yes  ☐ No |
| Comments |
|  |

|  |
| --- |
| 3.5.9 What measures does your organisation have to ensure early detection of a cyber-attack? |

|  |
| --- |
|  |

|  |
| --- |
| 3.5.10 What is the agreed resumption time for critical operations following a cyber-attack? |

|  |
| --- |
|  |

|  |
| --- |
| 3.5.11 How would you advise clients of a successful cyber-attack against your organisation? |

|  |
| --- |
|  |

|  |
| --- |
| 3.5.12 In the last 12 months has your organisation been subject to a cyber-attack that impacted the service you provide to us? |

|  |
| --- |
| ☐ Yes  ☐ No |
| If yes, provide details. |
|  |

|  |
| --- |
| 3.5.13 Are the following elements of your cybersecurity framework tested pre and post deployment of changes? |

|  |
| --- |
| ☐ Vulnerability assessment |
| ☐ Scenario based penetration tests |
| ☐ Testing of incident response process and technical/business/operations (e.g. table-top exercise) |
| ☐ Other: Please describe in comments |
| Comments |
|  |

|  |
| --- |
| 3.5.14 Does your organisation use a cloud service provider(s)? |
| ☐ Yes  ☐ No |
| If no, please advise if you are planning to move to a cloud service provider. |
| ☐ Yes  ☐ No |

|  |
| --- |
| 3.5.15 When utilising cloud technology, do you have appropriate controls in place, including those to protect our information from cybersecurity risks, such as mishandling and theft? |

|  |
| --- |
| ☐ Yes  ☐ No  ☐ N/A |
| If yes, do these procedures and controls adhere to your record retention policy? |
| ☐ Yes  ☐ No  ☐ N/A |
| If no, provide further information. |
|  |

|  |
| --- |
| 3.5.16 Does your organisation conduct dark web searches for signs of a breach (e.g., internet protocol or customer/client personally identified information for sale)? |

|  |
| --- |
| ☐ Yes  ☐ No |
| Comments |
|  |

|  |
| --- |
| 3.5.17 Does your organisation comply with SWIFT’s Customer Security Program controls? |

|  |
| --- |
| ☐ Yes  ☐ No |
| Comments |
|  |

|  |
| --- |
| 3.5.18 Does your organisation respond to requests for your attestations? |

|  |
| --- |
| ☐ Yes  ☐ No |
| Comments |
|  |

|  |
| --- |
| 3.5.19 Does your organisation request the attestations of your counterparties and incorporate the responses into ongoing relationship and risk management programs? |

|  |
| --- |
| ☐ Yes  ☐ No |
| Comments |
|  |

## 3.6 Business continuity programme (BCP) (operations and premises)

|  |
| --- |
| 3.6.1 Please confirm that you have a BCP, including alternate offices, power, communications and all necessary facilities. |

|  |
| --- |
| ☐ Yes  ☐ No |
| Comments |
|  |

|  |
| --- |
| 3.6.2 In the last 12 months have there been any material changes to the BCP? |

|  |
| --- |
| ☐ Yes  ☐ No  ☐ N/A |
| If yes, provide details. |
|  |

|  |
| --- |
| 3.6.3 Is your organisation compliant with all current regulatory requirements for BCP in each of the countries where you provide securities services and/or client money services? |

|  |
| --- |
| ☐ Yes  ☐ No |
| Comments |
|  |

|  |
| --- |
| 3.6.4 Who within your organisation has oversight and control over the BCP? |

|  |
| --- |
|  |

|  |
| --- |
| 3.6.5 Who has authority to activate your BCP? |

|  |
| --- |
|  |

|  |
| --- |
| 3.6.6 How often is your BCP tested? What was the date of the last test? |

|  |
| --- |
| ☐ 6 months  ☐ 12 months  ☐ 18 months  ☐24 months  ☐ Other (specify) |
| Date of last test (DD/MM/YYYY): |
|  |

|  |
| --- |
| 3.6.7 Is testing completed during business hours? |

|  |
| --- |
| ☐ Yes  ☐ No |
| Comments |
|  |

|  |
| --- |
| 3.6.8 Was your last BCP test successful? |

|  |
| --- |
| ☐ Yes  ☐ No |
| If no, describe items that required remediation and confirm that a remediation plan is in place. |
|  |

|  |
| --- |
| 3.6.9 Is your BCP testing conducted in a live and/or simulated environment? |

|  |
| --- |
| ☐ Live  ☐ Simulated  ☐ Both |
| Comments |
|  |

|  |
| --- |
| 3.6.10 Does your BCP testing include Financial Market Infrastructures? |

|  |
| --- |
| ☐ Yes  ☐ No |
| If yes, please provide details: |
|  |

|  |
| --- |
| 3.6.11 Does your BCP testing include any other third parties? |

|  |
| --- |
| ☐ Yes  ☐ No |
| If yes, please provide the names of the third parties: |
|  |

|  |
| --- |
| 3.6.12 Are the results of your BCP test audited by internal or external auditors? |

|  |
| --- |
| ☐ Yes, internal  ☐ Yes, external  ☐ Yes, both (internal and external)  ☐ No |
| **If yes, provide a copy of the report.** |
| [File Attachment] |
| Comments |
|  |

|  |
| --- |
| 3.6.13 How do you monitor gaps from these findings and ensure action is taken to remediate these issues? |

|  |
| --- |
|  |

|  |
| --- |
| 3.6.14 How and when would clients be advised in the event of the BCP being activated in a live environment? |

|  |
| --- |
|  |

|  |
| --- |
| 3.6.15 Following a BCP event, how soon are you able to revert to business as usual (BAU)? |

|  |
| --- |
| ☐ Within 1 hour  ☐ Within 4 hours  ☐ Within 12 hours  ☐ Within 24 hours  ☐ More than 24 hours |
| Comments |
|  |

|  |
| --- |
| 3.6.16 Are there any limitations to your business capabilities whilst in BCP mode? |

|  |
| --- |
| ☐ Yes  ☐ No |
| If yes, provide details. |
|  |

|  |
| --- |
| 3.6.17 In the last 12 months have you invoked your BCP? |

|  |
| --- |
| ☐ Yes  ☐ No |
| If yes, provide details. |
|  |

|  |
| --- |
| 3.6.18 If invoked, did the results comply with your plan? |

|  |
| --- |
| ☐ Yes  ☐ No  ☐ N/A |
| Comments |
|  |

|  |
| --- |
| 3.6.19 For custody and/or client money, state the distance of the contingency site(s) from your primary location. |

|  |
| --- |
| Custody |
| Distance ( )km |
| Client money |
| Distance ( )km |
| Comments |
|  |

|  |
| --- |
| 3.6.20 Is the business contingency site a hot site? |

|  |
| --- |
| ☐ Yes  ☐ No |
| Comments |
|  |

|  |
| --- |
| 3.6.21 Is the business contingency site shared? |

|  |
| --- |
| ☐ Yes  ☐ No |
| If yes, provide details. |
|  |

|  |
| --- |
| 3.6.22 Please specify the percentage of staff defined as critical to your business continuity arrangements. |

|  |
| --- |
| ☐ 100%  ☐ 75-100%  ☐ 50-75%  ☐ 25-50%  ☐ <25% |
| Comments |
|  |

|  |
| --- |
| 3.6.23 Do critical staff have access to all necessary systems? |

|  |
| --- |
| ☐ Yes  ☐ No |
| Comments |
|  |

|  |
| --- |
| 3.6.24 Please confirm that your contingency site has all the necessary communications, linkages, infrastructure interfaces, workstations, hardware and systems applications to resume business operations. |

|  |
| --- |
| ☐ Yes  ☐ No |
| Comments |
|  |

|  |
| --- |
| 3.6.25 Please state how long you can continue to operate from the BCP site. |

|  |
| --- |
|  |

|  |
| --- |
| 3.6.26 Is it possible for employees to access systems remotely (e.g. from home or other branches/offices)? |

|  |
| --- |
| ☐ Yes  ☐ No |
| Comments |
|  |

|  |
| --- |
| 3.6.27 Please confirm if an alternative means of communication is in place with the following. |

|  |
| --- |
| Stock exchange |
| ☐ Yes  ☐ No  ☐ N/A |
| If yes, which method is used? |
|  |
| Clients |
| ☐ Yes  ☐ No  ☐ N/A |
| If yes, which method is used? |
|  |
| CSD |
| ☐ Yes  ☐ No  ☐ N/A |
| If yes, which method is used? |
|  |
| Central Bank |
| ☐ Yes  ☐ No  ☐ N/A |
| If yes, which method is used? |
|  |
| Central Counterparty (CCP) |
| ☐ Yes  ☐ No  ☐ N/A |
| If yes, which method is used? |
|  |
| Comments |
|  |

|  |
| --- |
| 3.6.28 What percentage of staff can work from home? |

|  |
| --- |
| ☐ 100%  ☐ 75-100%  ☐ 50-75%  ☐ 25-50%  ☐ <25% |
| Comments |
|  |

|  |
| --- |
| 3.6.29 Are there any restrictions or exceptions to working from home within your organisation? |

|  |
| --- |
| ☐ Yes  ☐ No |
| Comments |
|  |

|  |
| --- |
| 3.6.30 Does your organisation have a dedicated pandemic plan? |

|  |
| --- |
| ☐ Yes  ☐ No |
| If no, explain why. |
|  |

|  |
| --- |
| 3.6.31 Does your pandemic plan address any of the following? |

|  |
| --- |
| ☐ Track and monitor staff availability |
| ☐ Reduce transmission amongst staff |
| ☐ Return to work |
| ☐ Mass absenteeism |
| Comments: |
|  |

|  |
| --- |
| 3.6.32 In the past 12 months has your pandemic plan been tested? |

|  |
| --- |
| ☐ Yes  ☐ No |
| If yes, were there any areas of concern noted? |
| ☐ Yes  ☐ No |
| Comments |
|  |

|  |
| --- |
| 3.6.33 During a pandemic, please confirm that your organisation can accept digital/electronic signing/scanning of legally binding and related documents? |

|  |
| --- |
| ☐ Yes  ☐ No  ☐ Other: Please specify |
| Comments |
|  |

|  |
| --- |
| 3.6.34 During a pandemic, please advise if there are any known restrictions within the local market in accepting digital/electronic signing/scanning of legally binding and related documents? |

|  |
| --- |
| ☐ Legal |
| ☐ Regulatory |
| ☐ Taxation |
| ☐ Financial Market Infrastructure |
| ☐ Other |
| Comments |
|  |

|  |
| --- |
| **3.6.35 What options are available if documents cannot be represented in electronic format?** |

|  |
| --- |
|  |

|  |
| --- |
| **3.6.36 What options are available if AGM/EGM related meetings cannot be represented remotely or electronically?** |

|  |
| --- |
|  |

|  |
| --- |
| Centralised / Offshored |
| ☐ Yes  ☐ No  ☐ N/A |
| Comments |
|  |
| Outsourced |
| ☐ Yes  ☐ No  ☐ N/A |
| Comments |
|  |

|  |
| --- |
| 3.6.37 Where you have centralised, offshored, or outsourced arrangements in place, please confirm that adequate plans are in place to minimise any impact from a pandemic. |

|  |
| --- |
| 3.6.38 Please confirm that steps have been taken to address any potential impacts with market infrastructures or your regulator resulting from a pandemic? |

|  |
| --- |
| CSD(s) |
| ☐ Yes  ☐ No  ☐ N/A |
| Central Bank(s) |
| ☐ Yes  ☐ No  ☐ N/A |
| CCP(s) |
| ☐ Yes  ☐ No  ☐ N/A |
| Registrar(s) |
| ☐ Yes  ☐ No  ☐ N/A |
| Payment Systems |
| ☐ Yes  ☐ No  ☐ N/A |
| Regulator(s) |
| ☐ Yes  ☐ No  ☐ N/A |
| Other (please specify): |
|  |
| Comments |
|  |

|  |
| --- |
| **3.6.39 Who is responsible for your pandemic plan?** |

|  |
| --- |
|  |

## 3.7 Financial crime prevention, compliance, know your client and enhanced governance

|  |
| --- |
| 3.7.1 Please confirm that your group has policies in place covering the below: Please specify how frequently you and your regulator review these policies and the name of the regulator undertaking the review. |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Policy | Frequency of internal review | Other (please specify the frequency) | Last date of internal review | Frequency of review by regulatory body | Other (please specify the frequency) | Last date of regulatory review and name of the regulator |
| AML | ☐ Yes  ☐ No | ☐ Semi annually  ☐ Annually  ☐ Other (please state the frequency) |  |  | ☐ Semi annually  ☐ Annually  ☐ Other (please state the frequency) |  |  |
| CTF | ☐ Yes  ☐ No | ☐ Semi annually  ☐ Annually  ☐ Other (please state the frequency) |  |  | ☐ Semi annually  ☐ Annually  ☐ Other (please state the frequency) |  |  |
| ABC | ☐ Yes  ☐ No | ☐ Semi annually  ☐ Annually  ☐ Other (please state the frequency) |  |  | ☐ Semi annually  ☐ Annually  ☐ Other (please state the frequency) |  |  |
| KYC | ☐ Yes  ☐ No | ☐ Semi annually  ☐ Annually  ☐ Other (please state the frequency) |  |  | ☐ Semi annually  ☐ Annually  ☐ Other (please state the frequency) |  |  |
| PEP | ☐ Yes  ☐ No | ☐ Semi annually  ☐ Annually  ☐ Other (please state the frequency) |  |  | ☐ Semi annually  ☐ Annually  ☐ Other (please state the frequency) |  |  |
| Sanctions | ☐ Yes  ☐ No | ☐ Semi annually  ☐ Annually  ☐ Other (please state the frequency) |  |  | ☐ Semi annually  ☐ Annually  ☐ Other (please state the frequency) |  |  |
| Comments | | | | | | | |
|  | | | | | | | |

|  |
| --- |
| 3.7.2 Please confirm that the policies in the above question have been implemented in your jurisdiction and that you have a process in place to monitor and action changes in applicable laws and regulation? |

|  |  |  |
| --- | --- | --- |
|  | Implemented | Process in place |
| AML | ☐ Yes  ☐ No | ☐ Yes  ☐ No |
| CTF | ☐ Yes  ☐ No | ☐ Yes  ☐ No |
| ABC | ☐ Yes  ☐ No | ☐ Yes  ☐ No |
| KYC | ☐ Yes  ☐ No | ☐ Yes  ☐ No |
| PEP | ☐ Yes  ☐ No | ☐ Yes  ☐ No |
| Sanctions | ☐ Yes  ☐ No | ☐ Yes  ☐ No |
| Comments | | |
|  | | |
| Please provide a copy of the policies as an attachment below. | | |
| AML | [File Attachment] | |
| CTF | [File Attachment] | |
| ABC | [File Attachment] | |
| KYC | [File Attachment] | |
| PEP | [File Attachment] | |
| Sanctions | [File Attachment] | |

|  |
| --- |
| 3.7.3 Do you have a whistle-blower policy in place? |

|  |
| --- |
| ☐ Yes  ☐ No |
| If yes, provide details. |
|  |

|  |
| --- |
| 3.7.4 Do you have a conflicts of interest policy in place? |

|  |
| --- |
| ☐ Yes  ☐ No |
| If yes, provide a copy of this policy. |
|  |

|  |
| --- |
| 3.7.5 Do you have a dedicated AML compliance team at both group and local level who is responsible for the implementation, monitoring, escalation, reporting and management of all policies related to combating financial crime? |

|  |
| --- |
| Group level |
| ☐ Yes  ☐ No |
| Local level |
| ☐ Yes  ☐ No |
| Comments |
|  |

|  |
| --- |
| 3.7.6 In the last 12 months have there been any material changes to your policies to combat financial crime? |

|  |
| --- |
| ☐ Yes  ☐ No |
| If yes, provide details. |
|  |

|  |
| --- |
| 3.7.7 How does your organisation identify, report (including to whom) and monitor suspicious securities and cash transactions? |

|  |
| --- |
|  |

|  |
| --- |
| 3.7.8 Do you have a systematic and technological capability to ensure that any suspicious securities and cash transactions are identified, monitored and reported? |

|  |
| --- |
| ☐ Yes  ☐ No |
| If no, how do you ensure that suspicious transactions are identified, monitored and reported? |
|  |

|  |
| --- |
| 3.7.9 In the last 12 months have there been any breaches of your AML, CTF, ABC, KYC, PEP or sanctions policies reported to your regulator? If yes, please elaborate and state what remedial actions were taken. |

|  |
| --- |
| **AML** |
| ☐ Yes  ☐ No |
| Actions taken |
|  |
| **CTF** |
| ☐ Yes  ☐ No |
| Actions taken |
|  |
| **ABC** |
| ☐ Yes  ☐ No |
| Actions taken |
|  |
| **KYC** |
| ☐ Yes  ☐ No |
| Actions taken |
|  |
| **PEP** |
| ☐ Yes  ☐ No |
| Actions taken |
|  |
| **Sanctions** |
| ☐ Yes  ☐ No |
| Actions taken |
|  |

|  |
| --- |
| 3.7.10 In the last 5 years, has a regulator or other independent body applied any publicly disclosed warnings, sanctions, fines or penalties on your bank/group related to your AML, CTF, ABC, KYC, PEP or sanctions procedures? |

|  |
| --- |
| ☐ Yes  ☐ No |
| **If yes, briefly describe the circumstances and include details of the amount of any fines or sanctions and regulatory body concerned.** |
|  |

|  |
| --- |
| 3.7.11 In the last 12 months have there been any regulatory investigations into bribery against your organisation, its parent, employees or affiliates? |

|  |
| --- |
| ☐ Yes  ☐ No |
| If yes, provide details. |
|  |

|  |
| --- |
| 3.7.12 Please confirm that your staff servicing our activities receive regular training on AML, CTF, ABC, KYC, PEP and sanctions issues. Describe the frequency and scope of the training provided. Advise if it is mandatory and if attendance is monitored. |

|  |  |  |
| --- | --- | --- |
| Frequency | Mandatory training | Employee attendance monitored |
| AML | | |
| ☐ Semi annually  ☐ Annually  ☐ Other (please state the frequency) | ☐ Yes  ☐ No | ☐ Yes  ☐ No |
| Scope | | |
|  | | |
| CTF | | |
| ☐ Semi annually  ☐ Annually  ☐ Other (please state the frequency) | ☐ Yes  ☐ No | ☐ Yes  ☐ No |
| Scope | | |
|  | | |
| ABC | | |
| ☐ Semi annually  ☐ Annually  ☐ Other (please state the frequency) | ☐ Yes  ☐ No | ☐ Yes  ☐ No |
| Scope: | | |
|  | | |
| KYC | | |
| ☐ Semi annually  ☐ Annually  ☐ Other (please state the frequency) | ☐ Yes  ☐ No | ☐ Yes  ☐ No |
| Scope | | |
|  | | |
| PEP | | |
| ☐ Semi annually  ☐ Annually  ☐ Other (please state the frequency) | ☐ Yes  ☐ No | ☐ Yes  ☐ No |
| Scope | | |
|  | | |
| Sanctions | | |
| ☐ Semi annually  ☐ Annually  ☐ Other (please state the frequency) | ☐ Yes  ☐ No | ☐ Yes  ☐ No |
| Scope | | |
|  | | |
| Comments | | |
|  | | |

|  |
| --- |
| 3.7.13 Is your organisation a member of the Wolfsberg Group and has your organisation completed the Wolfsberg Group Questionnaire on AML? |

|  |
| --- |
| Member |
| ☐ Yes  ☐ No |
| Completed questionnaire |
| ☐ Yes  ☐ No |
| If yes, please provide a copy as an attachment. |
| [File Attachment] |
| Comments |
|  |

|  |
| --- |
| 3.7.14 How frequently do you perform your AML/KYC screening checks on your clients? |

|  |
| --- |
| ☐ Semi annually  ☐ Annually  ☐ Other (please state the frequency) |
| Comments |
|  |

|  |
| --- |
| 3.7.15 Does your organisation adhere to a record retention period imposed by your regulators? If yes, please provide us with the record retention period. If no, please provide us with the record retention period applied by your organisation. |

|  |
| --- |
| Regulatory requirement |
| ☐ Yes  ☐ No |
| Retention period |
|  |
| Internal requirement |
| ☐ Yes  ☐ No |
| Retention period |
|  |

|  |
| --- |
| 3.7.16 Have you adopted a risk-based approach for the assessment of KYC and AML checks or do you treat all client relationships in the same way? |

|  |
| --- |
| ☐ Risk-based  ☐ Same treatment |
|  |
| Please outline your approach to each. |
|  |

|  |
| --- |
| 3.7.17 Do you have an enhanced KYC process when reviewing and assessing PEPs. |

|  |
| --- |
| ☐ Yes  ☐ No |
| Comments |
|  |

|  |
| --- |
| 3.7.18 Please confirm that your organisation has procedures to ensure that no accounts are set up for, and no type of transaction (cash, securities or otherwise) is made, to the following: |

|  |
| --- |
| Embargoed jurisdictions |
| ☐ Yes  ☐ No |
| Individuals or entities that are the target of US, UK, UN or EU sanctions programs |
| ☐ Yes  ☐ No |
| Anonymous account holders |
| ☐ Yes  ☐ No |
| Shell banks |
| ☐ Yes  ☐ No |
| Comments |
|  |

|  |
| --- |
| 3.7.19 Do you have an automated systematic technological capability to ensure the above policies are implemented? If no, please describe how this is achieved and how the system is kept up-to-date. |

|  |
| --- |
| Embargoed jurisdictions |
| ☐ Yes  ☐ No |
| Individuals or entities that are the target of US, UK, UN or EU sanctions programs |
| ☐ Yes  ☐ No |
| Anonymous account holders |
| ☐ Yes  ☐ No |
| Shell banks |
| ☐ Yes  ☐ No |
| Comments |
|  |

|  |
| --- |
| 3.7.20 Does your institution perform sanction screening against the OFAC, UN, EU and UK sanctions lists at the time of onboarding and for each transaction? |

|  |
| --- |
| ☐ Yes  ☐ No |
| Comments |
|  |

|  |
| --- |
| 3.7.21 Please provide a copy of your US Patriot Act compliance certificate. |

|  |
| --- |
| Please attach file here |
| [File Attachment] |
| Comments |
|  |

|  |
| --- |
| 3.7.22 Please give a detailed overview of your compliance monitoring procedures including your sanctions monitoring process. |

|  |
| --- |
|  |

|  |
| --- |
| 3.7.23 Which department in your organisation is responsible for implementing, monitoring, escalating, reporting and managing sanctions? |

|  |
| --- |
|  |

|  |
| --- |
| 3.7.24 Do you have a list of countries for which your institution has sanctions related controls and procedures. |

|  |
| --- |
| ☐ Yes  ☐ No |
| If yes, please specify. |
|  |
| Please attach file here |
| [File Attachment] |

|  |
| --- |
| 3.7.25 Does your organisation operate a formal Code of Conduct for procurement? |

|  |
| --- |
| ☐ Yes  ☐ No |
| **If yes, provide details of anti-corruption and conflicts of interest. Requirements.** |
|  |

## 3.8 Data protection

|  |
| --- |
| 3.8.1 In the last 12 months have there been any changes to data protection and privacy legislation in your jurisdiction or in the jurisdiction of your group? |

|  |
| --- |
| Local jurisdiction |
| ☐ Yes  ☐ No |
| If yes, provide details. |
|  |
| Group jurisdiction |
| ☐ Yes  ☐ No |
| If yes, provide details. |
|  |

|  |
| --- |
| 3.8.2 Are you required to report data breaches to your regulators? |

|  |
| --- |
| ☐ Yes  ☐ No |
| Comments |
|  |

|  |
| --- |
| 3.8.3 In the last 12 months have you reported any data breaches to your regulators? |

|  |
| --- |
| ☐ Yes  ☐ No |
| If yes, provide details. |
|  |

|  |
| --- |
| 3.8.4 Where you are in possession of personal data, of our employees or clients, do you have policies and procedures to ensure compliance with applicable data protection legislation including data processing and storage? |

|  |
| --- |
| ☐ Yes  ☐ No |

|  |
| --- |
| **3.8.5 If you are based in the European Economic Area (EEA), do you send personal data outside the EEA?** |
| ☐ Yes  ☐ No  ☐ N/A – Not based in the EEA |
| Comments |
|  |

|  |
| --- |
| 3.8.6 Is personal data used to sell additional products beyond our relationship? |

|  |
| --- |
| ☐ Yes  ☐ No |
| Comments |
|  |

|  |
| --- |
| 3.8.7 Do you have a data breach policy? |

|  |
| --- |
| ☐ Yes  ☐ No |
| If yes, please briefly describe and explain how and when you would notify us of a data breach. |
|  |
| Comments |
|  |

|  |
| --- |
| 3.8.8 Do you have a data protection policy? |

|  |
| --- |
| ☐ Yes  ☐ No |
| Comments |
|  |

|  |
| --- |
| 3.8.9 In the last 12 months have there been any changes in your formal data protection policy, including in relation to sharing of data with other business units and/or third parties/affiliates? |

|  |
| --- |
| ☐ Yes  ☐ No |
| If yes, please attach a copy of the revised policy. |
| [File Attachment] |
| Comments |
|  |

|  |
| --- |
| 3.8.10 Are there any exemptions from your data protection policy? |

|  |
| --- |
| ☐ Yes  ☐ No |
| If yes, provide details. |
|  |

## 3.9 ESG

Please base answers on group-level policies and data.

3.9.1 ESG Action Plan

|  |
| --- |
| **3.9.1.1 Please provide a copy of your CSR and ESG reports (if available).** |
| Please attach your files here |
| [File Attachment] |
| Comments |
|  |

|  |
| --- |
| **3.9.1.2 Are your organisation’s ESG policies reviewed and approved by both the executive management and the Board of Directors on at least an annual basis?** |
| ☐ Yes  ☐ No |
| Comments |
|  |
| **3.9.1.3 Has your organisation conducted a materiality assessment on ESG issues?** |
| ☐ Yes  ☐ No |
| If yes, what were the key issues identified and how are you managing them? |
|  |

|  |
| --- |
| **3.9.1.4 Is the remuneration of your organisation’s Board of Directors linked to the achievement of ESG objectives?** |
| ☐ Yes  ☐ No |
| Comments |
|  |

|  |
| --- |
| **3.9.1.5 In which of the following initiatives does your organisation participate?** |
| ☐ United Nations Global Compact |
| ☐ Principles for Responsible Banking |
| ☐ Net Zero Banking Alliance |
| ☐ Other (please specify) |
| Please provide the link to the page and document source for each option selected. |
|  |

|  |
| --- |
| **3.9.1.6 Have environmental, social and governance considerations been introduced to:** |
| ☐ Client onboarding processes |
| ☐ KYC assessments |
| ☐ Client portfolio monitoring |
| ☐ Client portfolio reporting |
| ☐ Selection of third-party providers and/or vendors |
| ☐ Other (please specify) |
| Please provide the link to the page and document source for each option selected. |
|  |

|  |
| --- |
| **3.9.1.7 Does your organisation have enhanced due diligence or exclusion policies when accepting business from the following sectors?** |
| ☐ Coal power generation |
| ☐ Oil and gas |
| ☐ Mining |
| ☐ Agriculture |
| ☐ Palm oil |
| ☐ Tobacco |
| ☐ Woodpulp |
| ☐ Defense |
| ☐ Nuclear energy |
| ☐ Other |
| Please provide the link to the page and document source for each option selected. |
|  |

3.9.2 Environment

|  |
| --- |
| **3.9.2.1 Do you have an environmental policy?** |
| ☐ Yes  ☐ No |

|  |
| --- |
| **3.9.2.2 Which of these issues are covered by your environmental policy? Please provide links to these policies where applicable.** |
| ☐ Energy efficiency |
| ☐ Waste management |
| ☐ Paper consumption |
| ☐ Business travel minimisation |
| ☐ Investment and lending policies |
| ☐ Biodiversity impact assessment and management |
| ☐ Other (please specify) |
| Please provide the link to the page and document source for each option selected. |
|  |

|  |
| --- |
| **3.9.2.3 Which of the following initiatives are undertaken by your organisation?** |
| ☐ Inclusion of environmental risks in business continuity plans |
| ☐ Inclusion of climate risks in capital adequacy model |
| ☐ Stress test development to cover environmental risk |
| ☐ Environmental and social suppliers assessment |
| ☐ Externally certified Environmental Management System |
| ☐ Other |
| Please provide the link to the page and document source for each option selected. |
|  |

|  |
| --- |
| **3.9.2.4 Which of the following issues are covered by your internal environmental awareness training?** |
| ☐ Organisation’s strategy and initiatives |
| ☐ Skills and understanding development |
| ☐ Local and global engagement campaigns |
| ☐ No dedicated training available |
| ☐ Other |
| Please provide the link to the page and document source for each option selected. |
|  |

|  |
| --- |
| **3.9.2.5 Does your organisation plan to achieve net zero carbon emissions?** |
| ☐ Yes  ☐ No |
| If yes, please provide a copy of the plan or the link to the page and document source. |
|  |

|  |
| --- |
| **3.9.2.6 If yes, please specify the year which you target to reach net zero emissions.** |
| Year (YYYY) |

|  |
| --- |
| **3.9.2.7 Please specify the baseline year for your carbon neutrality target.** |
| Year (YYYY) |

|  |
| --- |
| **3.9.2.8 Please specify which policies are used for emissions reduction.** |
| ☐ Energy efficiency |
| ☐ Offsets |
| ☐ Investment and lending policies |
| ☐ Biodiversity impact reduction |
| ☐ Other |
| Please provide copies of or links to these policies where applicable. |
|  |

|  |
| --- |
| **3.9.2.9 By which organisations has your net zero target been validated?** |
|  |
| ☐ Science Based Targets Initiative (SBTI) |
| ☐ Net Zero Banking Alliance (NZBA) |
| ☐ RACE to ZERO |
| ☐ The target has not been validated |
| ☐ N/A |
| ☐ Other, please specify |
| Please provide the link to the page and document source for each option selected. |
|  |

|  |
| --- |
| **3.9.2.10 Please select which activities are covered by the target:** |
| ☐ Stock investments |
| ☐ Corporate bonds |
| ☐ Sovereign bonds |
| ☐ Private equity shares |
| ☐ Corporate loans |
| ☐ Electricity project finance |
| ☐ Real estate investment trusts |
| ☐ Private debt and equity |
| ☐ Other, please specify |
| Please provide the link to the page and document source for each option selected. |
|  |

|  |
| --- |
| **3.9.2.11 Please indicate the percentage of total assets (investment and lending activities) covered by your target:** |
| % |
| Please provide the link to the page and document source. |
|  |

|  |  |
| --- | --- |
| **3.9.2.12 Please state your total emissions in tCO2e for each of the below categories** | |
| Category: | Total emissions (tCO2e): |
| Total scope 1 emissions |  |
| Total scope 2 location-based emissions |  |
| Total scope 2 market-based emissions |  |
| Total scope 3 emissions |  |
| Total revenue (state currency) |  |
| Please provide the link to the page and document source for each item. | |
|  | |

|  |
| --- |
| **3.9.2.13 Do you have an external agency that is validating and auditing your carbon emissions disclosures?** |
| ☐ Yes  ☐ No |
| If yes, please provide the link to the page and document source. |
|  |

3.9.3 Social

|  |
| --- |
| **3.9.3.1 Do you have an equal opportunity policy?** |
| ☐ Yes  ☐ No |

|  |
| --- |
| **3.9.3.2 What areas of employment does your equal opportunities and fair treatment policy cover? Please provide links to these policies where applicable.** |
| ☐ Migrant labour |
| ☐ Hiring |
| ☐ Compensation / remuneration |
| ☐ Promotion |
| ☐ Termination |
| ☐ Retirement |
| ☐ Other, please specify |
| ☐ N/A |
| Please provide the link to the page and document source for each option selected. |
|  |

|  |
| --- |
| **3.9.3.3 Does your organisation ensure that individuals are treated equally irrespective of the following characteristics?** |
| ☐ Age |
| ☐ Disability |
| ☐ Gender reassignment |
| ☐ Marriage and civil partnership |
| ☐ Medical conditions |
| ☐ Pregnancy and maternity |
| ☐ Race (including colour, nationality, ethnic or national origin) |
| ☐ Religion or belief |
| ☐ Gender |
| ☐ Sexual orientation |
| Please provide the link to the page and document source for each option selected. |
|  |

|  |
| --- |
| **3.9.3.4 Do you have a health and safety policy?** |
| ☐ Yes  ☐ No |

|  |
| --- |
| **3.9.3.5 Which of the following topics are covered by your health and safety policy?** |
| ☐ Assessment of health and safety risk |
| ☐ Employees being required to attend or complete health and safety training |
| ☐ Employees being required to report any defects in their work area, equipment or any other hazards |
| ☐ Employees being required to report any health and safety incidents (including hazards / near misses) |
| Please provide the link to the page and document source for each option selected. |
|  |

|  |
| --- |
| **3.9.3.6 Do you have a statement on modern slavery for your business and your suppliers? If yes, please provide a copy or a link to where this can be found on your website** |

|  |
| --- |
| ☐ Yes  ☐ No |
| Please attach file here |
| [File Attachment] |
| Comments |
|  |

|  |
| --- |
| 3.9.3.7 If not covered in a separate statement, please provide details of: |

|  |
| --- |
| (a) Your policies in relation to slavery and human trafficking (please include links to these policies where  relevant). |
|  |
| (b) Your due diligence processes in relation to slavery and human trafficking in your business and supply  chains. |
|  |
| (c) The parts of your business and supply chains where there is a risk of slavery and human trafficking  taking place, and the steps that you have taken to assess and manage that risk. |
|  |
| (d) Your effectiveness in ensuring that slavery and human trafficking are not taking place in your business or  supply chains measured against performance indicators that you consider appropriate. |
|  |
| (e) The training about slavery and human trafficking available to your staff. |
|  |
| Please provide the link to the page and document source for each of the above items. |
|  |

|  |
| --- |
| 3.9.3.8 Do you support and respect globally recognised principles and standards (e.g., principles of UN Global Compact, International Labour Organisation standards) promoting humane and safe work environments and respecting employee rights? |

|  |
| --- |
| ☐ Yes  ☐ No |
| If yes, please provide the link to the page and document source. |
|  |

|  |
| --- |
| 3.9.3.9 Please confirm that you have a firm commitment to enable and enforce adequate procedures and policies to ensure the workplace is free from discrimination, harassment, victimisation or any other form of inappropriate behaviour or abuse on any grounds. |

|  |
| --- |
| ☐ Yes  ☐ No |
| If yes, please provide the link to the page and document source. |
|  |

|  |
| --- |
| 3.9.3.10 Does your organisation’s procurement policy include corporate social responsibility requirements? |

|  |
| --- |
| ☐ Yes  ☐ No |
| If yes, please provide a brief overview and the link to the page and document source. |
|  |

3.9.4 Governance

|  |
| --- |
| 3.9.4.1 What percentage of your organisation’s Board are independent non-executive directors? |

|  |
| --- |
| ☐ 75 - 100%  ☐ 50 - 75%  ☐ 25 - 50%  ☐ 0 - 25%  ☐ 0% |

|  |
| --- |
| 3.9.4.2 What is the frequency of board meetings? |

|  |
| --- |
| ☐ Monthly  ☐ Quarterly  ☐ Semi annually  ☐ Annually  ☐ Other (please specify) |
| If other, please specify the frequency. |
|  |

|  |
| --- |
| 3.9.4.3 Does your organisation have a process in place for managing conflicts of interest (at the board level)? |
| ☐ Yes  ☐ No |
| **If yes, please specify how these conflicts of interest are managed:** |
| ☐ Directors have the duty to identify and disclose any conflicts of interest to the board |
| ☐ Conflicts authorised by the board are recorded in a conflicts register |
| ☐ Conflicts register is reviewed by the board at least annually |
| ☐ None |
| Comments |
|  |

|  |
| --- |
| 3.9.4.4 Is there an evaluation of board effectiveness? |

|  |
| --- |
| ☐ External evaluation |
| ☐ Internal evaluation |
| ☐ No evaluation |
| ☐ Not disclosed |

# 4. Your systems

In scope services: custody services (with or without a sub-custodian) and, if applicable, client money services

## 4.1 Reporting

|  |
| --- |
| 4.1.1 Please outline any enhancements to your operational reporting capability planned for the next 12 months. |

|  |
| --- |
|  |

|  |
| --- |
| 4.1.2 Please outline any enhancements to your market infrastructures' (e.g. CCP, CSD) operational reporting capabilities planned for the next 12 months. |

|  |
| --- |
|  |

## 4.2 Protecting your systems

|  |
| --- |
| 4.2.1 Do you have a data security policy? |

|  |
| --- |
| ☐ Yes  ☐ No |
| If yes, attach or provide details. |
| Please attach file here |
| [File Attachment] |
| Comments |
|  |

|  |
| --- |
| 4.2.2 Please outline your spyware protection procedures. |

|  |
| --- |
|  |

|  |
| --- |
| 4.2.3 Does your organisation have spyware protection installed on all servers and workstations? |

|  |
| --- |
| ☐ Yes  ☐ No |
| Comments |
|  |

|  |
| --- |
| 4.2.4 Is your spyware protection software updated whenever a new version is released? |

|  |
| --- |
| ☐ Yes  ☐ No |
| Comments |
|  |

|  |
| --- |
| 4.2.5 Please outline your antivirus checking procedures. |

|  |
| --- |
|  |

|  |
| --- |
| 4.2.6 Does your organisation have antivirus protection installed on all servers and workstations? |

|  |
| --- |
| Comments |
|  |

|  |
| --- |
| 4.2.7 Is your antivirus protection software updated whenever a new version is released? |

|  |
| --- |
| ☐ Yes  ☐ No |
| Comments |
|  |

|  |
| --- |
| 4.2.8 In the last 12 months have there been any external security breaches of your system? |

|  |
| --- |
| ☐ Yes  ☐ No |
| If yes, please provide details including actions to minimise the likely recurrence of such a breach. |
|  |

|  |
| --- |
| 4.2.9 In the last 12 months has your company been mentioned in the media regarding an information security event? |

|  |
| --- |
| ☐ Yes  ☐ No |
| Comments |
|  |

|  |
| --- |
| 4.2.10 How is internet access policed to prevent misuse by your staff? |

|  |
| --- |
|  |

|  |
| --- |
| 4.2.11 How are your systems protected from unauthorised use? |

|  |
| --- |
|  |

|  |
| --- |
| 4.2.12 Do your procedures allow individual employees to have different levels of access to programs and data? |

|  |
| --- |
| ☐ Yes  ☐ No |
| If yes, provide details. |
|  |

|  |
| --- |
| 4.2.13 Please outline your process for incorporating system changes and releases into the live environment. |

|  |
| --- |
|  |

|  |
| --- |
| 4.2.14 In what circumstances do you notify clients before making changes to your systems? |

|  |
| --- |
|  |

|  |
| --- |
| 4.2.15 Is each employee given a unique ID so that access to any part of the system is limited to authorised personnel and can be traced back to an individual? |

|  |
| --- |
| ☐ Yes  ☐ No |
| Comments |
|  |

## 4.3 Plans for your systems

|  |
| --- |
| 4.3.1 In the last 12 months have there been any major developments or enhancements to your systems that support your custody and/or client money business? |

|  |
| --- |
| Custody |
| ☐ Yes  ☐ No  ☐ N/A |
| If yes, provide details. |
|  |
| Client money |
| ☐ Yes  ☐ No  ☐ N/A |
| If yes, provide details. |
|  |

|  |
| --- |
| 4.3.2 Briefly outline any major systems developments or enhancements to your custody and/or client money businesses that are planned for the next three years. Indicate the planned timescales. |

|  |
| --- |
| Custody |
|  |
| Client money |
|  |

|  |
| --- |
| 4.3.3 In the past 12 months, have there been any changes to your change control policy/process relating to major IT implementations? |

|  |
| --- |
| ☐ Yes  ☐ No |
| If yes, describe the changes. |
|  |

|  |
| --- |
| 4.3.4 Are there any plans to outsource your systems during the next 12 months? |

|  |
| --- |
| ☐ Yes  ☐ No |
| If yes, provide details. |
|  |

## 4.4 System performance

|  |
| --- |
| 4.4.1 In the last 12 months have you had system outages or slowdowns that have impacted your ability to service your clients? |

|  |
| --- |
| ☐ Yes  ☐ No |
| If yes, how many? |
|  |

|  |
| --- |
| 4.4.2 In the last 12 months what has been your average core processing system uptime (expressed as a percentage)? |

|  |
| --- |
|  |

|  |
| --- |
| 4.4.3 What percentage of your system capacity do you use on a daily basis? |

|  |
| --- |
|  |

|  |
| --- |
| 4.4.4 In the last 12 months have there been any changes to your end-to-end system infrastructure? |

|  |
| --- |
| ☐ Yes  ☐ No |
| If yes, provide details. |
|  |

## 4.5 System development

|  |
| --- |
| 4.5.1 What time period do you allow between vendors releasing high priority security patches (to operating systems/network devices/applications) and your implementation of them to production environments? |

|  |
| --- |
|  |

|  |
| --- |
| 4.5.2 Are security requirements included in the software development lifecycle documentation? |

|  |
| --- |
| ☐ Yes  ☐ No |
| Comments |
|  |

|  |
| --- |
| 4.5.3 Is client data ever used in the test or development environments? |

|  |
| --- |
| ☐ Yes  ☐ No |
| If yes, confirm if it is anonymised. |
| ☐ Yes  ☐ No |
| Comments |
|  |

## 4.6 Operational Resilience

|  |
| --- |
| 4.6.1 Is operational resilience part of your Board or Executive Management agenda, discussion and decision-making process? |

|  |
| --- |
| ☐ Yes  ☐ No |
| Comments |
|  |

|  |
| --- |
| 4.6.2 Have you undertaken a criticality assessment of the products and services offered supporting your core custody/client money activities? |

|  |
| --- |
| ☐ Yes  ☐ No |
| Comments |
|  |

|  |
| --- |
| 4.6.3 Does your criticality assessment/resilience planning include critical technology services? |

|  |
| --- |
| ☐ Yes  ☐ No |
| Comments |
|  |

|  |
| --- |
| 4.6.4 How frequently does executive management review your operational resilience plan? |

|  |
| --- |
| ☐ Quarterly  ☐ Semi annually  ☐ Annually  ☐ Other (please specify) |
| Comments |
|  |

|  |
| --- |
| 4.6.5 Is the resilience planning of your organisation (including mapping of critical products and services) a regulatory requirement? |

|  |
| --- |
| ☐ Yes  ☐ No |
| Comments |
|  |

|  |
| --- |
| 4.6.6 How are organisational service deficiencies identified? |

|  |
| --- |
| ☐ Proactively (e.g. from testing/exercising) |
| ☐ Reactively (because of incidents) |
| ☐ Other: Please specify |
| Comments |
|  |

|  |
| --- |
| 4.6.7 In the last 12 months have all identified resilience related deficiencies been remediated, evaluated, and addressed? |

|  |
| --- |
| ☐ Yes  ☐ No  ☐ N/A |
| Comments |
|  |

|  |
| --- |
| 4.6.8 Please confirm you have a framework for staff succession planning? |

|  |
| --- |
| ☐ Yes  ☐ No |
| Comments |
|  |

# 5. Core services

In scope services: custody services (with or without a sub-custodian)

## 5.1 Settlements

|  |
| --- |
| 5.1.1 In the last 12 months have there been any material changes to your settlement processes? |

|  |
| --- |
| ☐ Yes  ☐ No |
| **If yes, provide details.** |
|  |

|  |
| --- |
| 5.1.2 Please confirm which of the following controls are in place to ensure that an individual client’s securities are used only to settle that client’s trades (i.e., not used to settle trades belonging to either yourself or your other clients). |

|  |  |  |
| --- | --- | --- |
|  | Automated | Manual |
| Transactions are only settled upon receipt of instruction from the client | ☐ Yes  ☐ No | ☐ Yes  ☐ No |
| Internal position checks occur | ☐ Yes  ☐ No | ☐ Yes  ☐ No |
| All transactions are matched prior to settlement | ☐ Yes  ☐ No | ☐ Yes  ☐ No |
| No third party has power of attorney over the depository accounts containing client securities | ☐ Yes  ☐ No | ☐ Yes  ☐ No |
| Other (please provide details in comments below) | ☐ Yes  ☐ No | ☐ Yes  ☐ No |
| Comments | | |
|  | | |

|  |
| --- |
| 5.1.3 In the last 12 months have there been any changes that have led to a reduction or increase in manual processing for the items below? |

|  |
| --- |
| Client instruction to the custodian |
| ☐ Yes  ☐ No |
| If yes, provide details. |
|  |
| Custodian instruction to the CSD |
| ☐ Yes  ☐ No |
| If yes, provide details. |
|  |

## 5.2 Asset servicing

|  |
| --- |
| 5.2.1 In the last 12 months have there been any changes or enhancements to your corporate events information sources? |

|  |
| --- |
| Corporate events information sources |
| ☐ Yes  ☐ No |
| If yes, provide details. |
|  |
| Market information sources |
| ☐ Yes  ☐ No |
| If yes, provide details. |
|  |

|  |
| --- |
| 5.2.2 In the last 12 months have there been any changes or enhancements to your proxy voting service? |

|  |
| --- |
| ☐ Yes  ☐ No |
| If yes, provide details |
|  |

|  |
| --- |
| 5.2.3 Have any of the changes to your proxy voting service increased the levels of manual intervention in these processes? |

|  |
| --- |
| ☐ Yes  ☐ No  ☐ N/A |
| If yes, provide details. |
|  |

## 5.3 Taxation

|  |
| --- |
| If you provide taxation services (e.g. reclaim, relief at source, tax vouchers), please complete this section (5.3). If not, please tick the ‘Not Applicable’ box below and move to section 5.4. |

|  |
| --- |
| ☐ N/A |

|  |
| --- |
| 5.3.1 In the last 12 months have there been any changes or enhancements to your taxation reclaim, relief at source or tax voucher processes? |

|  |
| --- |
| Tax reclaim |
| ☐ Yes  ☐ No |
| If yes, provide details |
|  |
| Relief at source |
| ☐ Yes  ☐ No |
| If yes, provide details |
|  |
| Tax voucher |
| ☐ Yes  ☐ No |
| If yes, provide details |
|  |

|  |
| --- |
| 5.3.2 Have any of the changes above increased the levels of manual intervention in these processes? |

|  |
| --- |
| ☐ Yes  ☐ No  ☐ N/A |
| If yes, provide details |
|  |

|  |
| --- |
| 5.3.3 Is your organisation FATCA compliant? |

|  |
| --- |
| ☐ Yes  ☐ No |
| If no, please state your plans to become compliant. |
|  |

## 5.4 Cash

|  |
| --- |
| If you provide cash management services, please complete this section (5.4). If not, please tick the ‘Not Applicable’ box below and move to section 5.5. |

|  |
| --- |
| ☐ N/A |

|  |
| --- |
| 5.4.1 In the last 12 months have there been any changes to your treasury, FX and cash management products and services? |

|  |
| --- |
| Treasury |
| ☐ Yes  ☐ No |
| If yes, provide details. |
|  |
| FX |
| ☐ Yes  ☐ No |
| If yes, provide details. |
|  |
| Cash management |
| ☐ Yes  ☐ No |
| If yes, provide details. |
|  |

|  |
| --- |
| 5.4.2 In the last 12 months have there been any changes regarding FX policies or currency restrictions? |

|  |
| --- |
| ☐ Yes  ☐ No |
| If yes, provide details. |
|  |

|  |
| --- |
| 5.4.3 In the last 12 months have there been any changes to the structure, options or naming conventions used for cash accounts in your records? |

|  |
| --- |
| ☐ Yes  ☐ No |
| If yes, provide details. |
|  |

|  |
| --- |
| 5.4.4 Is the account holder the legal owner of cash balances held with your organisation? |

|  |
| --- |
| ☐ Yes  ☐ No |
| If no, please confirm who is: |
|  |

## 5.5 Client service management

|  |
| --- |
| 5.5.1 In the last 12 months have there been any changes to your client service model and/or management structure? |

|  |
| --- |
| ☐ Yes  ☐ No |
| If yes, provide details. |
|  |

|  |
| --- |
| 5.5.2 In the next 12 months, do you plan to make changes to your client service model and/or management structure? |

|  |
| --- |
| ☐ Yes  ☐ No |
| If yes, provide details. |
|  |

# 6 Custody questions

In scope services: custody services (only with sub-custodian)

|  |
| --- |
| If you use a sub-custodian, please complete this section (6). If not, please tick the ‘Not Applicable’ box below and move to section 7. |

|  |
| --- |
| ☐ N/A |

## 6.1 Network management

|  |
| --- |
| 6.1.1 Do you have a team dedicated to managing your network of sub-custodians? |

|  |
| --- |
| ☐ Yes  ☐ No |
| Comments |
|  |

|  |
| --- |
| 6.1.2 Please provide an organisation chart showing (or explain) where the network management function resides, including reporting lines within your overall organisational structure and the regulatory obligations of the team. |

|  |
| --- |
| Please attach file here |
| [File Attachment] |
| Comments |
|  |

|  |
| --- |
| 6.1.3 Please attach a network management organisational chart indicating the number and location of staff. |

|  |
| --- |
| Please attach file here |
| [File Attachment] |
| Comments |
|  |

|  |
| --- |
| 6.1.4 Please outline the responsibilities of the network management team members, including how the team is organised and structured. |

|  |
| --- |
|  |

|  |
| --- |
| 6.1.5 Are network managers located in the same region as the relationships for which they are responsible? |

|  |
| --- |
| ☐ Yes  ☐ No |
| If no, provide an explanation. |
|  |

|  |
| --- |
| 6.1.6 Are any of the functions of your network management team outsourced? |

|  |
| --- |
| ☐ Yes  ☐ No |
| If yes, please describe what these functions are and how you monitor the quality of the outsourced services. |
|  |

|  |
| --- |
| 6.1.7 Please describe the governance and oversight of your network management function including details of the parties that review the process. |

|  |
| --- |
|  |

|  |
| --- |
| 6.1.8 In the last 12 months have there been any changes in the responsibilities of the network management function? |

|  |
| --- |
| ☐ Yes  ☐ No |
| If yes, provide details. |
|  |

## 6.2 Sourcing and selection of sub custody

|  |
| --- |
| 6.2.1 Please confirm: |

|  |
| --- |
| **(a) that you have a process for the assessment, selection and appointment of all third parties with objective, pre-defined criteria designed to protect the interests of your clients and their customers** |
| ☐ Yes  ☐ No |
| Comments |
|  |
| **(b) that this process is reviewed at least annually** |
| ☐ Yes  ☐ No |
| Comments |
|  |
| **(c) that, subject to confidentiality undertaking, the above is available for review by your client or the regulators** |
| ☐ Yes  ☐ No |
| Comments |
|  |
| **(d) that you have exercised and will continue to exercise all due skill, care and diligence in the selection and appointment of any sub-custodian(s) or third parties.** |
| ☐ Yes  ☐ No |
| Comments |
|  |
| **(e) that you have exercised all due skill, care and diligence in the periodic review of any sub-custodian(s) or third parties.** |
| ☐ Yes  ☐ No |
| Comments |
|  |
| **(f) that you make and retain records of the selection process for each appointment, and that these records are available, subject to confidentiality undertaking, for review by your clients or the regulators.** |
| ☐ Yes  ☐ No |
| Comments |
|  |

|  |
| --- |
| 6.2.2 How do you assess the expertise and market reputation of a sub-custodian? |

|  |
| --- |
|  |

|  |
| --- |
| 6.2.3 How do you assess the credit worthiness of a sub-custodian? |

|  |
| --- |
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|  |
| --- |
| 6.2.4 Where you use affiliates do you follow identical processes and procedures? |

|  |
| --- |
| ☐ Yes  ☐ No |
| If no, explain any differences. |
|  |

|  |
| --- |
| 6.2.5 Do you undertake on-site visits as part of the selection process? |

|  |
| --- |
| ☐ Yes  ☐ No |
| If yes, please describe the nature and scope of this visit. |
|  |
| If no, please explain. |
|  |

|  |
| --- |
| 6.2.6 Please describe how you assess sub-custodian risk. |

|  |
| --- |
|  |

|  |
| --- |
| 6.2.7 Please describe how you assess associated market risk? |

|  |
| --- |
|  |

## 6.3 CSD strategy

|  |
| --- |
| 6.3.1 Please describe your selection and decision processes, including the parties involved, or attach relevant documentation regarding the decision to become a direct participant of a local CSD. |

|  |
| --- |
|  |

|  |
| --- |
| 6.3.2 Do you apply different market risk assessment criteria if becoming a direct participant as opposed to appointing a sub-custodian? |

|  |
| --- |
| ☐ Yes  ☐ No |
| If yes, provide details. |
|  |

|  |
| --- |
| 6.3.3 How do you assess the risk of the CSD? |

|  |
| --- |
|  |

|  |
| --- |
| 6.3.4 In the next 12 months, do you plan to become a direct participant of a CSD? |

|  |
| --- |
| ☐ Yes  ☐ No |
| If yes, will you appoint/retain a sub-custodian for asset servicing or will you fully in-source the asset servicing function? |
|  |

|  |
| --- |
| 6.3.5 Please confirm that you perform an on-site due diligence review. |

|  |
| --- |
| ☐ Yes  ☐ No |
| If no, please explain why not. |
|  |

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| --- |
| 6.3.6 Please state the scope of the due diligence, detailing the core risks that your network management function focus upon. |

|  |
| --- |
|  |

|  |
| --- |
| 6.3.7 Do you maintain contingency arrangements with a sub-custodian should your direct participation be terminated? |

|  |
| --- |
| ☐ Yes  ☐ No |
| If no, please explain. |
|  |

## 6.4 Due diligence – periodic review

|  |
| --- |
| 6.4.1 Please describe or attach your document outlining your periodic due diligence process or attach a relevant document. |

|  |
| --- |
| Please insert file here: |
| [File Attachment] |
| Comments |
|  |

|  |
| --- |
| 6.4.2 Are your affiliates that provide services subject to same due diligence process? |

|  |
| --- |
| ☐ Yes  ☐ No |
| If no, how does it differ? |
|  |

|  |
| --- |
| 6.4.3 Do you conduct an annual due diligence review of all sub-custodians? |

|  |
| --- |
| ☐ Yes  ☐ No |
| If no, provide details. |
|  |

|  |
| --- |
| 6.4.4 Under what circumstances would a due diligence review be performed out of cycle? |

|  |
| --- |
|  |

|  |
| --- |
| 6.4.5 Do you use the AFME Due Diligence Questionnaire as part of your due diligence process? |

|  |
| --- |
| ☐ Yes  ☐ No |
| Comments |
|  |

|  |
| --- |
| 6.4.6 Were any areas of material concern noted as part of your review process? |

|  |
| --- |
| ☐ Yes  ☐ No |
| If yes, provide details. |
|  |

|  |
| --- |
| 6.4.7 Please provide a list of your sub custodians showing their entity name, legal and operational addresses. |

|  |
| --- |
|  |

|  |
| --- |
| 6.4.8 In the last 12 months have there been any changes to your custody network? |

|  |
| --- |
| ☐ Yes  ☐ No |
| Comments |
|  |

|  |
| --- |
| 6.4.9 Please confirm the date of your last on-site due diligence review for each sub-custodian. |

|  |
| --- |
| Date (dd/mm/yyyy) |
| Please provide a document showing this information. |
| [File Attachment] |
| Comments |
|  |

|  |
| --- |
| 6.4.10 Please describe how you monitor the risk of your sub-custodian. |

|  |
| --- |
|  |

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| --- |
| 6.4.11 How do you keep clients informed of market developments? |

|  |
| --- |
|  |

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| --- |
| 6.4.12 How do you monitor the markets’ regulatory and legal framework? |

|  |
| --- |
|  |

|  |
| --- |
| 6.4.13 Do you have an SLA or comparable agreement with your sub-custodians? |

|  |
| --- |
| ☐ Yes  ☐ No |
| If not, how do you ensure that your service expectations are met? |
|  |

|  |
| --- |
| 6.4.14 In the last 12 months have there been any changes to the liens or security interests that any of your sub-custodians or CSDs have over your assets? |

|  |
| --- |
| ☐ Yes  ☐ No |
| If yes, provide details. |
|  |

|  |
| --- |
| 6.4.15 In the last 12 months have there been any changes that have increased risk within the custody chain? |

|  |
| --- |
| ☐ Yes  ☐ No |
| If yes, provide details. |
|  |

|  |
| --- |
| 6.4.16 In the last 12 months have there been any changes to the naming convention for accounts at your sub-custodians or at the CSDs? |

|  |
| --- |
| ☐ Yes  ☐ No |
| If yes, provide details. |
|  |

|  |
| --- |
| 6.4.17 Do you maintain contingency sub-custodian relationships? |

|  |
| --- |
| ☐ Yes  ☐ No |
| Comments |
|  |

|  |
| --- |
| 6.4.18 If you do not maintain contingency sub-custodian relationships, do you have another form of contingency planning in place, in particular covering a default of a sub-custodian belonging to your network? |

|  |
| --- |
| ☐ Yes  ☐ No  ☐ N/A |
| If yes, provide details. |
|  |

## 6.5 Attestations

|  |
| --- |
| 6.5.1 Please confirm that you have a custodial contract in place with every sub-custodian. |

|  |
| --- |
| ☐ Yes  ☐ No |
| If no, please explain. |
|  |

|  |
| --- |
| 6.5.2 Please confirm that your sub-custodians are subject to regulation and supervision with respect to the safekeeping of financial instruments. |

|  |
| --- |
| ☐ Yes  ☐ No |
| If no, please explain. |
|  |

|  |
| --- |
| 6.5.3 Please confirm if you require the agreements that you have with your sub-custodians to include the provisions listed in Rule 17f-5(c)(2)(i). |

|  |
| --- |
| ☐ Yes  ☐ No |
| Comments |
|  |

# 7 Client money

In scope services: client money services

|  |
| --- |
| If you hold client money, please complete this section (7). If not, please tick the ‘Not Applicable’ box below. |

|  |
| --- |
| ☐ N/A |

## 7.1 Segregation of client money

|  |
| --- |
| 7.1.1 Please confirm that, based on the laws in the jurisdiction where your organisation is incorporated, the level of account segregation implemented by yourselves and applicable to the client money held with you would ensure that, upon our insolvency, such cash will be deemed to belong to our underlying clients and will be protected from you, our creditors or any other third parties. |

|  |
| --- |
| ☐ Yes  ☐ No |
| Comments |
|  |

|  |
| --- |
| 7.1.2 Please confirm that client money held by you is segregated and properly identified in your books and records by means of differently titled accounts or equivalent measures as follows: |

|  |
| --- |
| (a) Segregated and identified separately as belonging to your client or your clients’ clients in accordance with instructions (as applicable). |
| ☐ Yes  ☐ No |
| (b) Segregated and identified separately from your proprietary money. |
| ☐ Yes  ☐ No |
| (c) Segregated and identified separately from money belonging to other clients of yours. |
| ☐ Yes  ☐ No |
| (d) Segregated and identified separately from the money of any subsidiary or affiliate of yours. |
| ☐ Yes  ☐ No |
| Comments |
|  |

|  |
| --- |
| 7.1.3 In the last 12 months have there been any changes in your ability to make newly opened client money accounts "inactive" until a client acknowledgement letter has been executed? |

|  |
| --- |
| ☐ Yes  ☐ No |
| If yes, provide details. |
|  |

|  |
| --- |
| 7.1.4 Does your jurisdiction support a deposit protection scheme in the event of your bank’s insolvency? |

|  |
| --- |
| ☐ Yes  ☐ No |
| If no, please describe what additional arrangements you have implemented to minimise the risk of loss and ensure that such cash held for your clients is protected in the event of your insolvency. |
|  |
| If yes and if a scheme exists, please provide a link to the details. |
| [Link URL] |

## 7.2 Credentials

|  |
| --- |
| 7.2.1 Do you undertake other business activities which could compromise your ability to provide services as a client money bank? |

|  |
| --- |
| ☐ Yes  ☐ No |
| If yes, provide details. |
|  |

## 7.3 Operations and service provision

|  |
| --- |
| 7.3.1 Are there controls in place to prohibit debit balances on client money accounts? |

|  |
| --- |
| ☐ Yes  ☐ No |
| Comments |
|  |

|  |
| --- |
| 7.3.2 Please confirm that you will ensure that only authorised instructions sent specifically to/for the account are actioned. |
| ☐ Yes  ☐ No |
| Comments |
|  |

|  |
| --- |
| 7.3.3 Please confirm that payment instructions formatted to allow straight through processing and received by the cut-off time will be applied to the account on the same day. |

|  |
| --- |
| ☐ Yes  ☐ No |
| If no, provide details of the process to remediate. |
|  |

|  |
| --- |
| 7.3.4 Are there any circumstances in which the account title could change without our request? |

|  |
| --- |
| ☐ Yes  ☐ No |
| If yes, provide details. |
|  |

|  |
| --- |
| 7.3.5 Please confirm that there are controls in place to prevent charges and interest being applied to client money accounts? |

|  |
| --- |
| ☐ Yes  ☐ No |
| Comments |
|  |

## 7.4 Regulatory requirements

|  |
| --- |
| 7.4.1 Please confirm that the balances remain in the currency that they are credited (i.e. there is no conversion). |

|  |
| --- |
| ☐ Yes  ☐ No |
| Comments |
|  |

|  |
| --- |
| 7.4.2 Please confirm that any monies held by us for our clients will not be set-off against other monies held by you for us on our insolvency. |

|  |
| --- |
| ☐ Yes  ☐ No |
| Comments |
|  |

|  |
| --- |
| 7.4.3 Please confirm that on your insolvency our claim to the deposit held with you will rank pari passu with all other unsecured claims. |

|  |
| --- |
| ☐ Yes  ☐ No |
| Comments |
|  |

|  |
| --- |
| 7.4.4 In the last 12 months have there been any changes to the legal status of creditors granted seniority of claims against your assets? |

|  |
| --- |
| ☐ Yes  ☐ No |
| If yes, provide details. |
|  |

|  |
| --- |
| 7.4.5 For 15c3-3 accounts only: If the entity holding the account is a US branch of a foreign bank, please confirm that the branch is eligible to hold 15c3-3 deposits of broker dealers. |

|  |
| --- |
| ☐ Yes  ☐ No  ☐ N/A |
| Comments |
|  |

|  |
| --- |
| 7.4.6 In the last 12 months have there been any changes that affect either legal requirements, local regulations or market practices related to the holding of client monies? |

|  |
| --- |
| Legal requirements |
| ☐ Yes  ☐ No |
| If yes, provide details. |
|  |
| Local regulations |
| ☐ Yes  ☐ No |
| If yes, provide details. |
|  |
| Market practices |
| ☐ Yes  ☐ No |
| If yes, provide details. |
|  |

## 7.5 Correspondent banks

|  |
| --- |
| 7.5.1 Provide a list of all correspondent banks that your organisation uses, as an attachment or link to your website. |

|  |
| --- |
| [File Attachment / URL link] |
| Comments |
|  |

|  |
| --- |
| 7.5.2 Do you have a team dedicated to managing your network of correspondent banks? |

|  |
| --- |
| ☐ Yes  ☐ No |

|  |
| --- |
| 7.5.3 Do you maintain contingency correspondent bank relationships where you do not self-clear? |

|  |
| --- |
| ☐ Yes  ☐ No  ☐ N/A |

|  |
| --- |
| 7.5.4 Can you realign to the contingency correspondent banks within 48 hours? |

|  |
| --- |
| ☐ Yes  ☐ No  ☐ N/A |

|  |
| --- |
| 7.5.5 Please confirm that, within 48 hours above, you would make us aware of any standing settlement instructions (SSI) changes required by our organisation. |

|  |
| --- |
| ☐ Yes  ☐ No  ☐ N/A |