

Anti-Money Laundering and Compliance Questionnaire for Financial Institutions and Money Service Business entities requesting services from UAB „Maneuver LT“ (Genome)

In order to ensure the effective provision of financial services and fulfill the requirements of KYC (Know-Your-Customer) and AML (Anti-Money Laundering), we ask you to fill in the provided questionnaire.

By sending this form back to us, you confirm that the information provided in it is true and correct.

No.	Question	Answer
1.	Please provide the company's full legal name and registration number	
2.	Please provide your company's financial services license/registration details, including the registration number and the name of the issuing regulatory authority	
3.	Please provide a detailed description of your business activities and the financial products or services offered	
4.	Please describe the overall anticipated cash flow and transactional volumes expected through your Genome accounts, including the type of payments (e.g. B2B, C2B, B2C)	
5.	Please describe your client base, specifically detailing number of customers, type and distribution by risk categories, Top 5 industry sectors, and Top 5 countries of registration	
6.	Please provide a complete list of prohibited jurisdictions and countries from which customers are restricted from registering	

MANEUVER LT, UAB

Žalgirio g. 92-710,
LT-09303, Vilnius
www.genome.eu

Tel. +370 5 2412667
Tel. +370 617 87312
info@genome.eu

C/C 304785124
VAT No. LT100011709919

IBAN: LT043110018090507579
SWIFT/BIC: MNNELT 21XX / 31100

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7.	Please provide a complete list of prohibited industries and business activities from which customers are restricted from registering	
8.	Please provide details regarding your company's correspondent banking relationships with other financial institutions, including the names of your principal counterparty banks (if any)	
9.	Please confirm whether your company holds open accounts with other financial institutions, and provide a complete list of the corresponding bank names and account numbers	
10.	Please indicate whether any of your accounts at other banking institutions have been closed within the past year, specifying the names of the banks involved, year and the exact reasons for the closures	
11.	Does your company maintains and enforces an internal framework that complies with Anti-Money Laundering (AML) and Counter-Terrorist Financing (CTF) standards?	
12.	Please indicate if the company has an employee responsible for implementing and adhering to AML/CTF regulations (MLRO). Please provide this employee's full contact information, including full name, direct phone number, and professional email address.	
13.	Please indicate the total headcount of employees currently employed by the company who are primarily dedicated to AML, CTF, and KYC compliance measures	

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14.	Please let us know whether your Institution has written policies/procedures for the implementation of the AML/CTF control measures covering:		
	<i>Note: Please name and exact page(s) of the document/procedure.</i>		
	• Know Your Customer (CDD/EDD/ODD)	YES	NO
	• Risk Assessment	YES	NO
	• Transaction Screening/Monitoring	YES	NO
	• SAR/STR Reporting	YES	NO
	• Politically Exposed Persons	YES	NO
	• Sanctions Compliance	YES	NO
	• Fraud	YES	NO
Please upload the most recent versions of the above-mentioned procedures to your KYC form in http://www.genome.eu , or if the files are too big, send them via your dedicated Sales/Account Manager			
15.	Does your institution systematically verify all customers' identities before onboarding? If exceptions exist, specify the exact regulatory exemptions or simplified due diligence (SDD) frameworks applied		
16.	Briefly describe your customer identification procedure, specifying the verification measures, the documentation collected (physically and remotely), and the precise onboarding stage when this occurs		
17.	Please provide a detailed description of the risk factors and explain the methodology of how customers the overall risk rating is calculated		
18.	Please confirm if your institution applies Enhanced Due Diligence (EDD) to high-risk customers, and briefly describe measure applied		

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19.	Please confirm if your company retains copies of client identity documents and related verification data, and specify the legal storage period	
20.	Please specify the exact financial thresholds or criteria that trigger Source of Funds (SoF) and Source of Wealth (SoW) verification	
21.	Do you identify Politically Exposed Persons (PEP's) or Relatives and Close Associates (RCA's)? If yes, please comment on acceptability of such customers and control measures imposed	
22.	Please provide a brief description of your international sanctions implementation process, including the specific lists, screening tools used, frequency and your internal protocol for handling potential matches and acceptability	
23.	Please provide a brief overview of your transaction screening and monitoring procedures, specifying the exact tools or methodologies used and any specific risk criteria or thresholds implemented to detect suspicious activity	
24.	Please specify the local or foreign institutions or financial intelligence units (FIUs) that your company notifies in the event of a suspected money laundering or terrorist financing incident	
25.	Please describe in greater detail your Ongoing Due Diligence process, including the type of customer information reviewed or updated (e.g., identification documents, source of funds, risk classification), the frequency of such reviews, and any triggers for interim updates	

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26.	Please provide details on your latest external or regulatory AML/CTF audit, including the auditor/authority, date, and results. If any deficiencies were detected, describe the actions taken to mitigate them	
27.	Please indicate your main suppliers/vendors and specify the activities they engage in/services provided (remote identity verification, KYC, transaction screening and monitoring, etc.). If any of the solutions are developed in-house, please mention that as well.	

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