

AML & KYC Questionnaire

1. Scope of Certification

Please confirm the areas of your organization covered by responses to this questionnaire:

Head Office & domestic branches: Yes No Domestic subsidiaries: Yes No
 Overseas branches: Yes No Overseas subsidiaries: Yes No

2. General Information

2.1. General Entity Information

Name of the financial institution		Kookmin Bank
Country of incorporation or organization		Republic of Korea
Registration/License Number		110111-2365321
Address of Head Office		9-1, 2-GA NAMDAEMUN-RO, JUNG-GU, SEOUL 100-703, KOREA
Website address:		www.kbstar.com
Major business activities		Retail/Corporate Banking, Credit Card, Trust, Private Banking
Compliance Contact	Telephone:	+82-2-2073-5547
	Email address:	yhsong84@kbstar.co.kr
	Name:	Youhee Song

2.2. Ownership Structure

1) Is your institution publicly traded? Yes No

If your answer is "Yes," please list Exchange & Symbol of your institution.

[KB is wholly-owned by KB Financial Group whose shares are listed on both the Korea Exchange\(KB FGI/105560\) and the New York Stock Exchange\(KB\)](#)

2) Board of Directors

Please list the names of the principal officers and directors of your institution, their respective positions and the number of years employed by your institution. (Attach additional sheets if necessary)

[Please refer to KB Financial Group webpage.](#)

⇒ [\[http://www.kbfng.com/Eng\]](http://www.kbfng.com/Eng) > [\[Corporate Governance\]](#) > [\[Board of Directors\]](#)

3. ANTI-MONEY LAUNDERING CONTROLS

I. General AML Policies, Practices and Procedures		
<p>1. Has your country established laws designed to prevent money laundering and terrorist financing?</p> <p>If yes, please list the name of the relevant laws:</p> <p>Financial Transaction Reports Act, Proceeds of Crime Act</p>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
<p>2. Has your institution developed written policies documenting the processes that they have in place to prevent, detect and report suspicious transactions/terrorist financing activities?</p>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
<p>3. Is your AML/CFT policy up to FATF standards?</p>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
<p>4. Is your AML/CFT(Combating the Financing of Terrorism) regulations and procedures approved by the institution's board or a senior committee?</p>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
<p>5. Has your institution have a designated officer responsible for AML/CFT compliance program?</p> <p>If yes, please provide contact details:</p> <p><u>Name/Title : Sahnho Lee(Chief Compliance Officer)</u> <u>Email : lee3ho@kstar.co.kr</u> <u>Phone : 82-2-2073-7200</u> <u>Fax : 82-2-2073-7280</u></p>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
<p>6. Is your institution subject to the supervision of any regulatory authority?</p> <p>If yes, please give the name of the supervisory/regulatory authority.</p> <p>The Korea Financial Intelligence Unit, The Financial Supervisory Service</p>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
<p>7. Please give the name of the authority to which you must report in case of a suspicion of money laundering and terrorist financing.</p> <p>The Korea Financial Intelligence Unit</p>		
<p>8. In addition to inspections by the government supervisors/regulators, does your institution have an internal audit function or other independent third party that assesses AML policies and practices on a regular basis?</p>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
<p>9. Does your institution have policies to prohibit any accounts/relationships with shell banks*?</p> <p>* A shell bank is defined as a bank incorporated in a jurisdiction in which it has no physical presence and which is unaffiliated with a regulated financial group.</p>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
<p>10. Does your institution have policies to cover relationships with Politically Exposed Persons (PEPs), their family and close associates?</p>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

11. Does your institution allow customers to establish payable through accounts?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
12. Does your institution offer anonymous accounts (i.e. accounts where identification is not reviewed prior to opening)?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
13. Does your institution have appropriate record retention procedures pursuant to applicable law? If yes, please state the period of time. 5 years	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
II. Risk Assessment		
14. Does your institution have a risk-based assessment of customer base and their transactions?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
15. Does your institution determine the appropriate level of enhanced due diligence necessary for those categories of customers and transactions that, the institution has reason to believe, pose a heightened risk of illicit activities at or through your institution?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
III. Know Your Customer, Due Diligence and Enhanced Due Diligence		
16. Does your institution require identification of all individuals or entities at the establishment of the relationship?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
17. Does your institution have procedures to establish a record for each new customer that contains their respective identification documents and 'Know Your Customer' information?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
18. Does your institution update your customer profile on a regular basis?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
19. Does your customer identification program require that enhanced due diligence be conducted regarding certain customers that may present a heightened level of money laundering and terrorist financing risk to your institution, such as international private banking and correspondent banking customers, or customers from high risk money laundering and terrorist financing jurisdictions?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
20. Does your bank have a periodic process to review and, where appropriate, update high risk customer information?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
IV. Reportable Transactions and Prevention and Detection of Transactions with Illegally Obtained Funds		
21. Does your institution have policies or practices for the identification and reporting of transactions that are required to be reported to the authorities?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
22. Does your institution have procedures to identify transactions structured to avoid large cash reporting requirements?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

23. Does your institution have policies to reasonably ensure that it only operates with correspondent banks that possess licenses to operate in their countries of origin?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
V. Transaction Monitoring		
24. Does your institution have a monitoring program for unusual and potentially suspicious activities that cover funds transfers and monetary instruments such as traveler's checks, money orders, and so on?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
25. Does your institution filter payments against relevant sanctions lists?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
VI. AML Training		
26. Does your institution provide AML training to relevant employees that includes: <ul style="list-style-type: none"> • Identification and reporting of transactions that must be reported to government authorities. • Examples of different forms of money laundering involving the institution's products and services. • Internal policies to prevent money laundering. 	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
27. Does your institution retain records of its training sessions including attendance records and relevant training materials used?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
28. Does your institution have policies to communicate new AML related laws or changes to existing AML related policies or practices to relevant employees?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
29. Does your institution employ agents to carry out some of the functions of your institution and if so does your institution provide AML training to relevant agents that includes identification and reporting of transactions that must be reported to government authorities, examples of different forms of money laundering involving the institution's products and services and internal policies to prevent money laundering?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

I confirm that I am authorized to complete this document and that, to the best of my knowledge, the information above is current and accurately reflects our institution's AML policies.

Name : Sahmho Lee Signature : 

Title : Chief Compliance Officer

Date : Feb. 25, 2010

Additional Information

- AML Certification & USA Patriot Act Certification
Please refer to KB webpage.
⇒ http://money.kbstar.com/quics?asfilecode=5023&_nextPage=page=eng
> [KB AML Summary]
⇒ <http://www.kbstar.com> > [English] > [About Us] > [Anti-Money Laundering]
- Organization Chart
Please refer to KB webpage.
⇒ http://money.kbstar.com/quics?asfilecode=5023&_nextPage=page=eng
> [About Us] > [Management Info] > [Organizational Structure]
- Articles of Incorporation
[Please refer to KB Financial Group webpage.](#)
⇒ <http://www.kbfng.com/Eng> > [Corporate Governance] > [Related Article Policy]
- Annual Report & external Audit Reports
[Please refer to KB Financial Group webpage.](#)
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