



Financial Institution Name: Asociación Popular de Ahorros y Préstamos  
 Location (Country) : Dominican Republic

The questionnaire is required to be answered on a Legal Entity (LE) Level. The Financial Institution should answer the questionnaire at the legal entity level including any branches for which the client base, products and control model are materially similar to the LE Head Office. This questionnaire should not cover more than one LE. Each question in the CBDDQ will need to be addressed from the perspective of the LE and on behalf of all of its branches. If a response for the LE differs for one of its branches, this needs to be highlighted and details regarding this difference captured at the end of each sub-section. If a branch's business activity (products offered, client base etc.) is materially different than its Entity Head Office, a separate questionnaire can be completed for that branch.

| No #                             | Question   | Answer   |
|----------------------------------|--|--|
| <b>1. ENTITY &amp; OWNERSHIP</b> |  |  |
| 1                                | Full Legal Name  | ASOCIACIÓN POPULAR DE AHORROS Y PRÉSTAMOS  |
| 2                                | Append a list of foreign branches which are covered by this questionnaire                            | N.A., ASOCIACIÓN POPULAR DE AHORROS Y PRÉSTAMOS does not have foreign branches.        |
| 3                                | Full Legal (Registered) Address  | Av. 27 de Febrero esq. Av Máximo Gómez. El Vergel, Santo Domingo, República Dominicana |
| 4                                | Full Primary Business Address (if different from above)  |  |
| 5                                | Date of Entity incorporation/establishment   | 07/25/1962   |
| 6                                | Select type of ownership and append an ownership chart if available                                  |  |
| 6 a                              | Publicly Traded (25% of shares publicly traded)  | No <input type="checkbox"/>  |
| 6 a1                             | If Y, indicate the exchange traded on and ticker symbol  |  |
| 6 b                              | Member Owned/Mutual  | Yes <input type="checkbox"/>   |
| 6 c                              | Government or State Owned by 25% or more   | No <input type="checkbox"/>  |
| 6 d                              | Privately Owned  | No <input type="checkbox"/>  |
| 6 d1                             | If Y, provide details of shareholders or ultimate beneficial owners with a holding of 10% or more    |  |
| 7                                | % of the Entity's total shares composed of bearer shares   | N/A  |
| 8                                | Does the Entity, or any of its branches, operate under an Offshore Banking License (OBL)?            | No <input type="checkbox"/>  |
| 8 a                              | If Y, provide the name of the relevant branch/es which operate under an OBL                          |  |
| 9                                | Does the Bank have a Virtual Bank License or provide services only through online channels?          | No <input type="checkbox"/>  |
| 10                               | Name of primary financial regulator/supervisory authority  | SUPERINTENDENCIA DE BANCOS DE LA REPÚBLICA DOMINICANA                                  |
| 11                               | Provide Legal Entity Identifier (LEI) if available   | 401000131  |
| 12                               | Provide the full legal name of the ultimate parent (if different from the Entity completing the DDQ) |  |

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| 13                                | Jurisdiction of licensing authority and regulator of ultimate parent  | DOMINICAN REPUBLIC                                       |
| 14                                | Select the business areas applicable to the Entity  |  |
| 14 a                              | Retail Banking  | Yes <input type="checkbox"/>                             |
| 14 b                              | Private Banking   | No <input checked="" type="checkbox"/>                   |
| 14 c                              | Commercial Banking  | Yes <input type="checkbox"/>                             |
| 14 d                              | Transactional Banking   | Yes <input type="checkbox"/>                             |
| 14 e                              | Investment Banking  | Yes <input type="checkbox"/>                             |
| 14 f                              | Financial Markets Trading   | No <input type="checkbox"/>                              |
| 14 g                              | Securities Services/Custody   | No <input type="checkbox"/>                              |
| 14 h                              | Broker/Dealer   | Yes <input checked="" type="checkbox"/>                  |
| 14 i                              | Multilateral Development Bank   | No <input checked="" type="checkbox"/>                   |
| 14 j                              | Wealth Management   | No <input type="checkbox"/>                              |
| 14 k                              | Other (please explain)  |  |
| 15                                | Does the Entity have a significant (10% or more) portfolio of non-resident customers or does it derive more than 10% of its revenue from non-resident customers? (Non-resident means customers primarily resident in a different jurisdiction to the location where bank services are provided) | No <input type="checkbox"/>                              |
| 15 a                              | If Y, provide the top five countries where the non-resident customers are located.  |  |
| 16                                | Select the closest value:   |  |
| 16 a                              | Number of employees   | 1001-5000 <input type="checkbox"/>                       |
| 16 b                              | Total Assets  | Between \$100 and \$500 million <input type="checkbox"/> |
| 17                                | Confirm that all responses provided in the above Section are representative of all the LE's branches.   | Yes <input type="checkbox"/>                             |
| 17 a                              | If N, clarify which questions the difference/s relate to and the branch/es that this applies to.  |  |
| 18                                | If appropriate, provide any additional information/context to the answers in this section.  |  |
| <b>2. PRODUCTS &amp; SERVICES</b> |   |  |
| 19                                | Does the Entity offer the following products and services:  |  |
| 19 a                              | Correspondent Banking   | No <input type="checkbox"/>                              |
| 19 a1                             | If Y  |  |
| 19 a1a                            | Does the Entity offer Correspondent Banking services to domestic banks?   | No <input type="checkbox"/>                              |
| 19 a1b                            | Does the Entity allow domestic bank clients to provide downstream relationships?  | Please select <input type="checkbox"/>                   |
| 19 a1c                            | Does the Entity have processes and procedures in place to identify downstream relationships with domestic banks?  | Please select <input type="checkbox"/>                   |
| 19 a1d                            | Does the Entity offer Correspondent Banking services to foreign banks?  | Please select <input type="checkbox"/>                   |
| 19 a1e                            | Does the Entity allow downstream relationships with foreign banks?  | Please select <input type="checkbox"/>                   |
| 19 a1f                            | Does the Entity have processes and procedures in place to identify downstream relationships with foreign banks?   | Please select <input type="checkbox"/>                   |
| 19 a1g                            | Does the Entity offer Correspondent Banking services to regulated Money Services Businesses (MSBs)/Money Value Transfer Services (MVTSS)?   | Please select <input type="checkbox"/>                   |
| 19 a1h                            | Does the Entity allow downstream relationships with MSBs, MVTSS, or Payment Service Provider (PSPs)?  |  |
| 19 a1h1                           | MSBs  | No <input type="checkbox"/>                              |
| 19 a1h2                           | MVTSS   | No <input type="checkbox"/>                              |
| 19 a1h3                           | PSPs  | No <input type="checkbox"/>                              |

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| 19 a1i                                       | Does the Entity have processes and procedures in place to identify downstream relationships with MSBs /MVTs/PSPs?                           | Yes   | <input type="checkbox"/> |
| 19 b   | Cross-Border Bulk Cash Delivery   | No  | <input type="checkbox"/> |
| 19 c   | Cross-Border Remittances  | No  | <input type="checkbox"/> |
| 19 d   | Domestic Bulk Cash Delivery   | No  | <input type="checkbox"/> |
| 19 e   | Hold Mail   | No  | <input type="checkbox"/> |
| 19 f   | International Cash Letter   | No  | <input type="checkbox"/> |
| 19 g   | Low Price Securities  | No  | <input type="checkbox"/> |
| 19 h   | Payable Through Accounts  | No  | <input type="checkbox"/> |
| 19 i   | Payment services to non-bank entities who may then offer third party payment services to their customers?                                   | No  | <input type="checkbox"/> |
| 19 i1  | If Y , please select all that apply below?  |   |                          |
| 19 i2  | Third Party Payment Service Providers   | Please select   | <input type="checkbox"/> |
| 19 i3  | Virtual Asset Service Providers (VASPs)   | Please select   | <input type="checkbox"/> |
| 19 i4  | eCommerce Platforms   | Please select   | <input type="checkbox"/> |
| 19 i5  | Other - Please explain  |   |                          |
| 19 j   | Private Banking   | No  | <input type="checkbox"/> |
| 19 k   | Remote Deposit Capture (RDC)  | No  | <input type="checkbox"/> |
| 19 l   | Sponsoring Private ATMs   | No  | <input type="checkbox"/> |
| 19 m   | Stored Value Instruments  | No  | <input type="checkbox"/> |
| 19 n   | Trade Finance   | No  | <input type="checkbox"/> |
| 19 o   | Virtual Assets  | No  | <input type="checkbox"/> |
| 19 p   | For each of the following please state whether you offer the service to walk-in customers and if so, the applicable level of due diligence: |   |                          |
| 19 p1  | Check cashing service   | No  | <input type="checkbox"/> |
| 19 p1a                                       | If yes, state the applicable level of due diligence   | Please select   | <input type="checkbox"/> |
| 19 p2  | Wire transfers  | No  | <input type="checkbox"/> |
| 19 p2a                                       | If yes, state the applicable level of due diligence   | Please select   | <input type="checkbox"/> |
| 19 p3  | Foreign currency conversion   | Yes   | <input type="checkbox"/> |
| 19 p3a                                       | If yes, state the applicable level of due diligence   | Identification and verification   | <input type="checkbox"/> |
| 19 p4  | Sale of Monetary Instruments  | No  | <input type="checkbox"/> |
| 19 p4a                                       | If yes, state the applicable level of due diligence   | Please select   | <input type="checkbox"/> |
| 19 p5  | If you offer other services to walk-in customers please provide more detail here, including describing the level of due diligence.          | Payment of service like electricity and water. The level of due diligence is identification and verification. |                          |
| 19 q   | Other high-risk products and services identified by the Entity (please specify)   | N/A   | <input type="checkbox"/> |
| 20   | Confirm that all responses provided in the above Section are representative of all the LE's branches.                                       | Yes   | <input type="checkbox"/> |
| 20 a   | If N, clarify which questions the difference/s relate to and the branch/es that this applies to.  | N/A   | <input type="checkbox"/> |
| 21   | If appropriate, provide any additional information/context to the answers in this section.  | N/A   | <input type="checkbox"/> |
| <b>3. AML, CTF &amp; SANCTIONS PROGRAMME</b> |   |   |                          |
| 22   | Does the Entity have a programme that sets minimum AML, CTF and Sanctions standards regarding the following components:                     |   |                          |
| 22 a   | Appointed Officer with sufficient   | Yes   | <input type="checkbox"/> |
| 22 b   | Adverse Information Screening   | Yes   | <input type="checkbox"/> |
| 22 c   | Beneficial Ownership  | Yes   | <input type="checkbox"/> |
| 22 d   | Cash Reporting  | Yes   | <input type="checkbox"/> |
| 22 e   | CDD   | Yes   | <input type="checkbox"/> |
| 22 f   | EDD   | Yes   | <input type="checkbox"/> |
| 22 g   | Independent Testing   | Yes   | <input type="checkbox"/> |
| 22 h   | Periodic Review   | Yes   | <input type="checkbox"/> |
| 22 i   | Policies and Procedures   | Yes   | <input type="checkbox"/> |
| 22 j   | PEP Screening   | Yes   | <input type="checkbox"/> |
| 22 k   | Risk Assessment   | Yes   | <input type="checkbox"/> |
| 22 l   | Sanctions   | Yes   | <input type="checkbox"/> |

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| 22 m                                    | Suspicious Activity Reporting   | Yes            | <input type="checkbox"/> |
| 22 n                                    | Training and Education  | Yes            | <input type="checkbox"/> |
| 22 o                                    | Transaction Monitoring  | Yes            | <input type="checkbox"/> |
| 23                                      | How many full time employees are in the Entity's AML, CTF & Sanctions Compliance Department?  | 11-100         | <input type="text"/>     |
| 24                                      | Is the Entity's AML, CTF & Sanctions policy approved at least annually by the Board or equivalent Senior Management Committee? If N, describe your practice in Question 29.   | Yes            | <input type="checkbox"/> |
| 25                                      | Does the Board receive, assess, and challenge regular reporting on the status of the AML, CTF, & Sanctions programme?   | Yes            | <input type="checkbox"/> |
| 26                                      | Does the Entity use third parties to carry out any components of its AML, CTF & Sanctions programme?  | No             | <input type="checkbox"/> |
| 26 a                                    | If Y, provide further details   | N/A            |                          |
| 27                                      | Does the entity have a whistleblower policy?  | Yes            | <input type="checkbox"/> |
| 28                                      | Confirm that all responses provided in the above Section are representative of all the LE's branches  | Yes            | <input type="checkbox"/> |
| 28 a                                    | If N, clarify which questions the difference/s relate to and the branch/es that this applies to.  |                |                          |
| 29                                      | If appropriate, provide any additional information/context to the answers in this section.  |                |                          |
| <b>4. ANTI BRIBERY &amp; CORRUPTION</b> |   |                |                          |
| 30                                      | Has the Entity documented policies and procedures consistent with applicable ABC regulations and requirements to reasonably prevent, detect and report bribery and corruption?  | Yes            | <input type="checkbox"/> |
| 31                                      | Does the Entity have an enterprise wide programme that sets minimum ABC standards?  | Yes            | <input type="checkbox"/> |
| 32                                      | Has the Entity appointed a designated officer or officers with sufficient experience/expertise responsible for coordinating the ABC programme?  | Yes            | <input type="checkbox"/> |
| 33                                      | Does the Entity have adequate staff with appropriate levels of experience/expertise to implement the ABC programme?   | Yes            | <input type="checkbox"/> |
| 34                                      | Is the Entity's ABC programme applicable to:  | Not Applicable | <input type="checkbox"/> |
| 35                                      | Does the Entity have a global ABC policy that:  |                |                          |
| 35 a                                    | Prohibits the giving and receiving of bribes? This includes promising, offering, giving, solicitation or receiving of anything of value, directly or indirectly, if improperly intended to influence action or obtain an advantage. | Yes            | <input type="checkbox"/> |
| 35 b                                    | Includes enhanced requirements regarding interaction with public officials?   | Yes            | <input type="checkbox"/> |
| 35 c                                    | Includes a prohibition against the falsification of books and records (this may be within the ABC policy or any other policy applicable to the Legal Entity)?   | Yes            | <input type="checkbox"/> |
| 36                                      | Does the Entity have controls in place to monitor the effectiveness of their ABC programme?   | Yes            | <input type="checkbox"/> |
| 37                                      | Does the Board receive, assess, and challenge regular reporting on the status of the ABC programme?   | Yes            | <input type="checkbox"/> |
| 38                                      | Has the Entity's ABC Enterprise Wide Risk Assessment (EWRA) been completed in the last 12 months?   | Yes            | <input type="checkbox"/> |
| 38 a                                    | If N, provide the date when the last ABC EWRA was completed.  |                |                          |
| 39                                      | Does the Entity have an ABC residual risk rating that is the net result of the controls effectiveness and the inherent risk assessment?   | Yes            | <input type="checkbox"/> |
| 40                                      | Does the Entity's ABC EWRA cover the inherent risk components detailed below:   | Yes            | <input type="checkbox"/> |
| 40 a                                    | Potential liability created by intermediaries and other third-party providers as appropriate  | Yes            | <input type="checkbox"/> |

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| 40 b   | Corruption risks associated with the countries and industries in which the Entity does business, directly or through intermediaries  | Yes            | <input type="checkbox"/> |
| 40 c   | Transactions, products or services, including those that involve state-owned or state-controlled entities or public officials  | Yes            | <input type="checkbox"/> |
| 40 d   | Corruption risks associated with gifts and hospitality, hiring/internships, charitable donations and political contributions   | Yes            | <input type="checkbox"/> |
| 40 e   | Changes in business activities that may materially increase the Entity's corruption risk   | Yes            | <input type="checkbox"/> |
| 41   | Does the Entity's internal audit function or other independent third party cover ABC Policies and Procedures?  | Yes            | <input type="checkbox"/> |
| 42   | Does the Entity provide mandatory ABC training to:   |                |                          |
| 42 a   | Board and senior Committee Management  | Yes            | <input type="checkbox"/> |
| 42 b   | 1st Line of Defence  | Yes            | <input type="checkbox"/> |
| 42 c   | 2nd Line of Defence  | Yes            | <input type="checkbox"/> |
| 42 d   | 3rd Line of Defence  | Yes            | <input type="checkbox"/> |
| 42 e   | Third parties to which specific compliance activities subject to ABC risk have been outsourced   | Not Applicable | <input type="checkbox"/> |
| 42 f   | Non-employed workers as appropriate (contractors/consultants)  | Yes            | <input type="checkbox"/> |
| 43   | Does the Entity provide ABC training that is targeted to specific roles, responsibilities and activities?  | Yes            | <input type="checkbox"/> |
| 44   | Confirm that all responses provided in the above Section are representative of all the LE's branches   | Yes            | <input type="checkbox"/> |
| 44 a   | If N, clarify which questions the difference/s relate to and the branch/es that this applies to.   |                |                          |
| 45   | If appropriate, provide any additional information/context to the answers in this section.   |                |                          |
| <b>5. AML, CTF &amp; SANCTIONS POLICIES &amp; PROCEDURES</b> |  |                |                          |
| 46   | Has the Entity documented policies and procedures consistent with applicable AML, CTF & Sanctions regulations and requirements to reasonably prevent, detect and report:   |                |                          |
| 46 a   | Money laundering   | Yes            | <input type="checkbox"/> |
| 46 b   | Terrorist financing  | Yes            | <input type="checkbox"/> |
| 46 c   | Sanctions violations   | Yes            | <input type="checkbox"/> |
| 47   | Are the Entity's policies and procedures updated at least annually?  | Yes            | <input type="checkbox"/> |
| 48   | Has the Entity chosen to compare its policies and procedures against:  |                |                          |
| 48 a   | U.S. Standards   | Yes            | <input type="checkbox"/> |
| 48 a1  | If Y, does the Entity retain a record of the results?  | Yes            | <input type="checkbox"/> |
| 48 b   | EU Standards   | Yes            | <input type="checkbox"/> |
| 48 b1  | If Y, does the Entity retain a record of the results?  | Yes            | <input type="checkbox"/> |
| 49   | Does the Entity have policies and procedures that:   |                |                          |
| 49 a   | Prohibit the opening and keeping of anonymous and fictitious named accounts  | Yes            | <input type="checkbox"/> |
| 49 b   | Prohibit the opening and keeping of accounts for unlicensed banks and/or NBFIs   | Yes            | <input type="checkbox"/> |
| 49 c   | Prohibit dealing with other entities that provide banking services to unlicensed banks   | Yes            | <input type="checkbox"/> |
| 49 d   | Prohibit accounts/relationships with shell banks   | Yes            | <input type="checkbox"/> |
| 49 e   | Prohibit dealing with another entity that provides services to shell banks   | Yes            | <input type="checkbox"/> |
| 49 f   | Prohibit opening and keeping of accounts for Section 311 designated entities   | Yes            | <input type="checkbox"/> |
| 49 g   | Prohibit opening and keeping of accounts for any of unlicensed/unregulated remittance agents, exchanges houses, casa de cambio, bureaux de change or money transfer agents | Yes            | <input type="checkbox"/> |
| 49 h   | Assess the risks of relationships with domestic and foreign PEPs, including their family and close associates  | Yes            | <input type="checkbox"/> |

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Wolfsberg Group Correspondent Banking Due Diligence Questionnaire (CBDDQ) V1.4

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| 49 i   | Define the process for escalating financial crime risk issues/potentially suspicious activity identified by employees  | Yes             | <input type="checkbox"/>            |
| 49 j   | Define the process, where appropriate, for terminating existing customer relationships due to financial crime risk   | Yes             | <input type="checkbox"/>            |
| 49 k   | Define the process for exiting clients for financial crime reasons that applies across the entity, including foreign branches and affiliates                         | Yes             | <input type="checkbox"/>            |
| 49 l   | Define the process and controls to identify and handle customers that were previously exited for financial crime reasons if they seek to re-establish a relationship | Yes             | <input type="checkbox"/>            |
| 49 m   | Outline the processes regarding screening for sanctions, PEPs and Adverse Media/Negative News  | Yes             | <input type="checkbox"/>            |
| 49 n   | Outline the processes for the maintenance of internal "watchlists"   | Yes             | <input type="checkbox"/>            |
| 50   | Has the Entity defined a risk tolerance statement or similar document which defines a risk boundary around their business?   | Yes             | <input type="checkbox"/>            |
| 51   | Does the Entity have record retention procedures that comply with applicable laws?   | Yes             | <input type="checkbox"/>            |
| 51 a   | If Y, what is the retention period?  | 5 years or more | <input type="checkbox"/>            |
| 52   | Confirm that all responses provided in the above Section are representative of all the LE's branches   | Yes             | <input type="checkbox"/>            |
| 52 a   | If N, clarify which questions the difference/s relate to and the branch/es that this applies to.   |                 |                                     |
| 53   | If appropriate, provide any additional information/context to the answers in this section.   |                 |                                     |
| <b>6. AML, CTF &amp; SANCTIONS RISK ASSESSMENT</b> |  |                 |                                     |
| 54   | Does the Entity's AML & CTF EWRA cover the inherent risk components detailed below:  |                 |                                     |
| 54 a   | Client   | Yes             | <input type="checkbox"/>            |
| 54 b   | Product  | Yes             | <input type="checkbox"/>            |
| 54 c   | Channel  | Yes             | <input checked="" type="checkbox"/> |
| 54 d   | Geography  | Yes             | <input type="checkbox"/>            |
| 55   | Does the Entity's AML & CTF EWRA cover the controls effectiveness components detailed below:   |                 |                                     |
| 55 a   | Transaction Monitoring   | Yes             | <input type="checkbox"/>            |
| 55 b   | Customer Due Diligence   | Yes             | <input type="checkbox"/>            |
| 55 c   | PEP Identification   | Yes             | <input checked="" type="checkbox"/> |
| 55 d   | Transaction Screening  | Yes             | <input type="checkbox"/>            |
| 55 e   | Name Screening against Adverse Media/Negative News   | Yes             | <input type="checkbox"/>            |
| 55 f   | Training and Education   | Yes             | <input type="checkbox"/>            |
| 55 g   | Governance   | Yes             | <input type="checkbox"/>            |
| 55 h   | Management Information   | Yes             | <input type="checkbox"/>            |
| 56   | Has the Entity's AML & CTF EWRA been completed in the last 12 months?  | Yes             | <input type="checkbox"/>            |
| 56 a   | If N, provide the date when the last AML & CTF EWRA was completed.   |                 |                                     |
| 57   | Does the Entity's Sanctions EWRA cover the inherent risk components detailed below:  |                 |                                     |
| 57 a   | Client   | Yes             | <input type="checkbox"/>            |
| 57 b   | Product  | Yes             | <input type="checkbox"/>            |
| 57 c   | Channel  | Yes             | <input type="checkbox"/>            |
| 57 d   | Geography  | Yes             | <input type="checkbox"/>            |
| 58   | Does the Entity's Sanctions EWRA cover the controls effectiveness components detailed below:   |                 |                                     |
| 58 a   | Customer Due Diligence   | Yes             | <input checked="" type="checkbox"/> |
| 58 b   | Governance   | Yes             | <input checked="" type="checkbox"/> |
| 58 c   | List Management  | Yes             | <input type="checkbox"/>            |
| 58 d   | Management Information   | Yes             | <input type="checkbox"/>            |

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Wolfsberg Group Correspondent Banking Due Diligence Questionnaire (CBDDQ) V1.4

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| 58 e                       | Name Screening  | Yes           | <input type="checkbox"/> |
| 58 f                       | Transaction Screening   | Yes           | <input type="checkbox"/> |
| 58 g                       | Training and Education  | Yes           | <input type="checkbox"/> |
| 59                         | Has the Entity's Sanctions EWRA been completed in the last 12 months?   | Yes           | <input type="checkbox"/> |
| 59 a                       | If N, provide the date when the last Sanctions EWRA was completed.  |               |                          |
| 60                         | Confirm that all responses provided in the above Section are representative of all the LE's branches                          | Yes           | <input type="checkbox"/> |
| 60 a                       | If N, clarify which questions the difference/s relate to and the branch/es that this applies to.                              |               |                          |
| 61                         | If appropriate, provide any additional information/context to the answers in this section.                                    |               |                          |
| <b>7. KYC, CDD and EDD</b> |   |               |                          |
| 62                         | Does the Entity verify the identity of the customer?  | Yes           | <input type="checkbox"/> |
| 63                         | Do the Entity's policies and procedures set out when CDD must be completed, e.g. at the time of onboarding or within 30 days? | Yes           | <input type="checkbox"/> |
| 64                         | Which of the following does the Entity gather and retain when conducting CDD? Select all that apply:                          |               |                          |
| 64 a                       | Customer identification   | Yes           | <input type="checkbox"/> |
| 64 b                       | Expected activity   | Yes           | <input type="checkbox"/> |
| 64 c                       | Nature of business/employment   | Yes           | <input type="checkbox"/> |
| 64 d                       | Ownership structure   | Yes           | <input type="checkbox"/> |
| 64 e                       | Product usage   | Yes           | <input type="checkbox"/> |
| 64 f                       | Purpose and nature of relationship  | Yes           | <input type="checkbox"/> |
| 64 g                       | Source of funds   | Yes           | <input type="checkbox"/> |
| 64 h                       | Source of wealth  | Yes           | <input type="checkbox"/> |
| 65                         | Are each of the following identified:   |               |                          |
| 65 a                       | Ultimate beneficial ownership   | Yes           | <input type="checkbox"/> |
| 65 a1                      | Are ultimate beneficial owners verified?  | Yes           | <input type="checkbox"/> |
| 65 b                       | Authorised signatories (where applicable)   | Yes           | <input type="checkbox"/> |
| 65 c                       | Key controllers   | Yes           | <input type="checkbox"/> |
| 65 d                       | Other relevant parties  | Yes           | <input type="checkbox"/> |
| 66                         | What is the Entity's minimum (lowest) threshold applied to beneficial ownership identification?                               | 10%           | <input type="checkbox"/> |
| 67                         | Does the due diligence process result in customers receiving a risk classification?   | Yes           | <input type="checkbox"/> |
| 67 a                       | If Y, what factors/criteria are used to determine the customer's risk classification? Select all that apply:                  |               |                          |
| 67 a1                      | Product Usage   | Yes           | <input type="checkbox"/> |
| 67 a2                      | Geography   | Yes           | <input type="checkbox"/> |
| 67 a3                      | Business Type/Industry  | Yes           | <input type="checkbox"/> |
| 67 a4                      | Legal Entity type   | Yes           | <input type="checkbox"/> |
| 67 a5                      | Adverse Information   | Yes           | <input type="checkbox"/> |
| 67 a6                      | Other (specify)   |               |                          |
| 68                         | For high risk non-individual customers, is a site visit a part of your KYC process?   | Yes           | <input type="checkbox"/> |
| 68 a                       | If Y, is this at:   |               |                          |
| 68 a1                      | Onboarding  | Yes           | <input type="checkbox"/> |
| 68 a2                      | KYC renewal   | Yes           | <input type="checkbox"/> |
| 68 a3                      | Trigger event   | Yes           | <input type="checkbox"/> |
| 68 a4                      | Other   | Please select | <input type="checkbox"/> |
| 68 a4a                     | If yes, please specify "Other"  |               |                          |
| 69                         | Does the Entity have a risk based approach to screening customers for Adverse Media/Negative News?                            | Yes           | <input type="checkbox"/> |
| 69 a                       | If Y, is this at:   |               |                          |
| 69 a1                      | Onboarding  | Yes           | <input type="checkbox"/> |
| 69 a2                      | KYC renewal   | Yes           | <input type="checkbox"/> |

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Wolfsberg Group Correspondent Banking Due Diligence Questionnaire (CBDDQ) V1.4

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| 69 a3 | Trigger event  | Yes                                 | <input type="checkbox"/> |
| 70    | What is the method used by the Entity to screen for Adverse Media/Negative News?   | Combination of automated and manual | <input type="checkbox"/> |
| 71    | Does the Entity have a risk based approach to screening customers and connected parties to determine whether they are PEPs, or controlled by PEPs?   | Yes                                 | <input type="checkbox"/> |
| 71 a  | If Y, is this at:  |                                     |                          |
| 71 a1 | Onboarding   | Yes                                 | <input type="checkbox"/> |
| 71 a2 | KYC renewal  | Yes                                 | <input type="checkbox"/> |
| 71 a3 | Trigger event  | Yes                                 | <input type="checkbox"/> |
| 72    | What is the method used by the Entity to screen PEPs?  | Combination of automated and manual | <input type="checkbox"/> |
| 73    | Does the Entity have policies, procedures and processes to review and escalate potential matches from screening customers and connected parties to determine whether they are PEPs, or controlled by PEPs? | Yes                                 | <input type="checkbox"/> |
| 74    | Is KYC renewed at defined frequencies based on risk rating (Periodic Reviews)?   | Yes                                 | <input type="checkbox"/> |
| 74 a  | If yes, select all that apply:   |                                     |                          |
| 74 a1 | Less than one year   | No                                  | <input type="checkbox"/> |
| 74 a2 | 1 – 2 years  | Yes                                 | <input type="checkbox"/> |
| 74 a3 | 3 – 4 years  | Yes                                 | <input type="checkbox"/> |
| 74 a4 | 5 years or more  | Yes                                 | <input type="checkbox"/> |
| 74 a5 | Trigger-based or perpetual monitoring reviews  | Yes                                 | <input type="checkbox"/> |
| 74 a6 | Other (Please specify)   |                                     |                          |
| 75    | Does the Entity maintain and report metrics on current and past periodic or trigger event due diligence reviews?   | Yes                                 | <input type="checkbox"/> |
| 76    | From the list below, which categories of customers or industries are subject to EDD and/or are restricted, or prohibited by the Entity's FCC programme?  |                                     |                          |
| 76 a  | Arms, defence, military  | Always subject to EDD               | <input type="checkbox"/> |
| 76 b  | Respondent Banks   | Always subject to EDD               | <input type="checkbox"/> |
| 76 b1 | If EDD or restricted, does the EDD assessment contain the elements as set out in the Wolfsberg Correspondent Banking Principles 2022?  | Yes                                 | <input type="checkbox"/> |
| 76 c  | Embassies/Consulates   | Always subject to EDD               | <input type="checkbox"/> |
| 76 d  | Extractive industries  | Always subject to EDD               | <input type="checkbox"/> |
| 76 e  | Gambling customers   | Prohibited                          | <input type="checkbox"/> |
| 76 f  | General Trading Companies  | Always subject to EDD               | <input type="checkbox"/> |
| 76 g  | Marijuana-related Entities   | Prohibited                          | <input type="checkbox"/> |
| 76 h  | MSB/MVTS customers   | Prohibited                          | <input type="checkbox"/> |
| 76 i  | Non-account customers  | Prohibited                          | <input type="checkbox"/> |
| 76 j  | Non-Government Organisations   | Always subject to EDD               | <input type="checkbox"/> |
| 76 k  | Non-resident customers   | EDD on risk-based approach          | <input type="checkbox"/> |
| 76 l  | Nuclear power  | Always subject to EDD               | <input type="checkbox"/> |
| 76 m  | Payment Service Providers  | Always subject to EDD               | <input type="checkbox"/> |
| 76 n  | PEPs   | Always subject to EDD               | <input type="checkbox"/> |
| 76 o  | PEP Close Associates   | Always subject to EDD               | <input type="checkbox"/> |
| 76 p  | PEP Related  | Always subject to EDD               | <input type="checkbox"/> |
| 76 q  | Precious metals and stones   | Always subject to EDD               | <input type="checkbox"/> |
| 76 r  | Red light businesses/Adult entertainment   | Prohibited                          | <input type="checkbox"/> |
| 76 s  | Regulated charities  | Always subject to EDD               | <input type="checkbox"/> |
| 76 t  | Shell banks  | Prohibited                          | <input type="checkbox"/> |
| 76 u  | Travel and Tour Companies  | EDD on risk-based approach          | <input type="checkbox"/> |
| 76 v  | Unregulated charities  | Prohibited                          | <input type="checkbox"/> |
| 76 w  | Used Car Dealers   | EDD on risk-based approach          | <input type="checkbox"/> |
| 76 x  | Virtual Asset Service Providers  | Prohibited                          | <input type="checkbox"/> |
| 76 y  | Other (specify)  |                                     |                          |
| 77    | If restricted, provide details of the restriction  |                                     |                          |
| 78    | Does EDD require senior business management and/or compliance approval?  | Yes                                 | <input type="checkbox"/> |

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Wolfsberg Group Correspondent Banking Due Diligence Questionnaire (CBDDQ) V1.4

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| 78 a                                 | If Y indicate who provides the approval:  | Both                 | <input type="checkbox"/> |
| 79                                   | Does the Entity have specific procedures for onboarding entities that handle client money such as lawyers, accountants, consultants, real estate agents?  | Yes                  | <input type="checkbox"/> |
| 80                                   | Does the Entity perform an additional control or quality review on clients subject to EDD?  | Yes                  | <input type="checkbox"/> |
| 81                                   | Confirm that all responses provided in the above Section are representative of all the LE's branches  | Yes                  | <input type="checkbox"/> |
| 81 a                                 | If N, clarify which questions the difference/s relate to and the branch/es that this applies to   |                      |                          |
| 82                                   | If appropriate, provide any additional information/context to the answers in this section.  |                      |                          |
| <b>8. MONITORING &amp; REPORTING</b> |   |                      |                          |
| 83                                   | Does the Entity have risk based policies, procedures and monitoring processes for the identification and reporting of suspicious activity?                | Yes                  | <input type="checkbox"/> |
| 84                                   | What is the method used by the Entity to monitor transactions for suspicious activities?  | Automated            | <input type="checkbox"/> |
| 84 a                                 | If manual or combination selected, specify what type of transactions are monitored manually   |                      |                          |
| 84 b                                 | If automated or combination selected, are internal system or vendor-sourced tools used?   | Vendor-sourced tools | <input type="checkbox"/> |
| 84 b1                                | If 'Vendor-sourced tool' or 'Both' selected, what is the name of the vendor/tool?   | Monitor Plus         |                          |
| 84 b2                                | When was the tool last updated?   | < 1 year             | <input type="checkbox"/> |
| 84 b3                                | When was the automated Transaction Monitoring application last calibrated?  | < 1 year             | <input type="checkbox"/> |
| 85                                   | Does the Entity have regulatory requirements to report suspicious transactions?   | Yes                  | <input type="checkbox"/> |
| 85 a                                 | If Y, does the Entity have policies, procedures and processes to comply with suspicious transaction reporting requirements?                               | Yes                  | <input type="checkbox"/> |
| 86                                   | Does the Entity have policies, procedures and processes to review and escalate matters arising from the monitoring of customer transactions and activity? | Yes                  | <input type="checkbox"/> |
| 87                                   | Does the Entity have a data quality management programme to ensure that complete data for all transactions are subject to monitoring?                     | Yes                  | <input type="checkbox"/> |
| 88                                   | Does the Entity have processes in place to respond to Request For Information (RFIs) from other entities in a timely manner?                              | Yes                  | <input type="checkbox"/> |
| 89                                   | Does the Entity have processes in place to send Requests for Information (RFIs) to their customers in a timely manner?                                    | Yes                  | <input type="checkbox"/> |
| 90                                   | Confirm that all responses provided in the above Section are representative of all the LE's branches  | Yes                  | <input type="checkbox"/> |
| 90 a                                 | If N, clarify which questions the difference/s relate to and the branch/es that this applies to   |                      |                          |
| 91                                   | If appropriate, provide any additional information/context to the answers in this section.  |                      |                          |
| <b>9. PAYMENT TRANSPARENCY</b>       |   |                      |                          |
| 92                                   | Does the Entity adhere to the Wolfsberg Group Payment Transparency Standards?   | Yes                  | <input type="checkbox"/> |

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| 93                   | Does the Entity have policies, procedures and processes to comply with and have controls in place to ensure compliance with:  |   |
| 93 a                 | FATF Recommendation 16  | Yes <input type="checkbox"/>                  |
| 93 b                 | Local Regulations   | Yes <input type="checkbox"/>                  |
| 93 b1                | If Y, specify the regulation  | Ley 155-17, Ley 183-02                        |
| 93 c                 | If N, explain   |   |
| 94                   | Does the Entity have controls to support the inclusion of required and accurate originator information in cross border payment messages?  | Yes <input type="checkbox"/>                  |
| 95                   | Does the Entity have controls to support the inclusion of required beneficiary information cross-border payment messages?   | Yes <input type="checkbox"/>                  |
| 95 a                 | If Y, does the Entity have procedures to include beneficiary address including country in cross border payments?  | Yes <input type="checkbox"/>                  |
| 96                   | Confirm that all responses provided in the above Section are representative of all the LE's branches  | Yes <input type="checkbox"/>                  |
| 96 a                 | If N, clarify which questions the difference/s relate to and the branch/es that this applies to.  |   |
| 97                   | If appropriate, provide any additional information/context to the answers in this section.  |   |
| <b>10. SANCTIONS</b> |   |   |
| 98                   | Does the Entity have a Sanctions Policy approved by management regarding compliance with sanctions law applicable to the Entity, including with respect to its business conducted with, or through accounts held at foreign financial institutions?   | Yes <input type="checkbox"/>                  |
| 99                   | Does the Entity have policies, procedures, or other controls reasonably designed to prevent the use of another entity's accounts or services in a manner causing the other entity to violate sanctions prohibitions applicable to the other entity (including prohibitions within the other entity's local jurisdiction)? | Yes <input type="checkbox"/>                  |
| 100                  | Does the Entity have policies, procedures or other controls reasonably designed to prohibit and/or detect actions taken to evade applicable sanctions prohibitions, such as stripping, or the resubmission and/or masking, of sanctions relevant information in cross border transactions?                                | Yes <input type="checkbox"/>                  |
| 101                  | Does the Entity screen its customers, including beneficial ownership information collected by the Entity, during onboarding and regularly thereafter against Sanctions Lists?   | Yes <input type="checkbox"/>                  |
| 102                  | What is the method used by the Entity for sanctions screening?  | Automated <input type="checkbox"/>            |
| 102 a                | If 'automated' or 'both automated and manual' selected:   |   |
| 102 a1               | Are internal system of vendor-sourced tools used?   | Vendor-sourced tools <input type="checkbox"/> |
| 102 a1a              | If a 'vendor-sourced tool' or 'both' selected, what is the name of the vendor/tool?   | Firco Compliance Link                         |
| 102 a2               | When did you last test the effectiveness (of finding true matches) and completeness (lack of missing data) of the matching configuration of the automated tool? (If 'Other' please explain in Question 110)   | < 1 year <input type="checkbox"/>             |
| 103                  | Does the Entity screen all sanctions relevant data, including at a minimum, entity and location information, contained in cross border transactions against Sanctions Lists?  | Yes <input type="checkbox"/>                  |
| 104                  | What is the method used by the Entity?  | Automated <input type="checkbox"/>            |

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| 105                                 | Does the Entity have a data quality management programme to ensure that complete data for all transactions are subject to sanctions screening?   | Yes   | <input type="checkbox"/> |
| 106                                 | Select the Sanctions Lists used by the Entity in its sanctions screening processes:  |   |                          |
| 106 a                               | Consolidated United Nations Security Council Sanctions List (UN)   | Used for screening customers and beneficial owners and for filtering transactional data | <input type="checkbox"/> |
| 106 b                               | United States Department of the Treasury's Office of Foreign Assets Control (OFAC)   | Used for screening customers and beneficial owners and for filtering transactional data | <input type="checkbox"/> |
| 106 c                               | Office of Financial Sanctions Implementation HMT (OFSI)  | Used for screening customers and beneficial owners and for filtering transactional data | <input type="checkbox"/> |
| 106 d                               | European Union Consolidated List (EU)  | Used for screening customers and beneficial owners and for filtering transactional data | <input type="checkbox"/> |
| 106 e                               | Lists maintained by other G7 member countries  | Used for screening customers and beneficial owners and for filtering transactional data | <input type="checkbox"/> |
| 106 f                               | Other (specify)  | Internal List   |                          |
| 107                                 | When regulatory authorities make updates to their Sanctions list, how many business days before the entity updates their active manual and/or automated screening systems against:   |   |                          |
| 107 a                               | Customer Data  | Same day to 2 business days   | <input type="checkbox"/> |
| 107 b                               | Transactions   | Same day to 2 business days   | <input type="checkbox"/> |
| 108                                 | Does the Entity have a physical presence, e.g. branches, subsidiaries, or representative offices located in countries/regions against which UN, OFAC, OFSI, EU or G7 member countries have enacted comprehensive jurisdiction-based Sanctions? | No  | <input type="checkbox"/> |
| 109                                 | Confirm that all responses provided in the above Section are representative of all the LE's branches   | Yes   | <input type="checkbox"/> |
| 109 a                               | If N, clarify which questions the difference/s relate to and the branch/es that this applies to.   |   |                          |
| 110                                 | If appropriate, provide any additional information/context to the answers in this section.   |   |                          |
| <b>11. TRAINING &amp; EDUCATION</b> |  |   |                          |
| 111                                 | Does the Entity provide mandatory training, which includes:  |   |                          |
| 111 a                               | Identification and reporting of transactions to government authorities   | Yes   | <input type="checkbox"/> |
| 111 b                               | Examples of different forms of money laundering, terrorist financing and sanctions violations relevant for the types of products and services offered  | Yes   | <input type="checkbox"/> |
| 111 c                               | Internal policies for controlling money laundering, terrorist financing and sanctions violations   | Yes   | <input type="checkbox"/> |
| 111 d                               | New issues that occur in the market, e.g. significant regulatory actions or new regulations  | Yes   | <input type="checkbox"/> |
| 111 e                               | Conduct and Culture  | Yes   | <input type="checkbox"/> |
| 111 f                               | Fraud  | Yes   | <input type="checkbox"/> |
| 112                                 | Is the above mandatory training provided to:   |   |                          |
| 112 a                               | Board and Senior Committee Management  | Yes   | <input type="checkbox"/> |
| 112 b                               | 1st Line of Defence  | Yes   | <input type="checkbox"/> |
| 112 c                               | 2nd Line of Defence  | Yes   | <input type="checkbox"/> |
| 112 d                               | 3rd Line of Defence  | Yes   | <input type="checkbox"/> |
| 112 e                               | Third parties to which specific FCC activities have been outsourced  | Not Applicable  | <input type="checkbox"/> |
| 112 f                               | Non-employed workers (contractors/consultants)   | Yes   | <input type="checkbox"/> |
| 113                                 | Does the Entity provide AML, CTF & Sanctions training that is targeted to specific roles, responsibilities and high-risk products, services and activities?  | Yes   | <input type="checkbox"/> |
| 114                                 | Does the Entity provide customised training for AML, CTF and Sanctions staff?  | Yes   | <input type="checkbox"/> |
| 114 a                               | If Y, how frequently is training delivered?  | Annually  | <input type="checkbox"/> |
| 115                                 | Confirm that all responses provided in the above Section are representative of all the LE's branches   | Yes   | <input type="checkbox"/> |

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| 115 a  | If N, clarify which questions the difference/s relate to and the branch/es that this applies to.  |        |                          |
| 116  | If appropriate, provide any additional information/context to the answers in this section.  |        |                          |
| <b>12. QUALITY ASSURANCE /COMPLIANCE TESTING</b> |   |        |                          |
| 117  | Does the Entity have a program wide risk based Quality Assurance programme for financial crime (separate from the independent Audit function)?  | Yes    | <input type="checkbox"/> |
| 118  | Does the Entity have a program wide risk based Compliance Testing process (separate from the independent Audit function)?   | Yes    | <input type="checkbox"/> |
| 119  | Confirm that all responses provided in the above Section are representative of all the LE's branches  | Yes    | <input type="checkbox"/> |
| 119 a  | If N, clarify which questions the difference/s relate to and the branch/es that this applies to.  |        |                          |
| 120  | If appropriate, provide any additional information/context to the answers in this section.  |        |                          |
| <b>13. AUDIT</b>                                 |   |        |                          |
| 121  | In addition to inspections by the government supervisors/regulators, does the Entity have an internal audit function, a testing function or other independent third party, or both, that assesses FCC AML, CTF, ABC, Fraud and Sanctions policies and practices on a regular basis? | Yes    | <input type="checkbox"/> |
| 122  | How often is the Entity audited on its AML, CTF, ABC, Fraud and Sanctions programme by the following:   |        |                          |
| 122 a  | Internal Audit Department   | Yearly | <input type="checkbox"/> |
| 122 b  | External Third Party  | Yearly | <input type="checkbox"/> |
| 123  | Does the internal audit function or other independent third party cover the following areas:  |        |                          |
| 123 a  | AML, CTF, ABC, Fraud and Sanctions policy and procedures  | Yes    | <input type="checkbox"/> |
| 123 b  | Enterprise Wide Risk Assessment   | Yes    | <input type="checkbox"/> |
| 123 c  | Governance  | Yes    | <input type="checkbox"/> |
| 123 d  | KYC/CDD/EDD and underlying methodologies  | Yes    | <input type="checkbox"/> |
| 123 e  | Name Screening & List Management  | Yes    | <input type="checkbox"/> |
| 123 f  | Reporting/Metrics & Management Information  | Yes    | <input type="checkbox"/> |
| 123 g  | Suspicious Activity Filing  | Yes    | <input type="checkbox"/> |
| 123 h  | Technology  | Yes    | <input type="checkbox"/> |
| 123 i  | Transaction Monitoring  | Yes    | <input type="checkbox"/> |
| 123 j  | Transaction Screening including for sanctions   | Yes    | <input type="checkbox"/> |
| 123 k  | Training & Education  | Yes    | <input type="checkbox"/> |
| 123 l  | Other (specify)   |        |                          |
| 124  | Are adverse findings from internal & external audit tracked to completion and assessed for adequacy and completeness?   | Yes    | <input type="checkbox"/> |
| 125  | Confirm that all responses provided in the above section are representative of all the LE's branches  | Yes    | <input type="checkbox"/> |
| 125 a  | If N, clarify which questions the difference/s relate to and the branch/es that this applies to.  |        |                          |
| 126  | If appropriate, provide any additional information/context to the answers in this section.  |        |                          |
| <b>14. FRAUD</b>                                 |   |        |                          |
| 127  | Does the Entity have policies in place addressing fraud risk?   | Yes    | <input type="checkbox"/> |
| 128  | Does the Entity have a dedicated team responsible for preventing & detecting fraud?   | Yes    | <input type="checkbox"/> |

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| 129   | Does the Entity have real time monitoring to detect fraud?   | Yes | <input type="checkbox"/> |
| 130   | Do the Entity's processes include gathering additional information to support its fraud controls, for example: IP address, GPS location, and/or device ID? | Yes | <input type="checkbox"/> |
| 131   | Confirm that all responses provided in the above section are representative of all the LE's branches   | Yes | <input type="checkbox"/> |
| 131 a | If N, clarify which questions the difference/s relate to and the branch/es that this applies to.   |     |                          |
| 132   | If appropriate, provide any additional information/context to the answers in this section.   |     |                          |

**Declaration Statement**

Wolfsberg Group Correspondent Banking Due Diligence Questionnaire 2023 (CBDDQ V1.4)  
 Declaration Statement (To be signed by Global Head of Correspondent Banking or equivalent position holder AND Group Money Laundering Prevention Officer, Global Head of Anti- Money Laundering, Chief Compliance Officer, Global Head of Financial Crimes Compliance OR equivalent)

Asociación Popular de Ahorros y Préstamos \_\_\_\_\_ (Financial Institution name) is fully committed to the fight against financial crime and makes every effort to remain in full compliance with all applicable financial crime laws, regulations and standards in all of the jurisdictions in which it does business and holds accounts.

The Financial Institution understands the critical importance of having effective and sustainable controls to combat financial crime in order to protect its reputation and to meet its legal and regulatory obligations.

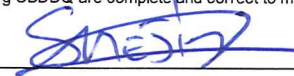
The Financial Institution recognises the importance of transparency regarding parties to transactions in international payments and has adopted/is committed to adopting these standards.

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

The Financial Institution commits to file accurate supplemental information on a timely basis.

I, \_\_\_\_\_ (Global Head of Correspondent Banking or equivalent), certify that I have read and understood this declaration, that the answers provided in this Wolfsberg CBDDQ are complete and correct to my honest belief, and that I am authorised to execute this declaration on behalf of the Financial Institution.

I, SANDY YANIBEL MEJÍA MEDINA \_\_\_\_\_ (MLRO or equivalent), certify that I have read and understood this declaration, that the answers provided in this Wolfsberg CBDDQ are complete and correct to my honest belief, and that I am authorised to execute this declaration on behalf of the Financial Institution.

 \_\_\_\_\_ (Signature & Date) April 23, 2024

\_\_\_\_\_  
 (Signature & Date)