



ANTI-MONEY LAUNDERING/ANTI-TERRORIST FINANCING QUESTIONNAIRE

**THE BANK OF NOVA SCOTIA
TRADE FINANCE & FINANCIAL INSTITUTIONS
TORONTO, ONTARIO, CANADA M5H 1H1**

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Bank Name:	The Bank of Nova Scotia		
Address:	44 King St. West, Toronto, Ontario CANADA M5H 1H1		
We appreciate your response to the following questions regarding your institution's Anti-Money Laundering and Anti-Terrorist Financing policies and procedures.			
<i>Scotiabank is committed to providing its correspondents with equally forthcoming disclosure of its own AML policies and procedures. These are attached or are available on request.</i>			
Do the responses provided below apply to:			
<input checked="" type="checkbox"/> your institution's domestic banking subsidiaries and branches in the country of head office jurisdiction? and/or <input checked="" type="checkbox"/> your institution's foreign banking subsidiaries and branches?			
What is the name of your supervisory regulatory agency?			
The Office of the Superintendent of Financial Institutions			
	YES	NO	
Has your institution appointed a senior officer responsible for its Anti-Money Laundering program? Please provide their name, position title, mailing address, telephone number and email address. Mr. Ron King, Chief Anti-Money Laundering Officer 44 King St. West, Toronto, Ontario, CANADA M5H 1H1 Telephone: 416-866-6261; Fax: 416-866-4468; E-mail: ron.king@scotiabank.com	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Does your country adhere to the 40 anti-money laundering recommendations and nine special terrorist financing recommendations developed by the Financial Action Task Force (FATF)? If your country is not a member of the FATF please provide the name of the comparable organization to which your country belongs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
YOUR BANK'S AML/ATF POLICIES, PROCEDURES AND CONTROLS			
Do your institution's anti-money laundering and anti-terrorist financing policies, procedures, and controls include:			
a) A "Know Your Customer" identification process when an account is opened which includes:			
i. Identification of each customer using independent verifiable sources?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
ii. Identification of each beneficial owner, including ownership and control structure of the customer, where applicable?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
iii. Establishing and, on an ongoing basis, conducting customer due diligence and maintaining records in accordance with applicable regulations?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

See Reverse



	YES	NO
iv. Information regarding the purpose and nature of the business relationship?	(X)	()
v. Ongoing due diligence of the business relationship and scrutiny of transactions undertaken to ensure that they are consistent with the profile of that customer?	(X)	()
vi. Establishing enhanced due diligence programmes with respect to dealings with individuals, companies and institutions located in or dealing with higher risk countries?	(X)	()
vii. Identification of any Politically Exposed Persons with enhanced due diligence on any such customers?	(X)	()
viii. Provisions to address risks related to non-face-to-face business relationships and the use of intermediaries and other third party sources of business?	(X)	()
b) A mandatory anti-money laundering training program for all management and staff carried out on a regular basis?	(X)	()
c) Adhering to all regulations and laws in your country regarding anti-money laundering and anti-terrorist financing?	(X)	()
d) Meeting all laws, regulations and guidelines established by regulatory authorities in all countries of operation?	(X)	()
e) An established process to periodically test the adequacy of AML procedures and policies?	(X)	()
KEY REGULATORY ISSUES	(X)	()
a) Has your institution established and maintain, on an ongoing basis an anti-money laundering/anti-terrorist financing compliance programme?	(X)	()
b) Does your institution monitor and report suspicious transactions in accordance with applicable regulations?	(X)	()
c) Does your institution conduct business with shell banks?	()	(X)
d) Does your bank offer anonymous accounts, i.e. numbered accounts for which your bank does not have full particulars of the beneficial owner?	()	(X)
e) Do you send wire transfers or issue drafts on behalf of non-customers without obtaining proof of identification?	()	(X)
f) Does your institution check the names of current and prospective account holders and monitor all transactions against official lists of suspected terrorists and/or terrorist organizations? Are all confirmed matches reported to competent authorities?	(X)	()
Does your institution monitor large cash deposits and withdrawals?	(X)	()
In relation to cross-border correspondent banking and other similar relationships, does your institution gather sufficient information about a respondent institution to understand their business, reputation, quality of supervision and regulatory history?	(X)	()
With respect to these relationships, does your institution assess the respondent's anti-money laundering/anti-terrorist financing controls and are all new relationships approved by senior management?	(X)	()
Does your institution offer Payable Through (Clear-Through) Accounts?	()	(X)
Does your institution require complete information for outgoing wire transfer instructions, including sender and beneficiary names, addresses, and account numbers?	(X)	()
<p>If you have an Anti-Money Laundering/Anti-Terrorist Financing statement, please attach it to your response.</p> <p>Thank you for your assistance.</p> <p> <u>Jane Simmons</u> <u>May 24, 2007</u> (Name of Officer) Date </p>		