

AFME Post Trade

CSD Due Diligence Questionnaire

for use in 2025

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The CSD DDQ is intended to be used for conducting due diligence on Central Securities Depositories (CSDs) by direct participants of that CSD, in relation to assets which the CSD holds directly.

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Contents

1 Credentials	4
1.1 Respondent information	4
1.2 Your name	4
1.3 Your regulatory environment	5
1.4 Your group	6
1.5 Insurance	8
1.6 Your strategy	8
1.7 Your organisation	9
1.8 Your performance	14
2. Asset safety and custody	17
2.1 Regulations, laws and market practices	17
2.2 Your accounts	22
2.4 Control and reconciliation	23
2.5 Physical holdings (answer if applicable)	27
2.6 Building security	31
3. Risk mitigation	33
3.1 Operational controls	33
3.2 Risk management	34
3.3 Audit	34
3.4 IT Disaster recovery (systems and data)	38
3.5 Cybersecurity	43
3.6 Business continuity programme (BCP) (operations and premises)	47
3.7 Financial crime prevention, compliance, know your client and enhanced governance ..	56
3.8 Data protection	64
3.9 ESG	67
4. Your systems	75
4.1 Reporting	75
4.2 Protecting your systems	75
4.3 Plans for your systems	77
4.4 System performance	78
4.5 System development	79
4.6 Operational Resilience	79
5. Core services	82
5.2 Asset servicing	82
5.3 Taxation	83
5.4 Cash	84

5.5 Participant service management	85
6 Client money.....	87
6.1 Correspondent banks	87

Questionnaire

1 Credentials

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)	

1.2 Your name

1.2.1 Please advise the name of the party providing CSD services in your jurisdiction and responding to this questionnaire. If applicable, please also advise the name of the local delegate if different from the entity.

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1.2.2 Please advise the full legal address and the country of incorporation of the contracting party providing CSD 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).

--

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 CSD 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.

<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, supply a copy of the notification.

1.3 Your regulatory environment

1.3.1 Which official body regulates your business? If they license or provide a formal approval of your business, how frequently does this need to be renewed?

	Licensed/regulator by	Frequency
(a) Custody		

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 the services that you provide within the last 12 months?

<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide details.

1.3.3 Please confirm that you comply with local regulatory requirements in relation to the provision of services in your jurisdiction.

<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

Comments

1.3.4 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.

1.3.5 Please confirm that you are subject to prudential regulation, including minimum capital requirements?

☐ Yes

☐ No

If yes, please provide details.

1.3.6 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 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 core and non-core CSD services?

☐ Yes

☐ No

If no, please outline why not and provide details of alternative controls that exist.

1.4.4 Please provide a copy (in English) of or link to the latest annual report.

Please attach file here

[File Attachment]

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 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?

☐ Yes

☐ No

☐ N/A

If yes, provide details.

1.6.2 Do you undertake other business activities which could compromise your ability to provide CSD services?

☐ Yes

☐ No

☐ N/A

If yes, provide details.

1.6.3 Are there any regulatory changes being implemented that will directly impact your business strategy over the next 24 months?

- ☐ Yes
☐ No

Comments

1.6.4 Are there any IT developments that will directly impact your services over the next 24 months?

- ☐ Yes
☐ No

Comments

1.7 Your organisation

If your organisation has centralised, offshored or outsourced activities to a third party (i.e. not the legal entity that has been contracted with for provision of services), please complete this section (1.7). If not, please tick the 'Not Applicable' box below and move to section 1.8.

☐ N/A

1.7.1 Where your organisation has centralised, offshored or outsourced activities to a third party, what is the relationship of that third party to your organisation?

Relationship	Yes/No	Location (country/city)	Legal name	Activities
Branch	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Subsidiary	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Joint venture	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Affiliate	<input type="checkbox"/> Yes <input type="checkbox"/> No			
External party	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Other	<input type="checkbox"/> Yes <input type="checkbox"/> No			
N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Comments				

1.7.2 In the past 12 months, have there been any changes to the activities which you centralise, offshore or outsource?

Centralised/Offshored
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Comments
Outsourced
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Comments

1.7.3 In the next 12 months, does your organisation plan to centralise, offshore or outsource any additional activities to another part of your group or to a third party?

Centralised/Offshored
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
If yes, provide details.
Outsourced
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
If yes, provide details.

1.7.4 Are there any legal or regulatory changes planned for your market which will affect your centralised, offshore or outsourced activities?

Centralised/Offshored
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
If yes, provide details.

Outsourced
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
If yes, provide details.

1.7.5 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
<input type="checkbox"/> DDQ (please specify frequency)
<input type="checkbox"/> SLAs
<input type="checkbox"/> KPIs
<input type="checkbox"/> Service Review meeting/call
<input type="checkbox"/> Other (please provide details)
<input type="checkbox"/> None
<input type="checkbox"/> N/A
Comments
Outsourced
<input type="checkbox"/> DDQ (please specify frequency)
<input type="checkbox"/> SLAs
<input type="checkbox"/> KPIs
<input type="checkbox"/> Service Review meeting/call
<input type="checkbox"/> Other (please provide details)
<input type="checkbox"/> None
<input type="checkbox"/> N/A
Comments

1.7.6 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
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
If yes, provide details.

Outsourced

☐ Yes

☐ No

☐ N/A

If yes, provide details.

1.7.7 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.

1.7.8 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.

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

Centralised/Offshored
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
If no, provide details.
Outsourced
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
If no, provide details.

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

Centralised/Offshored
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Comments
Comments
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
If no, provide details.

1.7.11 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?

<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
If no, provide details.

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

Centralised/Offshored
<input type="checkbox"/> Financial
<input type="checkbox"/> Audit
<input type="checkbox"/> Physical
<input type="checkbox"/> Service continuity
<input type="checkbox"/> Cybersecurity
<input type="checkbox"/> N/A
Comments
Outsourced
<input type="checkbox"/> Financial
<input type="checkbox"/> Audit
<input type="checkbox"/> Physical
<input type="checkbox"/> Service continuity
<input type="checkbox"/> Cybersecurity
<input type="checkbox"/> N/A
Comments

1.8 Your performance

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

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

<input type="checkbox"/> Domestic CSD user working group
<input type="checkbox"/> Central Bank working group
<input type="checkbox"/> International trade association
<input type="checkbox"/> National trade association
<input type="checkbox"/> Other
If yes to any of the above, provide details.

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

Currency				
	Number of domestic clients	Assets under custody	Number of foreign clients	Assets under custody
Participants				
Comments				

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

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

1.8.5 What is the staff turnover in the past 12 months?

<input type="checkbox"/> 0-5% <input type="checkbox"/> 5-10% <input type="checkbox"/> 10-15% <input type="checkbox"/> > 15% <input type="checkbox"/> N/A
--

1.8.6 Has your organisation been named in a lawsuit in the last 12 months relating to your core businesses?

<input type="checkbox"/> Yes <input type="checkbox"/> 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

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 participants?

☐ Yes

☐ No

Comments

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

☐ Yes

☐ No

Comments

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 participants' assets?

Legal requirements

☐ Yes

☐ No

If yes, provide details.

Market practices

☐ Yes

☐ No

If yes, provide details.

2.1.5 Concerning laws which a) affect the assurance that your organisation's participants have rights to have securities and cash held by you returned in the event of your insolvency, and b) that would protect your participants 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 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.

2.1.7 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	<input type="checkbox"/> Confirmed	<input type="checkbox"/> Confirmed	<input type="checkbox"/> Confirmed	<input type="checkbox"/> Confirmed	<input type="checkbox"/> Confirmed	<input type="checkbox"/> Confirmed
Exchange traded funds	<input type="checkbox"/> Confirmed	<input type="checkbox"/> Confirmed	<input type="checkbox"/> Confirmed	<input type="checkbox"/> Confirmed	<input type="checkbox"/> Confirmed	<input type="checkbox"/> Confirmed
Funds	<input type="checkbox"/> Confirmed	<input type="checkbox"/> Confirmed	<input type="checkbox"/> Confirmed	<input type="checkbox"/> Confirmed	<input type="checkbox"/> Confirmed	<input type="checkbox"/> Confirmed
Corporate, municipal, sovereign bonds, and	<input type="checkbox"/> Confirmed	<input type="checkbox"/> Confirmed	<input type="checkbox"/> Confirmed	<input type="checkbox"/> Confirmed	<input type="checkbox"/> Confirmed	<input type="checkbox"/> Confirmed

Eurobonds* (* only held at ICSDs)						
Government instruments	<input type="checkbox"/> Confirmed	<input type="checkbox"/> Confirmed	<input type="checkbox"/> Confirmed	<input type="checkbox"/> Confirmed	<input type="checkbox"/> Confirmed	<input type="checkbox"/> Confirmed
Physical securities	<input type="checkbox"/> Confirmed	<input type="checkbox"/> Confirmed	<input type="checkbox"/> Confirmed	<input type="checkbox"/> Confirmed	<input type="checkbox"/> Confirmed	<input type="checkbox"/> Confirmed

2.1.7.1 Please confirm that you verify your participants' assets are registered or that legal title to them is recorded as above.

- ☐ Yes
☐ No
☐ N/A

If no, provide details.

2.1.7.2 Please confirm that you record assets to reflect the legal requirements in your jurisdiction?

- ☐ Yes
☐ No

If no, provide details.

2.1.7.3 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.

2.1.7.5 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.

2.1.8 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.

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

☐ CSD

☐ Custodian

☐ Registrar

Comments

2.1.10 In your market, is the nominee concept fully recognised and accepted?

☐ Yes

☐ No

Comments

2.1.11 If 2.1.10 is answered '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

2.1.12 If you adopt the use of a nominee concept, is it used to hold only participant assets?

☐ Yes

☐ No

☐ N/A

Comments

2.1.13 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

2.1.14 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.

2.1.15 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.

2.1.16 Are there any legal requirements or market practices (e.g. pledges, guarantees loss sharing agreements) 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.

2.1.17 Can securities that you hold be restricted for any reason other than a valid court order?

- ☐ Yes
☐ No

Comments

2.1.18 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

2.1.19 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 Do you provide segregation between participants' proprietary holdings and your participants' clients' holdings?

☐ Yes

☐ No

Comments

2.3 Depositary Accounts

2.3.1 In the last 12 months have there been any changes to the securities account structure and/or account naming conventions?

☐ Yes

☐ No

If yes, provide details.

2.3.2 Do we have direct recourse to you in the event of any errors?

☐ Yes

☐ No

Comments

2.3.3 Do you have any right of lien, retention or sale over assets that you hold in safe custody?

- ☐ Yes
☐ No

If yes, specify under which circumstances.

--

2.3.4 Please confirm that you would notify us of any changes in respect of your right of lien, retention or sale over our assets that you hold in safe custody?

- ☐ Yes
☐ No

Comments

--

2.3.5 In the last 12 months have you made any material changes to your terms and conditions and/or rulebook?

- ☐ 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.

- ☐ Yes
☐ No

Comments

2.4.3 Please confirm your organisation has adequate procedures and controls to prevent brokers/third parties accessing our 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 updates to securities and cash balances that you provide to the following entities.

	Securities	Cash
--	------------	------

	(Frequency of reconciliation)	Automation	(Frequency of reconciliation)	Automation
Central Bank (balance)	<input type="checkbox"/> Intraday <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> > Monthly <input type="checkbox"/> N/A	<input type="checkbox"/> Fully automated <input type="checkbox"/> Semi automated <input type="checkbox"/> Manual <input type="checkbox"/> N/A	<input type="checkbox"/> Intraday <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> > Monthly <input type="checkbox"/> N/A	<input type="checkbox"/> Fully automated <input type="checkbox"/> Semi automated <input type="checkbox"/> Manual <input type="checkbox"/> N/A
Central Bank (transactions)	<input type="checkbox"/> Intraday <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> > Monthly <input type="checkbox"/> N/A	<input type="checkbox"/> Fully automated <input type="checkbox"/> Semi automated <input type="checkbox"/> Manual <input type="checkbox"/> N/A	<input type="checkbox"/> Intraday <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> > Monthly <input type="checkbox"/> N/A	<input type="checkbox"/> Fully automated <input type="checkbox"/> Semi automated <input type="checkbox"/> Manual <input type="checkbox"/> N/A
Registrar (balance)	<input type="checkbox"/> Intraday <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> > Monthly <input type="checkbox"/> N/A	<input type="checkbox"/> Fully automated <input type="checkbox"/> Semi automated <input type="checkbox"/> Manual <input type="checkbox"/> N/A	<input type="checkbox"/> Intraday <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> > Monthly <input type="checkbox"/> N/A	<input type="checkbox"/> Fully automated <input type="checkbox"/> Semi automated <input type="checkbox"/> Manual <input type="checkbox"/> N/A
Registrar (transactions)	<input type="checkbox"/> Intraday <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> > Monthly <input type="checkbox"/> N/A	<input type="checkbox"/> Fully automated <input type="checkbox"/> Semi automated <input type="checkbox"/> Manual <input type="checkbox"/> N/A	<input type="checkbox"/> N/A	
Direct CSD Participants (balance)	<input type="checkbox"/> Intraday <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> > Monthly <input type="checkbox"/> N/A	<input type="checkbox"/> Fully automated <input type="checkbox"/> Semi automated <input type="checkbox"/> Manual <input type="checkbox"/> N/A	<input type="checkbox"/> N/A	
Direct CSD Participants (transactions)	<input type="checkbox"/> Intraday <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> > Monthly <input type="checkbox"/> N/A	<input type="checkbox"/> Fully automated <input type="checkbox"/> Semi automated <input type="checkbox"/> Manual <input type="checkbox"/> N/A	<input type="checkbox"/> Intraday <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> > Monthly <input type="checkbox"/> N/A	<input type="checkbox"/> Fully automated <input type="checkbox"/> Semi automated <input type="checkbox"/> Manual <input type="checkbox"/> N/A
Where manual intervention is required, describe the entity and process.				

2.4.8 Do you have a tracking and escalation process for any discrepancies raised to you (e.g. standardised thresholds, Key Performance Indicators (KPIs))?

☐ Yes

☐ No

Comments

2.4.9 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?

<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide details.

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

Securities balances
<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide details.
Cash balances
<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide details.
Securities transactions
<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide details.
Cash transactions
<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide details.

2.4.11 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 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 our assets are segregated within the vault from other participants' 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, escalated and corrected?

- ☐ Yes
☐ No

If not, please explain why.

--

2.5.20 Do you reconcile registered physical securities to 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?
--

<input type="checkbox"/> Yes
<input type="checkbox"/> No
Comments

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

<input type="checkbox"/> Yes
<input type="checkbox"/> No
Comments

3. Risk mitigation

3.1 Operational controls

3.1.1 Do you maintain written operational controls and procedures for all core CSD services?

☐ 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?

☐ 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.

[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 and specify the frequency.

- ☐ 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 an internal audit function.

- ☐ 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?

<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide details.

3.3.5 Do your regulators review your internal procedures?

<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, how frequently?

**3.3.6 How frequently are your operations audited by your internal auditors?
Please provide the date of the last internal audits.**

Frequency	Date	Type
<input type="checkbox"/> 6 months <input type="checkbox"/> 12 months <input type="checkbox"/> 18 months <input type="checkbox"/> 24 months <input type="checkbox"/> Other (specify):		
Has this frequency changed in the last 12 months?		
<input type="checkbox"/> Yes <input type="checkbox"/> 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 operations audited by your external auditors?

Please provide the date of the last external audits.

Frequency	Date	Type
<input type="checkbox"/> 6 months		
<input type="checkbox"/> 12 months		
<input type="checkbox"/> 18 months		
<input type="checkbox"/> 24 months		
<input type="checkbox"/> Other (specify)		
Has this frequency changed in the last 12 months?		
<input type="checkbox"/> Yes		
<input type="checkbox"/> 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 operations audited by your market regulators?

Please provide the date of the last market regulators audits.

Frequency	Date	Type
<input type="checkbox"/> 6 months		
<input type="checkbox"/> 12 months		
<input type="checkbox"/> 18 months		
<input type="checkbox"/> 24 months		
<input type="checkbox"/> Other (specify)		
Has this frequency changed in the last 12 months?		
<input type="checkbox"/> Yes		
<input type="checkbox"/> No		
If yes, please provide details.		
If frequency is greater than 24 months, please advise next anticipated audit date below.		
Comments		

3.3.9 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

3.3.10 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]

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

☐ Yes

☐ No

Comments

3.3.12 Are there any recommendations that have not been implemented?

☐ Yes

☐ No

If yes, provide details.

3.3.13 Are all key operating procedures and escalation procedures clearly documented and shared with relevant staff?

☐ Yes

☐ No

Comments

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

☐ Yes

☐ No

If no, provide details.

--

3.3.15 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 Registrar?

☐ Yes

☐ No

☐ N/A

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?

<input type="checkbox"/> 6 months <input type="checkbox"/> 12 months <input type="checkbox"/> 18 months <input type="checkbox"/> 24 months <input type="checkbox"/> Other (specify):
Date of last test (DD/MM/YYYY)

3.4.7 Was the last DRP test successful?

<input type="checkbox"/> Yes <input type="checkbox"/> 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?

<input type="checkbox"/> Live <input type="checkbox"/> Simulated <input type="checkbox"/> Both
Comments

3.4.9 Does the DRP testing include other financial market infrastructures?

<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide details

3.4.10 Does the DRP testing include CSD participants?

☐ Yes

☐ No

Comments

3.4.11 Does the DRP testing include other third parties?

☐ Yes

☐ No

If yes, provide details

3.4.12 Please confirm that testing replicates a full business day.

☐ Yes

☐ No

Comments

3.4.13 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

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

3.4.15 How and when would participants be advised in the event of a disaster?

3.4.16 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

3.4.17 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

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

- ☐ Yes
☐ No

If yes, what was the outcome?

3.4.19 Are there any limitations to your system capabilities whilst in DR mode?

- ☐ Yes
☐ No

If yes, provide details.

3.4.20 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

3.4.21 In the last 12 months have you invoked your DRP?

☐ Yes

☐ No

If yes, provide details.

3.4.22 Did the results comply with your plan?

☐ Yes

☐ No

☐ N/A

Comments

3.4.23 How far apart are your primary and secondary processing hardware located?

Distance () km

3.4.23.1 Are your primary and secondary processing hardware located in the same power grid?

☐ Yes

☐ No

Comments

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

3.4.22. In the event of a loss of principal power supply, how long can you continue to operate ?

☐ 2 hours

☐ 4 hours

☐ 12 hours

☐ 24 hours

☐ More than 24 hours

3.4.24 Do you operate a “hot” disaster recovery site?

☐ Yes

☐ No

Comments

3.4.25 Are backup systems available at the primary data centre?

☐ Yes

☐ No

Comments

3.4.26 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?

<input type="checkbox"/> Vulnerability assessment
<input type="checkbox"/> Scenario based penetration tests
<input type="checkbox"/> Testing of incident response process and technical/business/operations (e.g. table-top exercise)
<input type="checkbox"/> Other: Please describe in comments
Comments

3.5.14 Does your organisation use a cloud service provider(s)?

<input type="checkbox"/> Yes
<input type="checkbox"/> No
If no, please advise if you are planning to move to a cloud service provider.
<input type="checkbox"/> Yes
<input type="checkbox"/> 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?

<input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> N/A
If yes, do these procedures and controls adhere to your record retention policy?
<input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> 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)?

<input type="checkbox"/> Yes
<input type="checkbox"/> No
Comments

3.5.17 Does your organisation comply with SWIFT's Customer Security Program controls?

<input type="checkbox"/> Yes
<input type="checkbox"/> No

Comments

3.5.18 Does your organisation respond to requests for your attestations?

☐ 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 the organisation compliant with all current regulatory requirements for BCP?

☐ 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?

<input type="checkbox"/> 6 months <input type="checkbox"/> 12 months <input type="checkbox"/> 18 months <input type="checkbox"/> 24 months <input type="checkbox"/> Other (specify)
Date of last test (DD/MM/YYYY):

3.6.7 Is testing completed during business hours?

<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments

3.6.8 Was your last BCP test successful?

<input type="checkbox"/> Yes <input type="checkbox"/> 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?

<input type="checkbox"/> Live <input type="checkbox"/> Simulated <input type="checkbox"/> Both
Comments

3.6.10 Does your BCP testing include other Financial Market Infrastructures?

<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide details:

--

3.6.11 Does your BCP testing include CSD participants?

<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide details:

3.6.12 Does your BCP testing include any other third parties?

<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide the names of the third parties:

3.6.13 Are the results of your BCP test audited by internal or external auditors?

<input type="checkbox"/> Yes, internal <input type="checkbox"/> Yes, external <input type="checkbox"/> Yes, both (internal and external) <input type="checkbox"/> No
If yes, provide a copy of the report.
[File Attachment]
Comments

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

--

3.6.15 How and when would participants be advised in the event of the BCP being activated in a live environment?

--

3.6.16 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

3.6.17 Are there any limitations to your business capabilities whilst in BCP mode?

- ☐ Yes
- ☐ No

If yes, provide details.

3.6.18 In the last 12 months have you invoked your BCP?

- ☐ Yes
- ☐ No

If yes, provide details.

3.6.19 If invoked, did the results comply with your plan?

- ☐ Yes
- ☐ No
- ☐ N/A

Comments

3.6.20 state the distance of the contingency site(s) from your primary location.

Distance ()km

Comments

3.6.22 Is the business contingency site a hot site?

- ☐ Yes
- ☐ No

Comments

--

3.6.23 Is the business contingency site shared?

<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide details.

3.6.24 Please specify the percentage of staff defined as critical to your business continuity arrangements.

<input type="checkbox"/> 100% <input type="checkbox"/> 75-100% <input type="checkbox"/> 50-75% <input type="checkbox"/> 25-50% <input type="checkbox"/> <25%
Comments

3.6.25 Do critical staff have access to all necessary systems?

<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments

3.6.26 Please confirm that your contingency site has all the necessary communications, linkages, infrastructure interfaces, work stations, hardware and systems applications to resume business operations.

<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments

3.6.27 Please state how long you can continue to operate from the BCP site.

--

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

- ☐ Yes
☐ No

Comments

3.6.29 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?

Participants

- ☐ 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?

Registrars

- ☐ Yes
☐ No
☐ N/A

If yes, which method is used?

Other service providers

- ☐ Yes
☐ No
☐ N/A

If yes, which method is used?

Comments

3.6.30 What percentage of staff are able to work from home?

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

Comments

3.6.31 Are there any restrictions or exceptions to working from home within your organisation?

- ☐ Yes
☐ No

Comments

3.6.32 Does your organisation have a dedicated pandemic plan?

- ☐ Yes
☐ No

If no, explain why.

3.6.33 Does your pandemic plan address any of the following?

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

Comments:

3.6.34 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

3.6.35 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

3.6.36 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

3.6.37 What alternatives are available to documents that cannot be represented in electronic format?

3.6.38 What alternatives are available for AGM/EGM related meetings that cannot be represented remotely or electronically?

3.6.39 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.

Centralised / Offshored
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Comments
Outsourced
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Comments

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

Central Bank(s)
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
CCP(s)
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Registrar(s)
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Payment Systems
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Regulator(s)
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Other (please specify):
Comments

3.6.41 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
AML	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Semi annually <input type="checkbox"/> Annually <input type="checkbox"/> Other (please state the frequency)			<input type="checkbox"/> Semi annually <input type="checkbox"/> Annually <input type="checkbox"/> Other (please state the frequency)		
CTF	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Semi annually <input type="checkbox"/> Annually <input type="checkbox"/> Other (please state the frequency)			<input type="checkbox"/> Semi annually <input type="checkbox"/> Annually <input type="checkbox"/> Other (please state the frequency)		
ABC	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Semi annually <input type="checkbox"/> Annually <input type="checkbox"/> Other (please state the frequency)			<input type="checkbox"/> Semi annually <input type="checkbox"/> Annually <input type="checkbox"/> Other (please state the frequency)		
KYC	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Semi annually <input type="checkbox"/> Annually <input type="checkbox"/> Other (please state the frequency)			<input type="checkbox"/> Semi annually <input type="checkbox"/> Annually <input type="checkbox"/> Other (please state the frequency)		
PEP	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Semi annually <input type="checkbox"/> Annually <input type="checkbox"/> Other (please state the frequency)			<input type="checkbox"/> Semi annually <input type="checkbox"/> Annually <input type="checkbox"/> Other (please state the frequency)		
Sanctions	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Semi annually <input type="checkbox"/> Annually <input type="checkbox"/> Other (please state the frequency)			<input type="checkbox"/> Semi annually <input type="checkbox"/> Annually <input type="checkbox"/> 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	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

CTF	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
ABC	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
KYC	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
PEP	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sanctions	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> 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 (e.g. 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
<input type="checkbox"/> Yes <input type="checkbox"/> No
Actions taken
KYC
<input type="checkbox"/> Yes <input type="checkbox"/> No
Actions taken
PEP
<input type="checkbox"/> Yes <input type="checkbox"/> No
Actions taken
Sanctions
<input type="checkbox"/> Yes <input type="checkbox"/> 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?

<input type="checkbox"/> Yes <input type="checkbox"/> 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, its employees or affiliates?

<input type="checkbox"/> Yes <input type="checkbox"/> 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. Please describe the frequency and scope of the training provided. Please advise if it is mandatory and if attendance is monitored.

Frequency	Mandatory training	Employee attendance monitored
AML		
<input type="checkbox"/> Semi annually <input type="checkbox"/> Annually <input type="checkbox"/> Other (please state the frequency)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Scope		
CTF		
<input type="checkbox"/> Semi annually <input type="checkbox"/> Annually <input type="checkbox"/> Other (please state the frequency)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Scope		
ABC		
<input type="checkbox"/> Semi annually <input type="checkbox"/> Annually <input type="checkbox"/> Other (please state the frequency)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Scope:		
KYC		
<input type="checkbox"/> Semi annually <input type="checkbox"/> Annually <input type="checkbox"/> Other (please state the frequency)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Scope		
PEP		
<input type="checkbox"/> Semi annually <input type="checkbox"/> Annually <input type="checkbox"/> Other (please state the frequency)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Scope		
Sanctions		
<input type="checkbox"/> Semi annually <input type="checkbox"/> Annually <input type="checkbox"/> Other (please state the frequency)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> 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
<input type="checkbox"/> Yes
<input type="checkbox"/> No
Completed questionnaire
<input type="checkbox"/> Yes
<input type="checkbox"/> 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 participants?

<input type="checkbox"/> Semi annually
<input type="checkbox"/> Annually
<input type="checkbox"/> 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
<input type="checkbox"/> Yes
<input type="checkbox"/> No
Retention period
Internal requirement
<input type="checkbox"/> Yes
<input type="checkbox"/> 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 participant relationships in the same way?

<input type="checkbox"/> Risk based
<input type="checkbox"/> Same treatment
Please outline your approach to each.

--

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

<input type="checkbox"/> Yes <input type="checkbox"/> 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
<input type="checkbox"/> Yes <input type="checkbox"/> No
Individuals or entities that are the target of US, UK, UN or EU sanctions programs
<input type="checkbox"/> Yes <input type="checkbox"/> No
Anonymous account holders
<input type="checkbox"/> Yes <input type="checkbox"/> No
Shell banks
<input type="checkbox"/> Yes <input type="checkbox"/> 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
<input type="checkbox"/> Yes <input type="checkbox"/> No
Individuals or entities that are the target of US, UK, UN or EU sanctions programs
<input type="checkbox"/> Yes <input type="checkbox"/> No
Anonymous account holders
<input type="checkbox"/> Yes <input type="checkbox"/> No
Shell banks
<input type="checkbox"/> Yes <input type="checkbox"/> 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, do you send personal data outside the European Economic Area?

- ☐ 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?
--

- | |
|------------------------------|
| <input type="checkbox"/> Yes |
| <input type="checkbox"/> 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 reports & ESG report (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 indexed 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:

- ☐ Participant onboarding processes
- ☐ KYC assessments
- ☐ portfolio monitoring
- ☐ 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

- | |
|--|
| <input type="checkbox"/> Investment and lending policies |
| <input type="checkbox"/> Biodiversity impact assessment and management |
| <input type="checkbox"/> 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?

- | |
|--|
| <input type="checkbox"/> Inclusion of environmental risks in business continuity plans |
| <input type="checkbox"/> Inclusion of climate risks in capital adequacy model |
| <input type="checkbox"/> Stress test development to cover environmental risk |
| <input type="checkbox"/> Environmental and Social suppliers assessment |
| <input type="checkbox"/> Externally certified Environmental Management System |
| <input type="checkbox"/> 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?

- | |
|--|
| <input type="checkbox"/> Organisation's strategy and initiatives |
| <input type="checkbox"/> Skills and understanding development |
| <input type="checkbox"/> Local and global engagement campaigns |
| <input type="checkbox"/> No dedicated training available |
| <input type="checkbox"/> 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?

- | |
|------------------------------|
| <input type="checkbox"/> Yes |
| <input type="checkbox"/> 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 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.

3.9.2.11 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

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 & 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 in your business and supply? 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 (such as 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)?

- | |
|--|
| <input type="checkbox"/> Directors have the duty to identify and disclose any conflicts of interest to the board |
| <input type="checkbox"/> Conflicts authorised by the board are recorded in a conflicts register |
| <input type="checkbox"/> Conflicts register is reviewed by the board at least annually |
| <input type="checkbox"/> None |

3.9.4.4 Is there an evaluation of board effectiveness?

- | |
|--|
| <input type="checkbox"/> External evaluation |
| <input type="checkbox"/> Internal evaluation |
| <input type="checkbox"/> No evaluation |
| <input type="checkbox"/> Not disclosed |

4. Your systems

4.1 Reporting

4.1.1 Please outline any enhancements to your operational reporting capability 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 prenotify participants of 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?

☐ Yes

☐ No

☐ N/A

If yes, provide details.

4.3.2 Briefly outline any major systems developments or enhancements that are planned for the next three years. Indicate the planned timescales.

--

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

<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe the changes.

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

<input type="checkbox"/> Yes <input type="checkbox"/> 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 participants?

<input type="checkbox"/> Yes <input type="checkbox"/> 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?

<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide details.

4.5 System development

4.5.1 What time period do you allow between the availability of vendor high priority security patches (to operating systems/network devices/applications) and their implementation to production environments?

--

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

☐ Yes

☐ No

Comments

--

4.5.3 Is participant 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 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?

<input type="checkbox"/> Yes
<input type="checkbox"/> No
Comments

5. Core services

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 that controls are in place to ensure that an individual account holder's securities are used only to settle trades related to that account.

☐ 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?

Participant instruction to the CSD

☐ Yes

☐ No

If yes, provide details.

CSD reporting to the participant

☐ 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

☐ N/A

If yes, provide details.

Market information sources

☐ Yes

☐ No

☐ N/A

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

☐ N/A

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 or 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

☐ N/A

If yes, provide details

Relief at source

- ☐ Yes
☐ No
☐ N/A

If yes, provide details

Tax voucher

- ☐ Yes
☐ No
☐ N/A

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
☐ N/A

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
☐ N/A

If yes, provide details.

FX

- ☐ Yes
☐ No
☐ N/A

If yes, provide details.

Cash management

- ☐ Yes
☐ No
☐ N/A

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
☐ N/A

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 Participant service management

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

☐ Yes

☐ No

If yes, provide details.

6 Client money

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

☐ N/A

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

[File Attachment / URL link]

Comments

6.2 Do you have a team dedicated to managing your network of correspondent banks?

☐ Yes

☐ No

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

☐ Yes

☐ No

☐ N/A

6.4 Can you realign to the contingency correspondent banks within 48 hours?

☐ Yes

☐ No

☐ N/A

6.5 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