Customer and Access Acceptance DDQ

I. Company Information

Registered Company name: _____

Address: _____

City: _____

Post Code: _____

Country: _____

II. Risk Management Capacity

1. Do you have a documented Risk Management Policy & Risk Management Framework?

☐ No

☐ Yes

Comments:

2. Do you maintain written operational controls and procedures covering all your operations relevant for the interactions with the CSD?

☐ No

☐ Yes

Comments:

3. Do you have separate and independent Front & Back Office functions handling custody and securities operations?

☐ No

☐ Yes

Comments:

4. Do you have reconciliation processes (for custody and securities) in place?

☐ No

☐ Yes

Comments:

5. Do you in particular have an Operational Risk management framework in place that assures the identification, measurement, assessment, monitoring and reporting of operational risks? (e.g. Risk & Control Assessments, KPI/KRIs place, risk scenarios, risk reporting, etc?)

☐ No

☐ Yes

Comments:

6. Do you have a robust Third-party risk & vendor management framework in place to manage 3rd party and Outsourcing related risks? (e.g. that assesses/considers whether the security, reliability and resilience of your operations are not reduced by dependencies on such parties?)

☐ No

☐ Yes

Comments:

III. Business Continuity and Disaster Recovery

1. Do you have a Business Continuity Management (BCM) and IT Disaster Recovery Plans (IT DRP) to recover critical processes (e.g. trading/clearing/settlement/payments)

☐ No

☐ Yes

Comments:

2. How long is your recovery time objective (RTO) for your most critical functions and processes?

☐ less than 2 hour

☐ less than 4 hours

☐ less than 24 hours

☐ more than 24 hours

Comments:

3. How often is your BCM and IT DRP tested?

☐ every 6 months

☐ every year

☐ every 2 years

☐ less than once every 2 years

Comments:

4. Have your BCM and IT DRP plans been audited by internal or external audit or an independent third party?

☐ No

☐ Yes

Comments:

5. Do you have communication arrangements with your customers, other CSDs or market infrastructures? Have you tested them?

☐ No

☐ Yes

Comments:

6. In the last 12 months, have you experienced system outages or slowdowns that have impacted your ability to service your clients?

☐ No

☐ Yes

Comments:

IV. Information Security

1. Do you have an information security management system?

☐ No

☐ Yes

Comments:

2. Incident Handling

2a. Do you have a SOC/CERT in place?

☐ No

☐ Yes

Comments:

2b. Did you experience any successful cyber attack in the past 24 months?

☐ No

☐ Yes

Comments:

3. Systems

3a. Do you have antivirus systems installed on relevant systems?
(client devices, email gateways, file servers ...)

☐ No

☐ Yes

Comments:

3b. Do you have intrusion detection systems and/or instruction protection system on the network layer in place?

☐ No

☐ Yes

Comments:

4. SWIFT:

Are you compliant as per the SWIFT self-attestation against the mandatory controls?

☐ No

☐ Yes

Comments:

In case of incompliance:

4a. Which controls do you not fulfill?

_(please name controls) _____

Comments:

4b. By when do you intend to become compliant?

☐ within the next quarter

☐ within the next six months

☐ within the next 12 months

☐ after 12 months

Comments:

Questionnaire completed by:

First name: _____

Last name: _____

Job role at the institution detailed above: _____

Email address: _____

Telephone: _____

Authorised signature(s):

_____   _____

Date: _____

Please return the completed questionnaire to the following address:

Clearstream Banking AG
Account Administration Frankfurt (OSM)
60485 Frankfurt am Main