



Onboarding Questionnaire

Aim of the questionnaire and how to complete it

The questionnaire contains the questions necessary for the processing of client access requests pursuant to Article 37 of Regulation (EU) No 2017/392 and for monitoring the continued compliance of clients, which must be completed by any client wishing to join KELER prior to joining and at the frequency defined by KELER.

The questions are aimed at identifying legal / compliance, financial and operational risks.

KELER evaluates the answers to the questions on a risk basis, so it considers the legal/compliance, financial and operational risk factors in such a way that compliance with them supports the security, integrity and reputation of KELER and KELER's clients. Your organisation becoming a client and your continued operation as a client shall not result in any way in KELER's violating any law, regulation, regulation or its own rules, whether in tax, money laundering or legal terms. Should any of these arise, KELER shall have the right to request any further information, documentation, on-site inspection, ordering test cases and to establish conditions that will prevent KELER from being subject to any breach of its law and regulations.

Please write the answers to our questions in the light blue boxes and, in case of re-filling, make your changes appear in the original document with the track changes function.

Thank you for your co-operation!

I. Compliance with legal criteria

Sanctions

Does your organisation have headquarter / branch / establishment which invests, operates or plans to operate in Cuba / Crimea / Iran / North Korea / Sudan / Syria or do business in these geographical areas?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your organisation have any business relationship with any natural or legal person resident in Cuba / Iran / North Korea / Sudan / Syria or with any legal person owned or controlled, directly or indirectly by a natural or legal person resident in Cuba / Iran / North Korea / Sudan / Syria, including intermediaries acting or involved in the transaction on behalf of or in the name of Cuban / Crimean / Iranian / North Korean / Sudanese / Syrian legal entities?	<input type="checkbox"/> Yes <input type="checkbox"/> No

How does your organisation ensure that your account is used properly? Please briefly describe your procedure! (E.g.: automated monitoring, manual controls or other measures.)

II. Compliance with financial criteria

Please confirm that your organisation has sufficient financial resources to meet its future contractual obligations to the CSD.

- Confirmed

Not confirmed

Is your organisation certified by an international credit rating agency(ies)?

If so, please provide the most recent published credit rating for your organisation and the name of the credit rating agency.

If your organisation does not have a public credit rating, please name your parent company and provide its most recent public credit rating(s) and the name of the credit rating agency.

Yes. Own credit rating:

Name of credit rating agency:

No. Name of parent company:

Credit rating of parent company:

Name of credit rating agency:

III. Compliance with operational criteria

III.1. Questions on risk management

Does your organisation perform stress tests on a regular basis?

	Is the risk relevant?	Do you perform stress tests?
Stress test for operational risks	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Stress test for market risks	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Stress test for credit and counterparty risks	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please confirm that your stress testing methodology is documented in your internal policies, which are regularly reviewed and reported to the management:

The stress test methodology has been laid down in internal rules.	<input type="checkbox"/> Confirmed <input type="checkbox"/> Not confirmed. If not, please specify:
The document describing the stress tests is being reviewed:	<input type="checkbox"/> Six-monthly <input type="checkbox"/> Annually <input type="checkbox"/> Biannually <input type="checkbox"/> Other. Please specify:
The results of stress tests that reveal the risks are reported to:	<input type="checkbox"/> The Board of Directors <input type="checkbox"/> The management/executive board <input type="checkbox"/> Other governing bodies <input type="checkbox"/> Not reported

Please provide information on whether the following applied to your organisation in the past 36 months:

- litigation jeopardizing the organisation’s operation (even pending),

- your organization is subject to a penalty, measure or decision by the authorities.

Confirm that your organisation has and applies risk management policies that ensure that credit, market, liquidity and concentration risks arising from business activities between your clients and the organisation(s) that provide you with liquidity (i.e. the parent company) are properly managed. Please confirm that relevant processes are documented in internal policies and that compliance is regularly monitored and reviewed.

<p>The organisation has risk management principles to manage credit, market, liquidity and concentration risks arising from the business activities.</p>	<input type="checkbox"/> Confirmed <input type="checkbox"/> Not confirmed
<p>The policy containing the risk management principles is regularly reviewed:</p>	<input type="checkbox"/> Six-monthly <input type="checkbox"/> Annually <input type="checkbox"/> Biannually <input type="checkbox"/> Other. Please specify:

Please specify whether, for the last two financial years, your organisation has encountered any fault interrupting or halting operation that has led to a significant reduction or total loss of service quality (for example: permanent disruption of Internet-based service, inability to deliver services, inaccessible service, cases that disturb your daily processes, etc.). In the details, indicate these problematic events, their duration, the number of errors, and their loss.

Please explain any incidents that have significantly reduced the quality of service for more than 3 months and the steps your organisation has taken to address them.

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Please confirm that your organisation has internal processes in place to measure and manage operational risks across all areas of your organisation:

The organization has:

A person with operational risk management responsibilities (e.g.: Operational Risk Manager)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Contact persons responsible for operational risk	<input type="checkbox"/> Yes <input type="checkbox"/> No
Committee managing operational risk (i.e: Operational Risk Management Committee)	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please confirm that the rules for the identification, measurement, management and reporting of operational risks, the rules for the collection of operational risk and other indicators and the procedures for the collection of operational risk events are set out in internal regulatory frameworks which are regularly reviewed.

The organisation has a risk management framework and framework for managing operational risks.	<input type="checkbox"/> Confirmed <input type="checkbox"/> Not confirmed
The date of the revision of the policy containing the Operational Risk Management principles is repeated on a regular basis:	<input type="checkbox"/> Six-monthly <input type="checkbox"/> Annually <input type="checkbox"/> Biannually <input type="checkbox"/> Other. Please specify:

III.2. Business Continuity (BCP), Disaster Recovery (DRP), Security Management and Technology System Protection

The information security questions (below) of the questionnaire do not need to be answered if KELER is provided with an information security certificate of your organisation. Please present the following:

- certification report / certificate,
- name of the certifier
- scope of certification
- name of the standard applied.

If you either do not have certification or you do present it to KELER or the scope of the certification is not KELER relevant (see relevant access criteria), please answer the questions below.

KELER reserves the right to request answers to the questions below despite certification.

Business Continuity Capabilities (BCP)

Interpreted for KELER related processes

<p>Please confirm that you have the following documentation for business continuity purposes. <i>(Multiple answers are possible.)</i></p>	<input type="checkbox"/> BCP Strategy and Regulations <input type="checkbox"/> BCP plans updated within one year per process <input type="checkbox"/> Testing minutes for BCP Plans <input type="checkbox"/> Records of BCP events
<p>Confirm that your business continuity policy and strategy addresses the following. <i>(Multiple answers are possible.)</i></p>	<input type="checkbox"/> Responsible persons and their duties <input type="checkbox"/> Classification criteria of crisis <input type="checkbox"/> Preparing for a crisis situation <input type="checkbox"/> Response to a crisis situation <input type="checkbox"/> Communication tasks <input type="checkbox"/> Reporting obligation <input type="checkbox"/> Business Continuity training <input type="checkbox"/> Business Continuity Testing
<p>Confirm that your business continuity plans are regularly tested. <i>(Only one answer is possible.)</i></p>	<input type="checkbox"/> We test them at least annually <input type="checkbox"/> We test them, but less frequently than annually <input type="checkbox"/> We do not test them
<p>Confirm that improvements have been made to test plans due to deficiencies discovered during business continuity testing. <i>(Only one answer is possible.)</i></p>	<input type="checkbox"/> Confirmed <input type="checkbox"/> No such measures were required <input type="checkbox"/> Not confirmed
<p>Please specify when the last BCP test took place.</p>	<p>(year)</p>

<p>Confirm that you have a alternative office site. <i>(Only one answer is possible.)</i></p>	<input type="checkbox"/> Confirmed <input type="checkbox"/> Not confirmed
<p>Confirm that your business continuity critical workforce has access to all necessary systems. <i>(Only one answer is possible.)</i></p>	<input type="checkbox"/> Confirmed <input type="checkbox"/> Not confirmed

Disaster Recovery Capabilities (DRP)

Interpreted for KELER related processes

<p>Please confirm that you have the following documentation for disaster recovery purposes. <i>(Multiple answers are possible.)</i></p>	<input type="checkbox"/> DRP Strategy and Regulations <input type="checkbox"/> DRP plans updated per process/system within one year <input type="checkbox"/> Testing minutes for DRP Plans <input type="checkbox"/> Records of DRP events
<p>Confirm that the disaster recovery policies and strategies address the following: <i>(Multiple answers are possible.)</i></p>	<input type="checkbox"/> Responsible persons and their duties <input type="checkbox"/> Preparing for disaster recovery situation <input type="checkbox"/> Post-disaster recovery tasks <input type="checkbox"/> Disaster Recovery training <input type="checkbox"/> Disaster Recovery Testing <input type="checkbox"/> Contact details of external service providers
<p>Confirm that your disaster recovery plans are regularly tested. <i>(Only one answer is possible.)</i></p>	<input type="checkbox"/> We test them at least annually <input type="checkbox"/> We test them, but less frequently than annually <input type="checkbox"/> We do not test them
<p>Confirm that improvements have been made in test plans due to deficiencies discovered during disaster recovery testing. <i>(Only one answer is possible.)</i></p>	<input type="checkbox"/> Confirmed <input type="checkbox"/> No such measures were required <input type="checkbox"/> Not confirmed
<p>Please specify when the last DRP test was performed.</p>	<p>(year)</p>
<p>Confirm that their disaster recovery critical workforce has access to all necessary systems. <i>(Only one answer is possible.)</i></p>	<input type="checkbox"/> Confirmed <input type="checkbox"/> Not confirmed
<p>Confirm that your organisation has an RTO (Recovery Time Objective) value for CSD relevant processes. <i>(Only one answer is possible.)</i></p>	<input type="checkbox"/> Less than 2 hours <input type="checkbox"/> Between 2 and 8 hours <input type="checkbox"/> More than 8 hours

Security management system

<p>Confirm that you have an information security organisation that is independent of other departments. <i>(Only one answer is possible.)</i></p>	<p><input type="checkbox"/> Confirmed <input type="checkbox"/> Not confirmed</p>
<p>Does your organisation have a quality assurance certification for information security (e.g.: ISO27001)? <i>(Only one answer is possible.)</i></p>	<p><input type="checkbox"/> Yes. If yes, please specify the type, scope and date of certification: <input type="checkbox"/> No</p>
<p>Does your organisation have a management-approved information/cyber-security strategy that covers future threats and planned improvements? <i>(Only one answer is possible.)</i></p>	<p><input type="checkbox"/> Yes. If so, please provide the date of your last review: <input type="checkbox"/> No</p>
<p>Does your organisation have a management-approved information security/cybersecurity policy that includes management's commitment to meeting its security objectives? <i>(Only one answer is possible.)</i></p>	<p><input type="checkbox"/> Yes. If yes, please provide the date of entry into force of the current version: <input type="checkbox"/> No</p>
<p>Please confirm that your organisation has the following documents: <i>(Multiple answers are possible.)</i></p>	<p><input type="checkbox"/> Business impact and risk analysis based on international methodology <input type="checkbox"/> Business impact analysis updated within one year <input type="checkbox"/> Information security risk analysis updated within one year <input type="checkbox"/> Action plan or risk list accepted by management</p>
<p>Does your organisation have an information security policy that sets out the duties and responsibilities of users, IT, security, technology controls applied? <i>(Only one answer is possible.)</i></p>	<p><input type="checkbox"/> Yes. If yes, please provide the date of entry into force of the current version: <input type="checkbox"/> No</p>
<p>Please indicate which of your users have security awareness training for your organisation. <i>(Multiple answers are possible.)</i></p>	<p><input type="checkbox"/> Security training for new joiners <input type="checkbox"/> Annual mandatory security awareness training <input type="checkbox"/> Annual mandatory security awareness test <input type="checkbox"/> Regular Safety Awareness Newsletter or Tests</p>
<p>Does your organisation have a list of security requirements for system development? <i>(Only one answer is possible.)</i></p>	<p><input type="checkbox"/> Confirmed <input type="checkbox"/> Not confirmed</p>

<p>Frequency of reviewing information security / cybersecurity policies and regulations within the organisation:</p> <p><i>(Only one answer is possible.)</i></p>	<p><input type="checkbox"/> Annually</p> <p><input type="checkbox"/> Biannually</p> <p><input type="checkbox"/> If none, please provide frequency:</p>
<p>Confirm that your organization has an up-to-date list of critical service providers.</p>	<p><input type="checkbox"/> Yes. If yes, please provide the date of your last review:</p> <p><input type="checkbox"/> No</p>
<p>If you join KELER as a CSD or market infrastructure, please list the critical service providers you have used.¹</p>	
<p>Does your organisation outsource information security functions or processes?</p> <p><i>(Only one answer is possible.)</i></p>	<p><input type="checkbox"/> Yes. If yes, please identify the security processes, party(ies) involved and specify its headquarter(s).</p> <p><input type="checkbox"/> No</p>

¹ Pursuant to Article 69 (2) (a) of Commission Delegated Regulation 2017/392.

Security technologies

<p>What information security technical controls and processes do you have? <i>(Multiple answers are possible.)</i></p>	<p>Network security</p> <ul style="list-style-type: none"><input type="checkbox"/> Firewall protection<input type="checkbox"/> Web Application Firewall<input type="checkbox"/> Intrusion Detection / Prevention System<input type="checkbox"/> Network Access Control<input type="checkbox"/> Network separation<input type="checkbox"/> Web and mail filtering systems <p>Endpoint protection</p> <ul style="list-style-type: none"><input type="checkbox"/> Virus and malware protection<input type="checkbox"/> Disk encryption for End User devices<input type="checkbox"/> Mobile device protection <p>Security Monitoring</p> <ul style="list-style-type: none"><input type="checkbox"/> Central security event management system<input type="checkbox"/> Periodic Vulnerability Test<input type="checkbox"/> Incident management process<input type="checkbox"/> Regular security training <p>Physical security</p> <ul style="list-style-type: none"><input type="checkbox"/> Video surveillance system<input type="checkbox"/> Access Control System<input type="checkbox"/> Physical intrusion protection system<input type="checkbox"/> Manned security<input type="checkbox"/> Building surveillance systems <p>Data security</p> <ul style="list-style-type: none"><input type="checkbox"/> Data leakage protection<input type="checkbox"/> File encryption<input type="checkbox"/> Database encryption<input type="checkbox"/> Mail encryption <p>Access management</p> <ul style="list-style-type: none"><input type="checkbox"/> User and authorisation management system<input type="checkbox"/> Two-factor identification<input type="checkbox"/> Technical user and password management solution
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Supervision and audits

<p>Confirm that over the past two years, the oversight authority has carried out a comprehensive information security audit at your organisation. <i>(Only one answer is possible.)</i></p>	<p><input type="checkbox"/> Confirmed. Please provide the name and the seat of the authority:</p> <p><input type="checkbox"/> Not confirmed</p>
<p>Confirmation that over the past two years an independent audit firm has conducted a comprehensive information security audit of your organisation: <i>(Only one answer is possible.)</i></p>	<p><input type="checkbox"/> Confirmed. Please enter your company name and registered office:</p> <p><input type="checkbox"/> Not confirmed</p>
<p>Please indicate the highest risk level of the observations made in the last two years.</p>	
<p>Confirm that you have a plan of action to remediate findings or management risk acceptance. <i>(Only one answer is possible.)</i></p>	<p><input type="checkbox"/> Confirmed</p> <p><input type="checkbox"/> Not confirmed</p>
<p>Have you experienced outside breaches of your system security rules in the last 12 months? <i>(Only one answer is possible.)</i></p>	<p><input type="checkbox"/> Yes. If so, how do you reduce the risk of recurrence of similar events?</p> <p><input type="checkbox"/> No</p>

III.3. Questions related to the organisation's IT systems

Data centre redundancy

<p>Confirm that you have a backup (secondary) data centre. <i>(Only one answer is possible.)</i></p>	<p><input type="checkbox"/> Confirmed. Please enter the distance between your data centres (in km):</p> <p style="text-align: center;">km</p> <p><input type="checkbox"/> Not confirmed</p>
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Backup policy and strategy

<p>Please confirm that your organisation has one of the structured back-up solutions. <i>(Multiple answers are possible.)</i></p>	<p><input type="checkbox"/> Real time</p> <p><input type="checkbox"/> Mirrored with delay</p> <p><input type="checkbox"/> Daily</p> <p><input type="checkbox"/> Weekly</p> <p><input type="checkbox"/> Other</p>
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Capacity management

<p>Confirm that your organisation has capacity management. <i>(Only one answer is possible.)</i></p>	<p><input type="checkbox"/> A capacity plan, supported with monitoring system and historical data, is prepared at least once a year</p> <p><input type="checkbox"/> There is only a monitoring system</p> <p><input type="checkbox"/> Not confirmed</p>
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III.4. Operation questions

<p>Please provide the average number of daily transactions you are expected to submit annually on paper.</p>	
<p>How many of the average daily expected paper-based transactions are expected to be in EUR currency, DVP settlement, affecting the Hungarian market.</p>	
<p>Please indicate the currencies in which you plan to make settlement.</p>	
<p>Is your organisation ready to communicate via SWIFT and / or KID (KELER Interface Device - KELER's own online system)? If not, how do you envisage communication?</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No, we envisage communication as follows:</p>

I hereby certify that the above provided facts and information are true and correct.

I declare that I will inform KELER immediately if there is any change in the information, circumstances or conditions presented in the questionnaire regarding the organisation I represent.

Client / Organisation name

Respondent's name, position, contact details (email/phone)

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Authorised signatory's name:

Authorised signatory's name:

Position:

Position:

Organisation name:

Organisation name:

(Place):

, (Date):