

CUSTOMER DUE DILIGENCE FORM (Individual/Entity)



Branch Name:

Date :/...../.....

Account Opening Date		Account/Loan Number	
Customer Name			
Title of Account			
Customer Profile	New Customer <input type="checkbox"/>	Existing Customer <input type="checkbox"/>	
Customer Resident Status		Resident <input type="checkbox"/>	Non-Resident <input type="checkbox"/>
		Country :	
Nationality:		Passport No.	
NIC No.		Passport Country	
Country of Birth:		Date of Birth: (DD/MM/YYYY)	
Incorporation No. /Reg. Number		Incorporation / Reg. Date	Incorporation Country
Purpose of Account	<input type="checkbox"/> Business transactions <input type="checkbox"/> Employment/Professional income <input type="checkbox"/> Savings <input type="checkbox"/> Share transactions / Investment purposes		<input type="checkbox"/> Remittances <input type="checkbox"/> Bill payment/ Loan repayment <input type="checkbox"/> Social & Charity work <input type="checkbox"/>
Address	1. 2.		
Customer Type (Tick the appropriate box) {Customer Risk Factors}	Individual <input type="checkbox"/>	<input type="checkbox"/> Self Employed <input type="checkbox"/> Salary Employed <input type="checkbox"/> PEP <input type="checkbox"/> Student/Housewife/Pensioner <input type="checkbox"/> Real Estate Agent <input type="checkbox"/> Gem and Jewellery Dealer <input type="checkbox"/> Public Limited Company <input type="checkbox"/> Other, Please Specify.....	
	Entity <input type="checkbox"/>	<input type="checkbox"/> Club/Society/Association <input type="checkbox"/> Private Limited Company <input type="checkbox"/> Charity <input type="checkbox"/> Business - Propriety/Partnership <input type="checkbox"/> Money or Value Transfer Services <input type="checkbox"/> Government Institution <input type="checkbox"/> NGOs/NPOs.....	

Documents To Be Submitted:

Self-certification form	<input type="checkbox"/>	Form 1	<input type="checkbox"/>	Form 40	<input type="checkbox"/>	FATCA Declaration	<input type="checkbox"/>
Certified Business Registration copy	<input type="checkbox"/>	Form 20	<input type="checkbox"/>	Form 44	<input type="checkbox"/>	W-9	<input type="checkbox"/>
Company Directors Details	<input type="checkbox"/>	Form 45	<input type="checkbox"/>	KYC Form	<input type="checkbox"/>	W-8 BEN	<input type="checkbox"/>
Copy of Company Directors' IDs	<input type="checkbox"/>	Passport/Driving License or Visa copy page (for expats)	<input type="checkbox"/>				
Verified ID copy	<input type="checkbox"/>	Bank Statement	<input type="checkbox"/>	W-8 BEN -E	<input type="checkbox"/>		
Other	<input type="checkbox"/>	Address verification document	<input type="checkbox"/>				
.....							
.....							

For Company Use Only (Internal Use)

Branch Manager/Assistant Manager to complete

Client Central Bank Screening

Client World Check / Sanction Screening

Customer Risk Profile Updated (System)

I Confirm that the details provided above are accurate

Did you conduct the required due diligence on the customer?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Did you conduct any background screening on the customer?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Prepared by

Prepared by		Reviewed & approved by (Branch Manager)	
Name		Name	
ID No		ID No	
Date		Date	
Signature		Signature	

Note: Hard copy of this CDD Form (duly filled and signed) should invariably be retained at the Branch along with KYC & Account opening Form for Audit Trail purpose

