# **Annex E Sample CDD Form**

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| **Customer Due Diligence (CDD)**  **FORM A – Customer’s Particulars** | |
| Name of regulated dealer: | Date: |
| Name of employee: | Signature of employee: |

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| **A1. Customer’s Particulars (For Individuals)** | | |
|  | Transaction number: |  |
|  | Date/Time of transaction: |  |
|  | Transaction value: |  |
|  | Description of PSPM: |  |
|  | Full name (including any alias): |  |
|  | Date of birth: |  |
|  | Residential address: |  |
|  | Contact No: |  |
|  | Nationality: |  |
|  | Type of identification document: | **NRIC**  **Passport**  **Others:** |
|  | Identification number: |  |
|  | Date of identification expiry (if applicable): |  |
|  | Occupation: |  |
|  | Name of the beneficial owner: |  |
|  | Is the customer authorised to act on behalf of the BO? |  |
|  | Other information obtained on the beneficial owner ((similar to above i.e. (5) to (13)): |  |
| **A2. Customer’s Particulars (For Entities)** | | |
|  | Transaction number: |  |
|  | Date/Time of transaction: |  |
|  | Transaction value: |  |
|  | Description of PSPM: |  |
|  | Full name of entity: |  |
|  | Date of incorporation or registration: |  |
|  | Country of incorporation or registration: |  |
|  | UEN/Incorporation no./Registration no.: |  |
|  | Date of identification expiry (if applicable): |  |
|  | Main business activity: |  |
|  | Type of legal entity: | **Sole proprietorship**  **Partnership**  **Limited partnership**  **Limited liability partnership**  **Company**  **Corporation**  **Others:** |
|  | Proof of legal entity’s existence e.g. certificate of good standing from ACRA: |  |
|  | Instrument under which entity is constituted e.g. articles of association or memorandum of association: |  |
|  | Registered office address: |  |
|  | Principal address of business (if different from registered office address): |  |
|  | Telephone number: |  |
|  | Email address: |  |
|  | Nature of business of the legal entity: |  |
|  | Name & identification information of senior management of the legal entity: |  |
|  | Name of beneficial owner: |  |
|  | Other information obtained on the beneficial owner ((similar to above i.e. (5) to (18)): |  |
| **A3. Customer’s Particulars (For Legal Arrangements)** | | |
|  | Transaction number: |  |
|  | Date/Time of transaction: |  |
|  | Transaction value: |  |
|  | Description of PSPM: |  |
|  | Full name of legal arrangement: |  |
|  | Type of legal arrangement: | **Trust**  **Not a trust** |
|  | Country in which the legal arrangement is constituted: |  |
|  | Proof of the legal arrangement’s existence: |  |
|  | Instrument under which the legal arrangement is constituted e.g. deed of trust: |  |
|  | Full name of settlor: |  |
|  | Type of identification document: | **NRIC**  **Passport**  **Others:** |
|  | Identification number: |  |
|  | Date of identification expiry (if applicable): |  |
|  | Full name of trustee(s): |  |
|  | Type of identification document: | **NRIC**  **Passport**  **Others:** |
|  | Identification number: |  |
|  | Date of identification expiry (if applicable): |  |
|  | Full name/class of beneficiaries: |  |
|  | Any other person exercising ultimate ownership/control over the legal arrangement: |  |
|  | Nature of business of the legal arrangement |  |

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| **Customer Due Diligence (CDD)**  **FORM B – Check customer’s name against lists on:**   * Terrorist designation * Sanctions lists on designated individuals and entities * FATF public list of high-risk and other monitored jurisdictions   \*Note: This form should not be shown to the customer. | |
| Name of regulated dealer: | Date: |
| Name of employee: | Signature of employee: |

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| **B1. Check Against Lists on Terrorist Designation and Designated Individuals and Entities** | | |
| 1. | Ministry of Home Affairs (“MHA”)’s website on the Inter-Ministry Committee on Terrorist Designation (“IMC-TD”) on terrorist designation (persons and entities designated as terrorists):  <https://www.mha.gov.sg/inter-ministry-committee-terrorist-designation-(imc-td)> | **Any match?**  **Yes/  No**  \*Important:  If yes, to stop transaction and lodge a police report. |
| 2. | Monetary Authority of Singapore (“MAS”)’s website on targeted financial sanctions under the United Nations Regulations (“UN Regulations”) for the lists of designated individuals and entities:  <https://www.mas.gov.sg/regulation/anti-money-laundering/targeted-financial-sanctions/lists-of-designated-individuals-and-entities> | **Any match?**  **Yes/  No**  \*Important:  If yes, to stop transaction and lodge a police report. |
| **B2. Politically Exposed Person (PEP)** | | |
| 1. | Is the customer a Politically Exposed Person (PEP)? | **Yes/  No**  \*Important:  If yes; to proceed with ECDD. |
| **B3. Check against FATF Public List of High-Risk and Other Monitored Jurisdictions** | | |
| 1. | FATF public list on high-risk and other monitored jurisdictions:  [www.fatf-gafi.org/countries/#high-risk](http://www.fatf-gafi.org/countries/#high-risk) | **Any match?**  **Yes/  No**  \*Important:  If yes, to proceed with ECDD. |
| **B4. Higher-Risk Customer Based on Risk Assessment Conducted by Regulated Dealer** | | |
| 1. | Does the customer fit the profile of a higher-risk customer based on their own risk assessment conducted by regulated dealer? | **Yes/  No**  \*Important:  If yes; to proceed with ECDD. |

# **Annex F Sample ECDD Form**

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| **Enhanced Customer Due Diligence (ECDD)**  \*Note: This form should not be shown to the customer.  Where ECDD is conducted, to attach completed (1) CDD Form A, (2) CDD Form B and (3) ECDD Form, together with copies of all supporting documents. | |
| Name of regulated dealer: | Date: |
| Name of employee: | Signature of employee: |

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|  | **Income Level, Source of Wealth and Source of Funds** | |
| 1. | Establish the following (by reasonable means e.g. internet scanning and careful enquiries with the customer):   * 1. income level;   2. source of wealth (i.e. source of overall assets); and   3. source of funds (i.e. source of the funds used to pay for the transaction) | **Income level:**  **Source of wealth:**  **Source of funds:**  **Source of information:**  \*Important:  To consider terminating the transaction if unable to establish source of income and lodge STR. |
|  | **Prior Approval from an Employee of Senior Managerial/Executive Position** | |
| 1. | Obtain prior approval from an employee holding a senior managerial or executive position before establishing/continuing dealings with a higher-risk customer. | **Approve**  **Not approve**  \*Important: To terminate the transaction if approval is not given. |
| **Signature of employee of senior managerial/executive position:** |
| **Name:** |
| **Designation:** |
| **Date:** |
|  | **Enhanced On-Going Monitoring** (To be carried out at later date(s), determined by the regulated dealer) | |
| 1. | Conduct enhanced ongoing monitoring on the transactions performed by that higher-risk customer i.e. consider regularly checking against all sections of CDD and ECDD. | **Date of recheck:** |
| **Remarks:** |
| **Signature:** |
| **Name of employee:** |
| **Designation:** |
| **Date:** |