

客户尽职调查表

KNOW-YOUR-CUSTOMER SURVEY

日期 Date _____

PART I 申请公司信息 COMPANY INFORMATION

英文名称* English name		中文名称 Chinese name	
注册国家 Country Of Incorporation	注册日期 Date Of Incorporation	注册证明书* Certificate Of Incorporation	
商业登记证号* Business Registration Certificate		纳税人识别号 Tax ID.	
公司地址 Company Address			
注册地址* Registered Address			
经营地址* Business Address <input type="checkbox"/> 同注册地址 Same With R.A. <input type="checkbox"/> 其他地址 Other Address:			
通讯地址* Correspondent Address <input type="checkbox"/> 同经营地址 Same With P.A. <input type="checkbox"/> 其他地址 Other Address:			
公司联系方式 Company Correspondence Information			
联系人* Contact Person	联系电话* Telephone No. + _____ - _____	传真电话 Fax No.	
邮箱* E-mail	邮编* Postal Code:	网页 Website	

PART II 商业信息 BUSINESS INFORMATION

公司经营资金来源* Source of Business Funds	<input type="checkbox"/> 母公司 Parent Company <input type="checkbox"/> 信托 Trust Funds <input type="checkbox"/> 借款 Debt Capital <input type="checkbox"/> 商业利润 Business Profit	<input type="checkbox"/> 投资收益 Retained Earnings <input type="checkbox"/> 控股公司 Holding Companies <input type="checkbox"/> 风险投资 Venture Capital <input type="checkbox"/> 其他 others _____
员工人数* Number of Employees	注册地境内 Domestic:	注册地境外 Overseas:
公司主要经营活动* Business Operation and Activities		
<div> <input type="checkbox"/> 拍卖行(包括网上拍卖行) Auction house(including Internet auction house) <input type="checkbox"/> 军事防务/军队 Defense/Arms </div> <div> <input type="checkbox"/> 珠宝/古董/艺术品交易/典当行 Jewelry/Antique/Art Dealers/ Pawn Shops <input type="checkbox"/> 政府机构 Governmental Institutions </div> <div> <input type="checkbox"/> 夜店/桑拿/酒吧/卡拉OK Night Clubs/Saunas/Bars/Karaoke <input type="checkbox"/> 赌场 Casino/Gambling </div> <div> <input type="checkbox"/> 货币兑换/借款公司 Money Changer/Money Lender <input type="checkbox"/> 黄金交易 Gold Trading </div> <div> <input type="checkbox"/> 电力/塑料/玻璃 Electronics/Plastics/Glass <input type="checkbox"/> 控股投资 Investment Holding </div> <div> <input type="checkbox"/> 纺织/服装/制鞋 Textile/Clothing/Footwear <input type="checkbox"/> 建筑/不动产 Construction/Real Estate </div> <div> <input type="checkbox"/> 互联网支付服务 Internet-based Payment Service Providers <input type="checkbox"/> 物流 Logistics </div> <div> <input type="checkbox"/> 广告投放/广告代理 Advertising delivery/advertising agency <input type="checkbox"/> 食品/饮料业 Food/Beverages </div> <div> <input type="checkbox"/> 技术供应/维护 Technology supply/maintenance <input type="checkbox"/> 信息咨询 Information consultation </div> <div> <input type="checkbox"/> 财务/会计服务 Financial/accounting services <input type="checkbox"/> 石油/电力贸易 Oil/electricity trade </div> <div> <input type="checkbox"/> 跨境电商 Cross-Border Electronic Commerce <input type="checkbox"/> 其他 Others _____ </div>		



注：请使用英文填写，如内容有中文名称（如名称、地址等）请同时将英文附后。

Note: Please fill with this form in English. If the contents (e.g. name, address, etc.) are in Chinese, please fill with in Chinese and English.

主要客户类别*
Main Type of Customers

☐ 个人 Individuals (若包含个人请说明如何与个人进行交易)

☐ 企业 Companies

☐ 政府/公共部门 Governments/Public Sectors

☐ 银行或其他金融机构 Banks or Other Financial Institutions

☐ 其他 Others _____

主营业务收入(美元)* Business Operations Sales (In \$)

<p>去年 Last Fiscal Year</p> <div style="display: flex; flex-direction: column; gap: 5px;"> <input type="checkbox"/> 0 <input type="checkbox"/> <500K <input type="checkbox"/> 500K ≤ -- <1M <input type="checkbox"/> 1M ≤ -- <5M <input type="checkbox"/> 5M ≤ -- <10M <input type="checkbox"/> >10M </div>	<p>预计明年 Estimated Coming Year</p> <div style="display: flex; flex-direction: column; gap: 5px;"> <input type="checkbox"/> <500K <input type="checkbox"/> 500K ≤ -- <1M <input type="checkbox"/> 1M ≤ -- <5M <input type="checkbox"/> 5M ≤ -- <10M <input type="checkbox"/> >10M </div>
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是否有中国大陆境内关联公司* Related Companies in China, Yes/No? ☐ 是 Yes ☐ 否 No

如果上述问题答案为“是”，请回答下列问题 If "Yes" Above, Please answer question below

境内公司名称、注册号和经营范围 (中英文填写)
Chinese Related Companies' Name, Registered No., Operations and Activities

PART III 经营信息 OPERATIONS INFORMATION

主要的客户 DETAILS OF THE MAJOR BUYERS			
名称 Name of Buyers	国家 Country	产品类型 Product	金额 Amount

主要的供应商/服务商 DETAILS OF THE MAJOR SUPPLIERS			
名称 Name of Suppliers	国家 Country	产品类型 Product	金额 Amount

预计账户使用情况 ESTIMATION ON ACCOUNT UTILIZATION				
	币别 Currency	金额/次 Amount per Transaction	转账次数/月 Frequency per Month	国家 Country
汇入 Inward TT				
汇出 Outward TT				

PART IV 账户 ACCOUNT

账户用途*

Purpose of the Account

- ☐ 货款结算 Goods settlement ☐ 客资存放 Customer funds
☐ 日常运营 Daily operation ☐ 其他 Others
☐ 对外投资 Investment

账户首存金额 (币种, 金额) Initial Deposit (Currency, Amount)

初始资金来源

Initial source of funds

- ☐ 经营资金 Operating fund ☐ 受益人自有资金 Beneficiary's own fund
☐ 借款 loan ☐ 其他 Others

PART V 账户签署人 ACCOUNT SIGNATORIES

账户协议签署人 Account Agreement Signatory

姓名 Name:

职位 Occupation:

国籍 Nationality:

联系电话 Telephone No.:

+

-

邮箱地址 E-Mail:

家庭地址 Family Address:

账户协议签署人 Account Agreement Signatory

姓名 Name:

职位 Occupation:

国籍 Nationality:

联系电话 Telephone No.:

+

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邮箱地址 E-Mail:

家庭地址 Family Address:

*账户协议签署人为董事会决议中列明的授权签字人。

The account agreement signatories are considered to be the authorized signatories on the Board Resolution.

PART VI 受益所有人信息 (最大或持股比例25%及以上)

BENEFICIAL OWNERSHIP (LARGEST SHAREHOLDERS OR BENEFICIAL OWNER WITH 25% OR MORE SHARES)

- 若公司持股比例25%以上为个人, 请填写完整的个人信息;
If the beneficial owners with 25% or more shares are individuals, please fill with the complete information;
- 若持股比例25%以上为公司, 请填写完整的公司信息以及该公司持股25%以上自然人信息或最大股东信息;
If the beneficial owners with 25% or more shares are companies, please fill with the companies' complete information and provide the complete information of the individual beneficial owners of the company with 25% or more shares or the information of the largest shareholder;
- 若公司无持股25%以上的个人或公司, 请填写实际控制人信息.
If the company does not have any individuals or companies with 25% or more ownership, please fill with the ultimate controlling owner information..

受益人1 Beneficial Owner1			
姓名/公司名称 NAME:		持股比例 % OWNERSHIP:	
家庭地址/经营地址 RESIDENTIAL /PHYSICAL ADDRESS:			
职位/行业类别 OCCUPATION/NATURE OF BUSINESS:		国籍/注册国家 NATIONALITY/COUNTRYOF INCORPORATION:	
出生日期/注册日期 DATE OF BIRTH/INCORPORATION:			
证件种类1 ID. TYPE1:	证件号码1 ID. NO.1:	证件签发日期1 ISSUE DATE1:	到期日1 EXPIRY DATE1:
证件种类2 ID. TYPE2:	证件号码2 ID. NO.2:	证件签发日期2 ISSUE DATE2:	到期日2 EXPIRY DATE2:

受益人2 Beneficial Owner2			
姓名/公司名称 NAME:		持股比例 % OWNERSHIP:	
家庭地址/经营地址 RESIDENTIAL /PHYSICAL ADDRESS:			
职位/行业类别 OCCUPATION/NATURE OF BUSINESS:		国籍/注册国家 NATIONALITY/COUNTRYOF INCORPORATION:	
出生日期/注册日期 DATE OF BIRTH/INCORPORATION:			
证件种类1 ID. TYPE1:	证件号码1 ID. NO.1:	证件签发日期1 ISSUE DATE1:	到期日1 EXPIRY DATE1:
证件种类2 ID. TYPE2:	证件号码2 ID. NO.2:	证件签发日期2 ISSUE DATE2:	到期日2 EXPIRY DATE2:

受益人3 Beneficial Owner3			
姓名/公司名称 NAME:		持股比例 % OWNERSHIP:	
家庭地址/经营地址 RESIDENTIAL /PHYSICAL ADDRESS:			
职位/行业类别 OCCUPATION/NATURE OF BUSINESS:		国籍/注册国家 NATIONALITY/COUNTRYOF INCORPORATION:	
出生日期/注册日期 DATE OF BIRTH/INCORPORATION:			
证件种类1 ID. TYPE1:	证件号码1 ID. NO.1:	证件签发日期1 ISSUE DATE1:	到期日1 EXPIRY DATE1:
证件种类2 ID. TYPE2:	证件号码2 ID. NO.2:	证件签发日期2 ISSUE DATE2:	到期日2 EXPIRY DATE2:

* 国籍为中国大陆,填写中国居民身份证信息及护照信息; 非中国大陆籍,填写护照信息,并提供相应的证件影印件或复印件。

If the nationality is Mainland of China, complete the ID. Information with the CHINESE ID. CARD and PASSPORT, if not, complete the ID. Information with PASSPORT, and then supply with the photocopies or copies of ID. CARDS and/or PASSPORTS..

PART VII 调查问卷 OTHER CONFIRMATION

<p>1. 贵公司是否从事的业务会跟古巴、伊朗、北韩、苏丹 (包括南苏丹)、叙利亚、克里米亚、塞瓦斯托波尔等国有关联 (包括与上述国家直接或间接销售或采购、直接或间接收取从上述国家汇出的款项或汇出款项到上述国家)?</p> <p>1. Whether your company (or the parent company/group companies) is doing any business with or in Cuba, Iran, North Korea, Sudan (including South Sudan), Syria, Crimea and Sevastopol (including direct/indirect sales to or direct/indirect purchases from these countries; or remittance to/receipt of funds from these countries either directly or indirectly)?</p>	<input type="checkbox"/> 是 YES <input type="checkbox"/> 否 NO
<p>2. 贵公司是否直接或间接从事/处理任何用品或商品涉及国防、国防装备、危险品、武器、军火、军事、警备及军事辅助用途?</p> <p>2. Whether your company is directly or indirectly dealing with any defense goods, defense equipment, lethal, potentially lethal, weapons, munitions, military, police and paramilitary?</p>	<input type="checkbox"/> 是 YES <input type="checkbox"/> 否 NO
<p>3. 贵公司是否直接或间接在缅甸从事下列任何一项业务活动:</p> <p>3. Does your company engage in any direct/indirect business activity that relates to any of the following in Myanmar:</p> <p>a. 军火或军用武器交易; a. military activities or dealings in arms; or</p> <p>b. 翡翠、红宝石等珠宝交易? b. jadeite, rubies or any item which includes these goods (such as jewelry)?</p>	<input type="checkbox"/> 是 YES <input type="checkbox"/> 否 NO
<p>4. 贵公司是否有持有25% (含) 以上股份的受益人在受制裁的国家/地区进行商业交易情况?</p> <p>4. Is your company owned 25% or more by any person/entity that has any Dealings involving a Sanctioned Country/Territory or a Country Subject to an Extensive Sanctions Regime?</p>	<input type="checkbox"/> 是 YES <input type="checkbox"/> 否 NO

以上资料均为真实及完整, 并未本人提供予CB International Bank作开户所用, 日后若有更改, 需尽快通知银行。若因发生变更未及时通知银行产生的一切损失由我/我们负责。

I/We confirm the information provided above is true and complete to my/our best knowledge, and further undertake to notify the Bank promptly in writing upon significant change. I/We understand those information is used for considering the opening of the new account only. If I/We do not notify the Bank promptly in writing upon significant change, I/We will responsible for all the losses.

授权签署人: Authorized Signatory:

签字时间: Date:

授权签署人: Authorized Signatory:

签字时间: Date:

客户经理填写 FOR CLIENT MANAGER ONLY

见证人1 Witness1	签字: Signature:	日期: Date:
见证人1 Witness1	签字: Signature:	日期: Date:

银行专用栏 BANK USE ONLY			
初审人 KYC Maker	审核结果: Declaration:	签字: Signature:	日期 Date:
复核人 KYC Checker	审核结果: Declaration:	签字: Signature:	日期 Date:
合规官意见 Compliance Officer	审批意见: Declaration:	签字: Signature:	日期: Date:
银行负责人 Head of Bank	审批意见: Declaration:	签字: Signature:	日期: Date: