

**CDD/ECDD - Individual "Due Diligence Form"**  
(For high risk customers, please complete ECDD section also)

KNOW YOUR CUSTOMER DETAILS										
Primary Account Holder										
Customer ID ( for Existing Customer )		CUST001		Account Type		Thanveer hello 123432				
Name (As Per Passport)		dafsdfasdf		Account No ( for Existing Customer )		123456				
Date of Birth		15-01-1990		Place of Birth		asfsafsfsdf				
Nationality		sdfasdfsff		Account Opening Date		01-01-2022				
Country of Citizenship & dual (If any)		Resident <input type="checkbox"/>		Non-Resident <input checked="" type="checkbox"/>		Country of current residency		USA		
		Others (Please specify)		India						
Occupation		Salaried <input checked="" type="checkbox"/>		Business <input type="checkbox"/>		If business, please mentioned line of business activity		Software Development		
Annual Income ( AED)		4,757		Source of funds (please mentioned the document)		Salary		Purpose of Account Opening Savings		
Tax Registration /Identification no (If Any)		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Tax ID number		TIN123456				
ADDRESS INFORMATION (Primary Account Holder)										
Primary Address		123 Main St, New York								
Country Name:		USA		City:		New York		Po Box 12345		
Mobile		123456789		Telephone 1		321456		Telephone 2 123456789		
Email Id		john.doe@example.com								
Change of residential status after Opening account				Yes or No, if Yes, please provide the current residency information <input type="checkbox"/>						
Country:		N/A		City:		N/A		Po Box N/A		
JOINT ACCOUNT HOLDERS 1										
Name		Jane Doe								
Primary Address		456 Another St, New York								
Country		USA		City:		New York		Po Box 54321		
Mobile		85646796346		Telephone 1		798654		Telephone 2 8941654		
Email Id		jane.doe@example.com								
Change of residential status after Opening account				Yes or No, if Yes, please provide the current residency information <input type="checkbox"/>						
Country:		N/A		City:		N/A		Po Box N/A		
JOINT ACCOUNT HOLDERS 2										
Name		Sarah Smith								
Primary Address		789 Some St, New York								
Country		USA		City:		New York		Po Box 54321		
Mobile		3564657654		Telephone 1		54556		Telephone 2 546465		
Email Id		sarah.smith@example.com								
Change of residential status after Opening account				Yes or No, if Yes, please provide the current residency information <input type="checkbox"/>						
Country:		N/A		City:		N/A		Po Box N/A		
Account Holder		Primary account holder			Joint Account Holder 1			Joint Account Holder 2		
Nationality		Americang			American			American		
Passport		Yes <input checked="" type="checkbox"/> No		Yes <input checked="" type="checkbox"/> No		Yes <input checked="" type="checkbox"/> No		Yes <input checked="" type="checkbox"/> No		

Visa/EID	Yes <input checked="" type="checkbox"/>	No	Yes <input checked="" type="checkbox"/>	No	Yes <input checked="" type="checkbox"/>	No
Valid Residence Address	Yes <input checked="" type="checkbox"/>	No	Yes <input checked="" type="checkbox"/>	No	Yes <input checked="" type="checkbox"/>	No
Proof of Source of Income	Yes <input checked="" type="checkbox"/>	No	Yes <input checked="" type="checkbox"/>	No	Yes <input checked="" type="checkbox"/>	No

1. LIST OF ALL OTHER LINKED ACCOUNTS / CUSTOMER ID

Account Name	Account Number	Account Type	Date Of Opening	Currency	Status
Business Account	9.87654321098765E19	Business	01-06-2021	USD	Active
Personal Savings	1.12233445566778E19	Savings	01-09-2019	USD	Active
Joint Savings	9.98877665544332E19	Joint	15-02-2020	USD	Active
jhondan	778985554	join			dde

A. Branch official observations during review of existing relationship

Whether the conduct of the Account is satisfactory?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Transaction commensurate with nature/Volume of customer profile	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
During the last One Year If any High Value transactions are observed	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	If yes, please provide the details of transactions	1. Large deposit	
				2. International transfer	
				3. Business investment	
				4. International transfer	
If any suspicion is observed	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	If yes, please specify- N/A		
Whether the branch is satisfied with transactions in the account	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Whether the branch has obtained the supporting document of transactions for the record and due diligence. (Source of Funds, Proof of transactions ec.)	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

B. Details of Transaction in the account

Current turnover and expected turnover in the account (AED)	Current turnover	Expected turnover
	1,000,000	2,000,000
Details regarding the anticipated expected transactions that should be debited/ credited into the account	Debit	Credit
	74785	54444
Expected type of transactions (e.g. Cash, Cheque, TT, etc.)	Wire Transfer	
Expected volume of transactions (Annually based on last year's transactions)	Frequency	Monthly
	Volume	5000

Known country with customer conduct transactions.

1. USA	2. UK
3. Canada	4. UAE

Known or expected countries related to transactional activity (other than mentioned above )

1. India	2. China	3. Australia	4. Germany
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C. Sanctions screening & Due Diligence – Primary Account Holder

If any Positive match, please Mention the Sanctions List as below

UAE <input checked="" type="checkbox"/>	UN <input checked="" type="checkbox"/>	OFAC <input checked="" type="checkbox"/>	HMT <input checked="" type="checkbox"/>	EU <input checked="" type="checkbox"/>	Others FATF member countries
CBUAE BBL check done	Yes <input checked="" type="checkbox"/>		No		
Google open Media search	Yes <input checked="" type="checkbox"/>		No		
Internal Deny list name screening	Yes <input checked="" type="checkbox"/>		No		
If any suspicion is observed	Please specify in details - Material adverse or Non Material adverse information				
	yed sfksdfad				
Please confirm, If any suspicion is observed branch has obtained the supporting document to discount the red flag appropriately -	Yes .../ No..../NA....If no, please provide the reason for the same- Yes				
	dasfgafgsdfgg				

Sanctions screening & Due Diligence- Joint Account Holder 1, 2, 3.

If any Positive match, please Mention the Sanctions List as below

UAE <input checked="" type="checkbox"/>	UN <input checked="" type="checkbox"/>	OFAC <input checked="" type="checkbox"/>	HMT <input checked="" type="checkbox"/>	EU <input checked="" type="checkbox"/>	Others FATF member countries
CBUAE BBL check done		Yes <input checked="" type="checkbox"/>	No		
Google open Media search		Yes <input checked="" type="checkbox"/>	No		
Internal Deny list name screening		Yes <input checked="" type="checkbox"/>	No		
If any suspicion is observed		Please specify in details - Material adverse or Non Material adverse information			
		No			
Please confirm, If any suspicion is observed branch has obtained the supporting document to discount the red flag appropriately -			Yes .../ No.../NA....If no, please provide the reason for the same- No		
			sgasdfasdfag		
Whether customer is PEP			Yes	No <input checked="" type="checkbox"/>	NA
if yes, senior management approval is attached (Customer/UBO)			Yes <input checked="" type="checkbox"/>	No	NA
Customer requesting for Foreign Currency (USD/GBP/EURO. Etc)			Yes <input checked="" type="checkbox"/>	No	NA
if yes, senior management approval is attached			Yes <input checked="" type="checkbox"/>	No	NA
Customer Risk ( please mention the correct risk classification derived from CRA calculator)			Yes <input checked="" type="checkbox"/>	No	NA
Reason for categorizing customer risk as High risk. (only for High risk customer) Analysis of underline ML/TF risk. N/A					
Further, Due Diligence done by the Branch for account being categorized as high risk. ( provide the supporting document and information) (only for High risk customer) None					
Observations of Bank official (List any adverse features if any found post CDD/ECDD) All transactions in order					
Account opening officer/ Branch official			Branch official		
Signature : JohnSmith			Signature : JohnSmith		
Name : John Smith			Name : Jane Doe		
Designation:Manager			Designation:Manager		
Date:01-01-2022			Date:05-01-2022		