

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)		940807628		Account Type		Savings			
Name (As Per Passport)		SHAHZADA ATLAS KHAN		Account No (for Existing Customer)					
Date of Birth		01-01-1976		Place of Birth					
Nationality				Account Opening Date		24-04-2007			
Country of Citizenship & dual (If any)		Resident <input type="checkbox"/>	Non-Resident <input type="checkbox"/>	Country of current residency					
		Others (Please specify)							
Occupation		Salaried <input type="checkbox"/>	Business <input type="checkbox"/>	If business, please mentioned line of business activity					
Annual Income (AED)		0	Source of funds (please mentioned the document			Purpose of Account Opening			
Tax Registration /Identification no (If Any)		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Tax ID number					
ADDRESS INFORMATION (Primary Account Holder)									
Primary Address		ALAIN P.O BOX 1017							
Country Name:	AE		City:	ALAIN		Po Box			
Mobile			Telephone 1			Telephone 2			
Email Id									
Change of residential status after Opening account			Yes or No, null if Yes, please provide the current residency information						
Country:			City:			Po Box			
JOINT ACCOUNT HOLDERS 1									
Name									
Primary Address									
Country			City:			Po Box			
Mobile			Telephone 1			Telephone 2			
Email Id									
Change of residential status after Opening account			Yes or No,null if Yes, please provide the current residency information						
Country:			City:			Po Box			
JOINT ACCOUNT HOLDERS 2									
Name									
Primary Address									
Country			City:			Po Box			
Mobile			Telephone 1			Telephone 2			
Email Id									
Change of residential status after Opening account			Yes or No, null if Yes, please provide the current residency information						
Country:			City:			Po Box			
Account Holder		Primary account holder		Joint Account Holder 1			Joint Account Holder 2		
Nationality									
Passport		Yes	No	Yes	No	Yes	No		

Visa/EID	Yes	No	Yes	No	Yes	No
Valid Residence Address	Yes	No	Yes	No	Yes	No
Proof of Source of Income	Yes	No	Yes	No	Yes	No

1. LIST OF ALL OTHER LINKED ACCOUNTS / CUSTOMER ID

Account Name	Account Number	Account Type	Date Of Opening	Currency	Status

A. Branch official observations during review of existing relationship

Whether the conduct of the Account is satisfactory?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Transaction commensurate with nature/Volume of customer profile	Yes <input type="checkbox"/>	No <input type="checkbox"/>
During the last One Year If any High Value transactions are observed	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, please provide the details of transactions	1. _____	
				2. _____	
				3. _____	
				4. _____	
If any suspicion is observed	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, please specify-		
Whether the branch is satisfied with transactions in the account	Yes <input 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 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
	0	0
Details regarding the anticipated expected transactions that should be debited/ credited into the account	Debit	Credit
Expected type of transactions (e.g. Cash, Cheque, TT, etc.)		
Expected volume of transactions (Annually based on last year's transactions)	Frequency	
	Volume	

Known country with customer conduct transactions.

1. _____	2. _____
3. _____	4. _____

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

1. _____	2. _____	3. _____	4. _____
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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
CBUAE BBL check done	Yes		No		
Google open Media search	Yes		No		
Internal Deny list name screening	Yes		No		
If any suspicion is observed	Please specify in details - Material adverse or Non Material adverse information				
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-null		

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

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

UAE	UN <input checked="" type="checkbox"/>	OFAC <input checked="" type="checkbox"/>	HMT <input checked="" type="checkbox"/>	EU <input checked="" type="checkbox"/>	Others
CBUAE BBL check done	Yes		No		
Google open Media search	Yes		No		
Internal Deny list name screening	Yes		No		
If any suspicion is observed	Please specify in details - Material adverse or Non Material adverse information				
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-null		
Whether customer is PEP			Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>
if yes, senior management approval is attached (Customer/UBO)			Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>
Customer requesting for Foreign Currency (USD/GBP/EURO. Etc)			Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>
if yes, senior management approval is attached			Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>
Customer Risk (please mention the correct risk classification derived from CRA calculator)			High <input type="checkbox"/>	Medium <input type="checkbox"/>	Low <input type="checkbox"/>
Reason for categorizing customer risk as High risk. (only for High risk customer) Analysis of underline ML/TF risk.					
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)					
Observations of Bank official (List any adverse features if any found post CDD/ECDD) null					
Account opening officer/ Branch official			Branch official		
Signature : Name : Designation: Date:			Signature : Name : Designation: Date:		