

CDD/ECDD- Due Diligence Form (Non Individual customers)

KNOW YOUR CUSTOMER DETAILS											
Company Name (As Per Trade License)		C A I S GENERAL TRADING LLC									
Customer ID (for Existing Customer)		3088		Account Number (for Existing		9876543					
Legal Status		YES		Trade License Number		6789654465					
Trade License issue date	01/11/24,	Trade license Expiry Date	14/11/24,	Country of Establishment	usd	Country of Operation	usa				
Business Activity (As per Trade License)		e-commerce		Product and Services		selling					
A. Valid document of Entity obtained as per account opening checklist. (Please tike in the box)											
Trade License <input checked="" type="checkbox"/>				Memorandum of Association & Article of Association <input checked="" type="checkbox"/>							
Share Certificate <input checked="" type="checkbox"/>				Certificate of Incorporation <input checked="" type="checkbox"/>							
If Other (please specify): nothing											
Latest validcustomer business address proof obtained.											
Government issued tenancy document- <input checked="" type="checkbox"/>				Utility Bill (Mention the document name e.g. Dewa bill) <input checked="" type="checkbox"/>							
Flexi Desk Agreement <input checked="" type="checkbox"/>				Co-working Facility Agreement <input checked="" type="checkbox"/>							
Office sharing agreement along with NOC <input checked="" type="checkbox"/>				Other, please specify- nothings							
Proof for customer Source of funds and Source of wealth obtained											
Other Business Proof (e.g. Trade license/Incorporation certificate) <input checked="" type="checkbox"/>				Bank Account Statement <input checked="" type="checkbox"/>							
Latest Audited Company financials <input checked="" type="checkbox"/>				Personal Bank account statement <input checked="" type="checkbox"/>							
Other equivalent documents- (please specify) nothing											
B. Related Party details -											
UBO (10% Above) /Director/Signatory/Controlling Person/POA				UBO/Dir/POA 1		UBO/Dir/POA 2		UBO/Dir/POA 3		UBO/Dir/POA 4	
		Name of Natural Person		Thanveer		Riyas		Bharath		Vijay	
		Nationality		Africa		Mongolia		Hong kong		Kazagasthan	
		Shareholding %		100		100		100		100	
Copy of valid Identity Proof/ Residence Proof /Residence address of all the UBO/Dir/POA & proof for Source of income		Passport		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
		Visa/EID		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
		Valid Residence Address		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
		Proof of Source of Income		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Other Linked relationship details											
Account number or Customer ID						Length of relationship with the Bank in years					
1. 41575821010						50					
2. 55484515						25					
3. 457405						10					
4. 4487781520						41					
5. 547852020						80					
C. Branch official observations during review of existing relationship											
Whether the conduct of the Account is satisfactory& in line with business profile?		Yes <input checked="" type="checkbox"/>		No <input type="checkbox"/>		Most Recent Audited/ Financial Statement provided		Yes <input type="checkbox"/>		No <input checked="" type="checkbox"/>	
If any suspicion is observed		Yes <input checked="" type="checkbox"/>		No <input checked="" type="checkbox"/>		If yes, please specify		some thind			
During the last One Year,If any High Value transactions are observed(AED 1Mn and above)		Yes <input checked="" type="checkbox"/>		No <input type="checkbox"/>		If yes, please provide the details of transactions		1. for europe			
								2.for use			
								3.for usa			
								4.for india			
Above mentioned transactionsare commensuratewith business profile.		Yes <input type="checkbox"/>		No <input checked="" type="checkbox"/>		Whether the branch has obtained the supporting document of transactions for the record and due diligence. (Source of Funds, Proof of transactions etc.)		Yes			
Whether the branch is satisfied with customer business transactions.		Yes <input type="checkbox"/>		No <input checked="" type="checkbox"/>							
D. Details of Transaction in the account (AED)											

Current turnover and expected turnover in the account (AED)		Current turnover	Expected turnover		
		5676466	4646564		
Details regarding the anticipated expected transactions that should be debited/ credited into the account		Debit	Credit		
		85683674	7468678674		
Expected type of transactions (e.g. Cash, Cheque, TT, etc.)		cheque			
Expected volume of transactions (Annually based on last year's transactions)		Frequency	457851		
		Volume	100000		
Known or expected counterparties with whom the customer conducts transactions					
Sr No	Name of customer	Country	Product and services		
1.	THanveeer	india	asdfasf		
2.	Bharath	botswana	asdfasf		
3.	Riyas	german	fasdfsa		
4.	Vijay	oman	fsfsdfasdf		
Whether customer is engaged with third party intermediaries with whom the customer conducts transactions. If yes please provide information null					
Sr No	Name of customer	Country			
1.	Firoz	Arab			
Whether customer is operating business from High-risk jurisdiction? Yes / No, if Yes, please mention the country Name					
Known or expected countries related to transactional activity (other than mentioned above)					
1. fasdfasf	2. adfasdasga	3. gasdgafg	4. fgagdfggd		
E. Sanctions screening & Due Diligence - Entity					
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 jhktuwrt
CBUAE BBL check done	Yes <input checked="" type="checkbox"/>		No <input type="checkbox"/>		
Google open Media search	Yes <input type="checkbox"/>		No <input checked="" type="checkbox"/>		
Internal Deny list name screening	Yes <input checked="" type="checkbox"/>		No <input type="checkbox"/>		
If any suspicion is observed	Please specify in details - Material adverse or Non Material adverse information				
	f yhsjsgjs,adsifpo;asf				
Please confirm, If any suspicion is observed branch has obtained the supporting document to discount the red flag appropriately - NA		Yes .../ No..../NA....If no, please provide the reason for the same- dfghahujat,fghsdhfd			
Sanctions screening & Due Diligence- UBO/Signatories/POA/Directors					
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 487236421345,
CBUAE BBL check done	Yes <input type="checkbox"/>		No <input checked="" type="checkbox"/>		
Google open Media search	Yes <input type="checkbox"/>		No <input checked="" type="checkbox"/>		
Internal Deny list name screening	Yes <input type="checkbox"/>		No <input checked="" type="checkbox"/>		
If any suspicion is observed No	Please specify in details - Material adverse or Non Material adverse information				
	thafdjka,thafdjkasd				
Please confirm, If any suspicion is observed branch has obtained the supporting document to discount the red flag appropriately - No		Yes .../ No..../NA....If no, please provide the reason for the same-bhas,bhasd,bhas,bhasd			
Sanctions screening & Due Diligence- Counterparties (Buyers and Suppliers)					

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	kljsdbjksdfjhDF
CBUAE BBL check done		Yes			<input type="checkbox"/>	No			<input checked="" type="checkbox"/>		
Google open Media search		Yes			<input checked="" type="checkbox"/>	No			<input type="checkbox"/>		
Internal Deny list name screening		Yes			<input type="checkbox"/>	No			<input checked="" type="checkbox"/>		
If any suspicion is observed		Please specify in details - Material adverse or Non Material adverse information									
		786255522									
Please confirm, If any suspicion is observed branch has obtained the supporting document to discount the red flag appropriately - No					Yes .../ No.../NA.... If no, please provide the reason for the same- gadgdfsdf						
F. Enhance Due Diligence											
Whether branch has completed company site visit and report attached					Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>			
Whether any adverse noted during site visit					Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	if yes, please provide the information-		
1. dfharhdga											
2. sdhgagwryhgadfadfadfadfadfadfg											
Whether customer is PEP					Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	NA	<input type="checkbox"/>	
if yes, senior management approval is attached (Customer/UBO)					Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	NA	<input type="checkbox"/>	
Customer requesting for Foreign Currency (USD/GBP/EURO. Etc)					Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	NA	<input type="checkbox"/>	
if yes, senior management approval is attached					Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	NA	<input checked="" type="checkbox"/>	
Whether customer is into cash intensive business					Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	NA	<input checked="" type="checkbox"/>	
If yes, please provide the following details											
General Trading <input checked="" type="checkbox"/> , Supermarkets <input checked="" type="checkbox"/> , Restaurants <input checked="" type="checkbox"/> , Convenience/Retail Stores <input checked="" type="checkbox"/> , Fuel Station <input checked="" type="checkbox"/> , Tour Operators <input checked="" type="checkbox"/>											
Jewelry Trading <input checked="" type="checkbox"/> , Exchange Houses <input checked="" type="checkbox"/> , Car Dealer <input checked="" type="checkbox"/> As Identified as per the transactional Activity <input type="checkbox"/>											
Business Activity	Products / Services offered by customer	Expected volume of Cash Transactions in a month		Expected Number of Cash Transactions in a month		Expected Turnover of Cash Transactions in a month					
		Deposits	Withdrawals	Deposits	Withdrawals	Deposits	Withdrawals				
thanveer	all service	100	50	50	25	25	10				
Bharath	any service	10	5	5	3	3	1				
Does customer fall under the DNFBPs ?, if yes, please provide following information											
Customer dealing in activity-											
Broker and Real Estate Agent <input type="checkbox"/> Dealer of precious metals & gemstones <input checked="" type="checkbox"/>											
Auditor and Corporate service provider <input checked="" type="checkbox"/> Legal consulting company (except lawyers & notary public) <input checked="" type="checkbox"/>											
Does Customer Deals in Dual Use Goods as per EOCN List <input checked="" type="checkbox"/>											
For checking details please refer to this link https://www.uaeiec.gov.ae/en-us/control-list-good											
Whether customer is performing transaction between interrelated accounts Yes/No, If Yes, confirm supporting documents are obtained for the record.											
1. aadhar											
2. Passport											
Customer Risk (please mention the correct risk classification derived from CRA calculator)						High	<input checked="" 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. jdkdkkk;sml;m.sdfjmsdn'l											
Key Due Diligence carried by the Branch for high risk. (Provide the supporting document and information) (only for High-risk customer) jln/ln/sdfn,nsd,n;j.,nmlsdnnjjjdkklmdkdm											
Observations of Bank official (List any adverse features if any found post CDD/ECDD) jjjhknsashdf/sdfldsf											
Branch Head observation and Remarks: (in case of business activity Gems & Jewellery/ Precious stone trading) adfawegvdfgaggasdfsad											
Account opening officer/ Branch official						Branch official					
Signature : dalsjkfasdf Name : afsdfasdfa Designation: sfasdfa Date : 2024-11-13 00:00:00.0 Place : fasdfsdf						Signature : fdasdfsdaf Name : sdfsdasdfsda Designation: ddsafasdfas Date: 2024-11-22 00:00:00.0 Place: asdfasdfsdf					