

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)		R000000002		Account Type		Enim amet minima du							
Name (As Per Passport)		Germane Bridges		Account No (for Existing Customer)		230							
Date of Birth		05-07-1975		Place of Birth		Mollit perferendis q							
Nationality		Nihil tempore rerum		Account Opening Date		01-01-1990							
Country of Citizenship & dual (If any)		Resident <input checked="" type="checkbox"/>		Non-Resident <input type="checkbox"/>		Country of current residency		Vel irure dolorem fu					
		Others (Please specify)											
Occupation		Salaried <input checked="" type="checkbox"/>		Business <input type="checkbox"/>		If business, please mentioned line of business activity							
Annual Income (AED)		464		Source of funds (please mentioned the document)		Rerum odio aut dolor		Purpose of Account Opening Et quis magna et ill					
Tax Registration /Identification no (If Any)		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Tax ID number									
ADDRESS INFORMATION (Primary Account Holder)													
Primary Address		Vero expedita simili											
Country Name:		Consequatur Nihil d		City:		Ea enim in tempora m		Po Box P.O. Box 74442					
Mobile		499		Telephone 1		+1 (702) 563-6584		Telephone 2 +1 (702) 563-6584					
Email Id		xamyjycu@mailinator.com											
Change of residential status after Opening account				Yes or No, if Yes, please provide the current residency information									
Country:				City:				Po Box 					
JOINT ACCOUNT HOLDERS 1													
Name		Asher Marks											
Primary Address		Voluptas ipsum quia											
Country		Alias quos vitae dol		City:		Repellendus Minim a		Po Box P.O. Box 797					
Mobile		Delectus placeat b		Telephone 1		+1 (792) 311-6026		Telephone 2 +1 (792) 311-6026					
Email Id		jopyt@mailinator.com											
Change of residential status after Opening account				Yes or No, if Yes, please provide the current residency information									
Country:				City:				Po Box 					
JOINT ACCOUNT HOLDERS 2													
Name		Keelie Fields											
Primary Address		Ad a voluptas explic											
Country		Qui dolore est cons		City:		Ipsam qui voluptas r		Po Box P.O. Box 797					
Mobile		+1 (928) 276-8776		Telephone 1		+1 (345) 938-7457		Telephone 2 +1 (465) 919-8416					
Email Id		cigozed@mailinator.com											
Change of residential status after Opening account				Yes or No, 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		Non repudiandae mini			Magni sint explicabo			Reprehenderit omnis					
Passport		Yes		No <input checked="" type="checkbox"/>		Yes		No <input checked="" type="checkbox"/>		Yes		No <input checked="" type="checkbox"/>	

Visa/EID	Yes	No <input checked="" type="checkbox"/>	Yes	No <input checked="" type="checkbox"/>	Yes	No <input checked="" type="checkbox"/>
Valid Residence Address	Yes <input checked="" type="checkbox"/>	No	Yes	No <input checked="" type="checkbox"/>	Yes <input checked="" type="checkbox"/>	No
Proof of Source of Income	Yes	No <input checked="" type="checkbox"/>	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	
Brock Burt	959	Amet et est autem	11-03-2018	Itaque error enim ve	Non tempora nostrud	
Ulysses Blankenship	304	Officia excepturi et	02-09-2006	Eum maxime aliquip e	Dolore ut fugiat et	
Alika Mullins	663	Velit officia aut in	04-08-2016	Vel deserunt volupta	Cillum exercitation	
Freya Delacruz	926	Ea magni aut est qu	31-10-1988	Id itaque exercitati	Cupiditate quia labo	
A. Branch official observations during review of existing relationship						
Whether the conduct of the Account is satisfactory?	Yes <input type="checkbox"/>	No <input checked="" 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. Nam ut provident co		
				2. Similique eum id mag		
				3. Obcaecati excepturi		
				4. Velit doloremqe cum		
If any suspicion is observed	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	If yes, please specify-	Possimus assumenda		
Whether the branch is satisfied with transactions in the account	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 ec.)		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
B. Details of Transaction in the account						
Current turnover and expected turnover in the account (AED)				Current turnover	Expected turnover	
				76	24	
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.)				Consectetur maiores		
Expected volume of transactions (Annually based on last year's transactions)				Frequency	Commodi numquam eius	
				Volume	64	
Known country with customer conduct transactions.						
1. Quis in cillum disti			2. Aspernatur ipsum id			
3. Eum occaecat lorem a			4. Labore eu aliquid qu			
Known or expected countries related to transactional activity (other than mentioned above)						
1. Odio quis ad aut ali		2. Et dolores velit del		3. Quis non laborum Co		4. Necessitatibus non p
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 Deleniti sit	
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		No			
If any suspicion is observed	Please specify in details - Material adverse or Non Material adverse information					
	Quas expedita aut te					
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-			
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	EU <input checked="" type="checkbox"/>	Others <input type="checkbox"/>	Aute eum non vel dol
CBUAE BBL check done		Yes		No <input checked="" type="checkbox"/>		
Google open Media search		Yes <input checked="" type="checkbox"/>		No		
Internal Deny list name screening		Yes		No		
If any suspicion is observed		Please specify in details - Material adverse or Non Material adverse information				
		Dolor mollitia quibu				
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- Dolor mollitia quibu			
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.						
Omnis consequatur ut						
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) Nam ex eius amet se						
Observations of Bank official (List any adverse features if any found post CDD/ECDD)						
Account opening officer/ Branch official			Branch official			
Signature : Cillum officia corpo Name : Calvin Chapman Designation: Accusamus sunt ipsa Date: 30-03-2020			Signature : Cillum officia corpo Name : Designation: Accusamus sunt ipsa Date:			