

**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 )		CUST002		Account Type		Savings			
Name (As Per Passport)		John Doe		Account No ( for Existing Customer )		1.234567890123sd			
Date of Birth		15-01-1990		Place of Birth		New York			
Nationality		Americandfg		Account Opening Date		01-01-2022			
Country of Citizenship & dual (If any)		Resident <input type="checkbox"/>	Non-Resident <input type="checkbox"/>	Country of current residency		USA			
		Others (Please specify)							
Occupation		Salaried <input type="checkbox"/>	Business <input type="checkbox"/>	If business, please mentioned line of business activity			Software Development		
Annual Income ( AED)		75,000	Source of funds (please mentioned the document)		Salary	Purpose of Account Opening		Savings	
Tax Registration /Identification no (If Any)		Yes <input 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	123456		Telephone 1	#ERROR!		Telephone 2	#ERROR!		
Email Id	john.doe@example.com								
Change of residential status after Opening account			Yes or No, if Yes, please provide the current residency information						
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	#ERROR!		Telephone 1	#ERROR!		Telephone 2	#ERROR!		
Email Id	jane.doe@example.com								
Change of residential status after Opening account			Yes or No, if Yes, please provide the current residency information						
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	#ERROR!		Telephone 1	#ERROR!		Telephone 2	#ERROR!		
Email Id	sarah.smith@example.com								
Change of residential status after Opening account			Yes or No, if Yes, please provide the current residency information						
Country:	N/A		City:	N/A		Po Box	N/A		
Account Holder		Primary account holder		Joint Account Holder 1			Joint Account Holder 2		
Nationality		American		American			American		
Passport		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	
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. Real estate purchase		
				4. Business investment		
If any suspicion is observed	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	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	
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.						
USA			UK			
Canada			UAE			
Known or expected countries related to transactional activity (other than mentioned above )						
India	China	Australia	Germany			
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"/>	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					
Please confirm, If any suspicion is observed branch has obtained the supporting document to discount the red flag appropriately -			Yes			
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		
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 checked="" type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>
Customer requesting for Foreign Currency (USD/GBP/EURO. Etc)			Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>
if yes, senior management approval is attached			Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>
Customer Risk ( please mention the correct risk classification derived from CRA calculator)			Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>
N/A					
None					
All transactions in order					
Account opening officer/ Branch official			Branch official		
JohnSmith			JohnSmith		
John Smith			Jane Doe		
Manager			Manager		
Date:01-01-2022			Date:05-01-2022		