

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

KNOW YOUR CUSTOMER DETAILS											
Company Name (As Per Trade License)			ABC Trading LLC								
Customer ID (for Existing Customer)			CUST12345			Account Number (for Existing			1234567890		
Legal Status			Active			Trade License Number			TL123456		
Trade License issue date		23/10/24,		Trade license Expiry Date		23/10/24,		Country of Establishment		usa	
								Country of Operation		india	
Business Activity (As per Trade License)			large scale			Product and Services			helo		
A. Valid document of Entity obtained as per account opening checklist. (Please tike in the box)											
Trade License <input 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):											
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 type="checkbox"/>					
Office sharing agreement along with NOC <input checked="" type="checkbox"/>						Other, please specify- Yes					
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 type="checkbox"/>						Personal Bank account statement <input type="checkbox"/>					
Other equivalent documents- (please specify) Yes											
A. 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		Yes		Yes		Yes		No	
		Nationality		No		Yes		No		Yes	
		Shareholding %		0		0		0		0	
UBO (10% Above) /Director/Signatory/Controlling Person/POA		Passport		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		Visa/EID		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
		Valid Residence Address		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		Proof of Source of Income		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Yes <input checked="" type="checkbox"/> No <input 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. null						null					
2. null						null					
3. null						null					
4. null						null					
5. null						null					
C. Branch official observations during review of existing relationship											
Whether the conduct of the Account is satisfactory& in line with business profile?		Yes <input type="checkbox"/> No <input type="checkbox"/>		Most Recent Audited/ Financial Statement provided				Yes <input type="checkbox"/> No <input type="checkbox"/>			
If any suspicion is observed		Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, please specify		null					
During the last One Year,If any High Value transactions are observed(AED 1Mn and above)		Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, please provide the details of transactions		1. null					
						2.null					
						3.null					
						4.null					
Above mentioned transactionsare commensuratewith business profile.		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 etc.)				null			
Whether the branch is satisfied with customer business transactions.		Yes <input type="checkbox"/> No <input type="checkbox"/>									
D. Details of Transaction in the account (AED)											
Current turnover and expected turnover in the account (AED)						Current turnover			Expected turnover		
						null			null		

Details regarding the anticipated expected transactions that should be debited/ credited into the account		Debit	Credit
		null	null
Expected type of transactions (e.g. Cash, Cheque, TT, etc.)		null	
Expected volume of transactions (Annually based on last year's transactions)		Frequency	null
		Volume	null
Known or expected counterparties with whom the customer conducts transactions			
Sr No	Name of customer	Country	Product and services
1.	null	null	null
2.	null	null	null
3.	null	null	null
4.	null	null	null
Whether customer is engaged with third party intermediaries with whom the customer conducts transactions. If yes please provide information			
Sr No	Name of customer	Country	
1.	null	null	
Whether customer is operating business from High-risk jurisdiction? Yes / No, if Yes, please mention the null null			
Known or expected countries related to transactional activity (other than mentioned above)			
1. null	2. null	3. null	4. null
E. Sanctions screening & Due Diligence - Entity			
If any Positive match, please Mention the Sanctions List as below			
UAE <input type="checkbox"/>	UN <input type="checkbox"/>	OFAC <input type="checkbox"/>	HMT <input type="checkbox"/> EU <input type="checkbox"/> Others null
CBUAE BBL check done	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Google open Media search	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Internal Deny list name screening	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If any suspicion is observed	Please specify in details - Material adverse or Non Material adverse information		
	null		
Please confirm, If any suspicion is observed branch has obtained the supporting document to discount the red flag appropriately - null		Yes .../ No..../NA....If no, please provide the reason for the same-null	
Sanctions screening & Due Diligence- UBO/Signatories/POA/Directors			
If any Positive match, please Mention the Sanctions List as below			
UAE <input type="checkbox"/>	UN <input type="checkbox"/>	OFAC <input type="checkbox"/>	HMT <input type="checkbox"/> EU <input type="checkbox"/> Others null
CBUAE BBL check done	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Google open Media search	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Internal Deny list name screening	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If any suspicion is observed null	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 - null		Yes .../ No..../NA....If no, please provide the reason for the same-	
Sanctions screening & Due Diligence- Counterparties (Buyers and Suppliers)			
If any Positive match, please Mention the Sanctions List as below			
UAE <input type="checkbox"/>	UN <input type="checkbox"/>	OFAC <input type="checkbox"/>	HMT <input type="checkbox"/> EU <input type="checkbox"/> Others null
CBUAE BBL check done	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Google open Media search	Yes <input type="checkbox"/>	No <input type="checkbox"/>				
Internal Deny list name screening	Yes <input type="checkbox"/>	No <input type="checkbox"/>				
If any suspicion is observed	Please specify in details - Material adverse or Non Material adverse information					
	null					
Please confirm, If any suspicion is observed branch has obtained the supporting document to discount the red flag appropriately - null		Yes .../ No..../NA.... If no, please provide the reason for the same- null				
F. Enhance Due Diligence						
Whether branch has completed company site visit and report attached		Yes <input type="checkbox"/> No <input type="checkbox"/>				
Whether any adverse noted during site visit		Yes <input type="checkbox"/> No <input type="checkbox"/> if yes, please provide the information-				
1. null						
2. 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"/>				
Whether customer is into cash intensive business	Yes <input type="checkbox"/>	No <input type="checkbox"/> NA <input type="checkbox"/>				
If yes, please provide the following details						
General Trading <input type="checkbox"/> , Supermarkets <input type="checkbox"/> , Restaurants <input type="checkbox"/> , Convenience/Retail Stores <input type="checkbox"/> , Fuel Station <input type="checkbox"/> , Tour Operators <input type="checkbox"/>						
Jewelry Trading <input type="checkbox"/> Exchange House <input type="checkbox"/> , Car Dealer <input 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
adfasdf	sfasdfs	100	null	null	null	null
null	null	null	null	null	null	null
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 type="checkbox"/>						
Auditor and Corporate service provider <input type="checkbox"/> Legal consulting company (except lawyers & notary public) <input type="checkbox"/>						
Does Customer Deals in Dual Use Goods as per EOCA <input type="checkbox"/>						
For checking details please refer to this link https://www.uaieic.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. null						
2. null						
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.						
null						
Key Due Diligence carried by the Branch for high risk. (Provide the supporting document and information) (only for High-risk customer)						
null						
Observations of Bank official (List any adverse features if any found post CDD/ECDD)						
null						
Branch Head observation and Remarks: (in case of business activity Gems & Jewellery/ Precious stone trading)						
null						
Account opening officer/ Branch official				Branch official		
Signature : null				Signature : null		
Name : null				Name : null		
Designation: null				Designation: null		
Date : null				Date: null		
Place : null				Place: null		