



CUSTOMER DUE DILIGENCE FORM - ENTITY

CDD completed date	D	D	M	M	Y	Y	Y	Y
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Name of the entity	CIF Number

1. Other existing relationship with the group:			
S.No	Name of account	CIF ID	Segment name
1			
2			
3			
4			
5			

2. Purpose of account opening:
Purpose and intended use of the accounts:

3. Legal structure:									
Operating/Non-operating:	<input type="checkbox"/>	Operating	<input type="checkbox"/>	Non operating					
Special status:	<input type="checkbox"/>	LLC/UAE incorporated entities	<input type="checkbox"/>	Freezone	<input type="checkbox"/>	Offshore/Non-Resident			
Date of incorporation:	D	D	M	M	Y	Y	Y	Y	Place of incorporation:

Type of constitution:							
<input type="checkbox"/>	Association/Club/Society	<input type="checkbox"/>	Government	<input type="checkbox"/>	Partnership	<input type="checkbox"/>	Sole Proprietorship
<input type="checkbox"/>	Bank/Financial Institute	<input type="checkbox"/>	Limited Liability Company	<input type="checkbox"/>	Private Sector Company	<input type="checkbox"/>	Statutory Body
<input type="checkbox"/>	Branch of Foreign Company	<input type="checkbox"/>	Non-Banking Financial Institute	<input type="checkbox"/>	Public Joint Stock Company-PJSC		
<input type="checkbox"/>	Free Zone Company	<input type="checkbox"/>	Offshore Company	<input type="checkbox"/>	Public Limited Company		
<input type="checkbox"/>	Free Zone Enterprise	<input type="checkbox"/>	Others*	<input type="checkbox"/>	Public Share Holding Company-PSC		

*If type of constitution is others, please provide details

Summary of overall structure

4. Other Banking Relationships:			
S.No	Bank name	Estimated relationship value (in AED)	Banking since (MMM-YY)
1			MMM-YY
2			MMM-YY



3			MMM-YY
4			MMM-YY
5			MMM-YY
6			MMM-YY
7			MMM-YY
8			MMM-YY
9			MMM-YY
10			MMM-YY

5. Financial background:

Estimated annual turnover of company in AED:	<input type="checkbox"/> < 500 K	<input type="checkbox"/> 500k – 1 M	<input type="checkbox"/> 1-3 M
	<input type="checkbox"/> 3-5 M	<input type="checkbox"/> 5-10 M	<input type="checkbox"/> >10 M *
*Estimated annual turnover of company in AED, others (If greater than AED 10 M)			
Estimated net profit of company in AED (Anually)			
Expected eventual size of relationship in AED			
Years in business:	<input type="checkbox"/> < 1 year	<input type="checkbox"/> 1- 3 years	<input type="checkbox"/> 5-10 years <input type="checkbox"/> > 10 years
Is the business conducted same as specified on trade license?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

6. Description of business:

Background of the company	
Industry description	
Nature of business	
Associated companies	
Countries in which the company operates	
Number of staff and offices, website	
Additional information	
Total estimated wealth (in AED)	
Source of wealth	

7. Kindly list major suppliers:

S.No	Name	Country
1		
2		



3		
4		
5		
6		
7		
8		
9		
10		

8. Kindly list major clients:

S.No	Name	Country
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

9. Anticipated Initial deposit:

Amount (AED):	<input type="text"/>	<input type="checkbox"/> Cash	<input type="checkbox"/> Cheque*	<input type="checkbox"/> Remittance*
*Please provide the name of the bank and the country		<input type="text"/>		

10. Monthly anticipated transaction pattern (in AED):

	Value Credit	Frequency/number of transactions	Value Debit	Frequency/number of transactions
Cash				
Internal Transfers				
Cheque				
Remittance	Bank name and country		Bank name and country	
	Bank name and country		Bank name and country	
	Bank name and country		Bank name and country	
	Bank name and country		Bank name and country	
	Bank name and country		Bank name and country	
Total (total value of all types of transactions mentioned in above table)				

11. PEP Status (Politically Exposed Persons): To be filled in by the bank official only

Is customer PEP?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes to the above, kindly select one of the below:	<input type="checkbox"/> GCC PEP by association	<input type="checkbox"/> Domestic PEP by association
	<input type="checkbox"/> Foreign PEP by association	



12. Sanctions Questions			
1.	Is customer (Operating and Non-operating individuals and entities) resident of sanctioned country? (*For list of sanctioned countries, please refer to Group Sanctions Policy)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		Note: In case customer is national of sanctioned country, inform customer the account opening will be subjected to internal evaluation. If customer is resident of sanctioned country, decline the request.	
2.	Does the customer export / import products and provide services to/from sanctioned country? (Directly or via third party)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		Note: If yes, Inform customer we will not be able to open FCY account and will require internal evaluation for opening AED accounts.	
3.	Does the customer wish to perform remittances and receive remittances form sanctioned country?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		Note: If yes, Inform customer we will not be able to open FCY account and we will require internal evaluation for opening AED accounts.	

13. Overall summary/notes of the relationship:
(Please provide a summary of the overall relationship. Structure, searches and any other matters)

The above is a true reflection of my knowledge about the above relationship. I recommend that the relationship be established with the bank.

14. Recommended by:	
Name	
Staff ID	
Designation	
Signature	
Date	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Note for Sourcing unit/RM: All fields are mandatory, in case any field is not applicable; kindly mention 'Not applicable'. No fields to be left blank

15. Compliance comments: (For group Compliance use only if applicable)			
Name		Signature	
Staff ID		Date	