

ENHANCED DUE DILIGENCE (“EDD”) TEMPLATE

Client Name: _____

Client No: _____

Please tick (✓) to indicate the High Risk classification:

- ☐ High Risk based on overall scoring in the Money Laundering Risk Profiling Checklist (“MLRPC”) (*Complete Section 1*)
- ☐ Politically Exposed Person (“PEP”) (*Complete Section 1*)
- ☐ High Net Worth Individual (*Complete Section 1*)
- ☐ High Risk / Potentially Suspicious Transaction (*Please indicate the type of transaction and complete Section 2*)

SECTION 1 – PURPOSE OF ACCOUNT OPENING AND SOURCE OF FUNDS

- What is the purpose of opening the account?
- Where will the main source of funds be from?
- Is the client the beneficial owner of the account? If not, kindly state the beneficial owner.
- What is the level and nature of trading activities?
- Please indicate other sources of wealth (if applicable) and the estimated value thereof.

(e.g. Inheritance, real estate investment, securities, etc)

OTHER DETAILS

- Please state any other details obtained (eg. telephone conversation / face to face meetings / media). (*Please enclose annexure if necessary*).

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SECTION 2 – HIGH RISK / POTENTIALLY SUSPICIOUS TRANSACTION

- Type of transaction.
- For transactions involving funds, what is the source of funds? If the source is unclear, kindly indicate.
- What is the purpose of the transaction? If the purpose is unclear, kindly indicate.
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- For payments by third parties, what is the relationship between the customer and the payer?
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CONCLUSION:

Based on the information provided by the client, do you find the client to be suspicious?

☐ Yes ☐ No

If **YES**:

- Complete the Suspicious Activity Report ("SAR") and forward the same to respective Group Entities Designated Compliance Officer ("DCO"). Decide whether to continue or terminate the relationship.
- If decide to continue, closely monitor the clients' transaction.

If **NO**:

- Proceed with the account opening/transaction and please indicate the reason(s) for none suspicion.

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Prepared by

Approved by

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Signature of Officer-in-charge
Name:
Date:

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Signature of Approving Authority
Name:
Date: