

# ENHANCED CUSTOMER DUE DILIGENCE FORM



..... Branch

Date: ...../...../.....

## FOR HIGH-RISK CUSTOMERS ONLY

Account Opening Date (DD/MM/YYYY)		Account/Loan Number	
Customer Name			
Title of Account			
Customer Type (Tick the appropriate box) { Customer Risk Factors}	Individual	<input type="checkbox"/> Self Employed	<input type="checkbox"/> Club/Society/Association .....
	Entity	<input type="checkbox"/> Salary Employed	<input type="checkbox"/> Private Limited Company
		<input type="checkbox"/> Student/Housewife/Pensioner .....	<input type="checkbox"/> Business - Propriety/Partnership .....
		<input type="checkbox"/> Real Estate Agent	<input type="checkbox"/> Money or Value Transfer Services
		<input type="checkbox"/> Gem and Jewellery Dealer	<input type="checkbox"/> Government Institution
		<input type="checkbox"/> Public Limited Company	<input type="checkbox"/> NGOs/NPOs.....
		<input type="checkbox"/> Other, Please Specify.....	
Purpose of Account	<input type="checkbox"/> Business transactions	<input type="checkbox"/> Remittances	
	<input type="checkbox"/> Employment/Professional income	<input type="checkbox"/> Bill payment/ Loan repayment	
	<input type="checkbox"/> Savings	<input type="checkbox"/> Social & Charity work	
	<input type="checkbox"/> Share transactions / Investment purposes	<input type="checkbox"/> .....	
Mode of Transactions/ Delivery Channels:	<input type="checkbox"/> Cash	<input type="checkbox"/> Cheque	<input type="checkbox"/> Fund Transfers
			<input type="checkbox"/> All mode of forms
Anticipated Volumes: [Expected/Usual average volumes of deposits into the account in Rs per month]	<input type="checkbox"/> Less than Rs. 50,000	<input type="checkbox"/> Rs. 50,000 to Rs. 100,000	
	<input type="checkbox"/> Rs. 100,000 to Rs. 500,000	<input type="checkbox"/> Rs. 500,000 to Rs. 1,000,000	
	<input type="checkbox"/> Rs. 1,000,000 to Rs. 5,000,000	<input type="checkbox"/> Above Rs. 5,000,000	
Geographical Area	Customer is residing within a reasonable distance to the Branch?		
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If not the Reason for opening an account at the branch			
Address	1. ....		
	2. ....		
Customer Profile	New Customer	<input type="checkbox"/>	Existing Customer
			<input type="checkbox"/>
Customer Resident Status	Resident	<input type="checkbox"/>	Non-Resident
			<input type="checkbox"/>
Nationality:		Residence	
NIC No.		Passport No.	Passport Country
Country of Birth:		Date of Birth: (DD/MM/YYYY)	

If Entity					
Incorporation /Reg. Number		Incorporation / Reg. Date		Incorporation Country	
Is the customer a politically exposed person (PEP) or a close associate/ family member of a PEP?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	*If yes, please complete the section otherwise skip it	
PEP Category (please tick as applicable)		Currently hold any public position			
Politician <input type="checkbox"/>		Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Civil Bureaucrat <input type="checkbox"/>		Hold any public position in the last 5 years?			
Judiciary Personnel <input type="checkbox"/>		Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Military Official <input type="checkbox"/>		Have or have you had any diplomatic immunity?			
Other, Please Specify Below <input type="checkbox"/>		Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Space <input type="checkbox"/>		Have you ever held any public position?			
		Yes <input type="checkbox"/>	No <input type="checkbox"/>		
		Any immediate family member(s) who held public position in the last 5 years			
		Yes <input type="checkbox"/>	No <input type="checkbox"/>		
		Any close associates who held public position in the last 5 years?			
		Yes <input type="checkbox"/>	No <input type="checkbox"/>		
		Has there ever been a conviction against you and/or the organization as per Sri Lankan Law?			
		Yes <input type="checkbox"/>	No <input type="checkbox"/>		

**PEP Summary and Background**

**Occupation Details**

<input type="checkbox"/> Salaried	Company Name : _____ Designation : _____
<input type="checkbox"/> Self Employed	Name of Business: _____ Shareholding (%): _____ Type of Business: _____
<input type="checkbox"/> Retired	Past Occupation: _____
<input type="checkbox"/> Others	Please specify _____

Source of Funds Expected Source and Nature of Credits into the Account	<input type="checkbox"/> Business Profits <input type="checkbox"/> Commission Income <input type="checkbox"/> Interest/Investment Income <input type="checkbox"/> Sale/ Business Turnover <input type="checkbox"/> Sale of property/assets <input type="checkbox"/> Others (Please specify) .....
Anticipated Monthly Cash Flows	<input type="checkbox"/> Less than Rs. 500,000 <input type="checkbox"/> Rs. 500,001 to Rs. 1,000,000 <input type="checkbox"/> Rs. 1,000,001 to Rs.5,000,000 <input type="checkbox"/> Rs. 5, 000,001 to Rs. 10,000,000 <input type="checkbox"/> Rs.10,000,001 to Rs. 25,000,000 <input type="checkbox"/> Rs. 25,000,001 and above

**Financial Information**

Note: If a new establishment, the projected financial data should be completed under the caption "Current Year"

Are the Audited Financial Statements for last two years available?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Description	Current Year (LKR)	Previous Year (LKR)
Annual Sales Turnover		
Net Profit/ Loss		
Paid-up Capital and Accumulated Profit		

**Countries that you will receive or sending funds to**

- 1.The account will be used only to execute payments within the Sri Lanka
- 2.The account will be used to receive funds from abroad
- 3.The account will be used to receive and sending funds abroad

**If 2 or 3 is applicable, please provide below the name of related countries:**

1.	2.	3.	4.
5.	6.	7.	8.

**Monthly Transaction Details**

Type of Transaction	Credit (Amount)	Debit (Amount)
Cash:		
Cheques:		
Fund Transfer/Remittances:		

**Other Bank/Financial Details**

Bank/Financial Institution name where salary is credited:

Reason for Closing Account in the Other Bank (if applicable):

- Purpose of relationship with LCB Finance PLC:
- |  |   |
|--|---|
| <input type="checkbox"/> Salary Transfer | <input type="checkbox"/> Loan               |
| <input type="checkbox"/> Gold Loan       | <input type="checkbox"/> Lease              |
| <input type="checkbox"/> Savings         | <input type="checkbox"/> Fixed deposit      |
| <input type="checkbox"/> Locker facility | <input type="checkbox"/> Investment purpose |
| <input type="checkbox"/> Others _____    |   |

**Customers Introduced by:**

<input type="checkbox"/> Branch Manager/Staff	Name:
<input type="checkbox"/> Existing LCBF's Customer	Relationship Details:
<input type="checkbox"/> Other LCBFP Customer/Member	Customer/Member Name:
<input type="checkbox"/> Reference Letter from Other Company	Bank Name:
<input type="checkbox"/> Walk In Customer	Name :

**Documents To Be Submitted:**

Self-certification form <input type="checkbox"/>	Form 1 <input type="checkbox"/>	Form 40 <input type="checkbox"/>	FATCA Declaration <input type="checkbox"/>
Certified Business Registration copy <input type="checkbox"/>	Form 20 <input type="checkbox"/>	Form 44 <input type="checkbox"/>	W-9 <input type="checkbox"/>
Company Directors Details <input type="checkbox"/>	Form 45 <input type="checkbox"/>	KYC Form <input type="checkbox"/>	W-8 BEN <input type="checkbox"/>
Copy of Company Directors' IDs <input type="checkbox"/>	Passport/Driving License or Visa copy page (for expats) <input type="checkbox"/>		
Verified ID copy <input type="checkbox"/>	Bank Statement <input type="checkbox"/>	W-8 BEN -E <input type="checkbox"/>	
Other <input type="checkbox"/>	Address verification document <input type="checkbox"/>		
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**For Company Use Only (Internal Use)**

**Branch Manager/Assistant Manager to complete**

If Salaried, please obtain certified Salary slip copy

Client Central Bank Screening

Client World Check /Sanction Screening

Customer Risk Profile Updated (System)

I Confirm that the details provided above are accurate

Did you conduct the required due diligence on the customer?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Did you conduct any background screening on the customer?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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***If yes, please provide the Details***

<p><b><u>In case of High-Risk Business Entity, Personal Visit to entity premises by Branch official.</u></b></p>	<p><input type="checkbox"/> Yes                      No                      <input type="checkbox"/></p> <p>If Yes, Please Attached Visit Report and specify detail in below space</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
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<p><b>Branch Comments for performing EDD in terms of satisfaction (Recommendation/Remarks)</b></p>	
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**Declaration:** It is hereby affirmed that the EDD measures are taken appropriately and above information has taken from customer during interview

Prepared by				Reviewed & approved by (Branch Manager)			
Name				Name			
ID No				ID No			
Date				Date			
Signature				Signature			

**Note: Hard copy of this EDD Form (duly filled and signed) should invariably be retained at the Branch along with KYC/CDD Form & Account opening Form for Audit Trail purpose**



