

ENHANCED CUSTOMER DUE DILIGENCE FORM



Branch Name:

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}	<input type="checkbox"/> Individual <input type="checkbox"/> Entity	<input type="checkbox"/> Self Employed <input type="checkbox"/> Salary Employed <input type="checkbox"/> PEP <input type="checkbox"/> Student/Housewife/Pensioner <input type="checkbox"/> Real Estate Agent <input type="checkbox"/> Gem and Jewellery Dealer <input type="checkbox"/> Public Limited Company <input type="checkbox"/> Other, Please Specify	<input type="checkbox"/> Club/Society/Association <input type="checkbox"/> Private Limited Company <input type="checkbox"/> Charity <input type="checkbox"/> Business - Propriety/Partnership <input type="checkbox"/> Money or Value Transfer Services <input type="checkbox"/> Government Institution <input type="checkbox"/> NGOs/NPOs
Customer	<input type="checkbox"/> Connected Party <input type="checkbox"/> Related Party Relationship		
Purpose of Account	<input type="checkbox"/> Salary/Profit/Professional Income <input type="checkbox"/> Rent Income <input type="checkbox"/> Sales and Business Turnover <input type="checkbox"/> Export Proceeds <input type="checkbox"/> Donations/Charities (Local/Foreign) <input type="checkbox"/> Investment Proceeds <input type="checkbox"/> Sale of Property/Assets Gifts <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) Politician <input type="checkbox"/> Civil Bureaucrat <input type="checkbox"/> Judiciary Personnel <input type="checkbox"/> Military Official <input type="checkbox"/> Other <input type="checkbox"/> If Other, Please Specify Below		Currently hold any public position Yes <input type="checkbox"/> No <input type="checkbox"/> Hold any public position in the last 5 years? Yes <input type="checkbox"/> No <input type="checkbox"/> Have or have you had any diplomatic immunity? Yes <input type="checkbox"/> No <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"/>			
<u>PEP Summary and Background</u>					
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"/> Interest/Investment Income <input type="checkbox"/> Sale of property/assets	<input type="checkbox"/> Commission Income <input type="checkbox"/> Sale/ Business Turnover <input type="checkbox"/> Others (Please specify)
Anticipated Monthly Cash Flows	<input type="checkbox"/> Less than Rs. 500,000 <input type="checkbox"/> Rs. 1,000,001 to Rs.5,000,000 <input type="checkbox"/> Rs.10,000,001 to Rs. 25,000,000	<input type="checkbox"/> Rs. 500,001 to Rs. 1,000,000 <input type="checkbox"/> Rs. 5, 000,001 to Rs. 10,000,000 <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?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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 <input type="checkbox"/>		
2. The account will be used to receive funds from abroad <input type="checkbox"/>		
3. The account will be used to receive and sending funds abroad <input type="checkbox"/>		
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"/> Savings <input type="checkbox"/> Fixed Deposit <input type="checkbox"/> Gold Loan <input type="checkbox"/> Lease <input type="checkbox"/> Locker Facility <input type="checkbox"/> Investment Purpose <input type="checkbox"/> Other		
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"/>	<input type="checkbox"/> Form 1	<input type="checkbox"/> Form 40	<input type="checkbox"/> FATCA Declaration
Certified Business Registration copy <input type="checkbox"/>	<input type="checkbox"/> Form 20	<input type="checkbox"/> Form 44	<input type="checkbox"/> W-9
Company Directors Details <input type="checkbox"/>	<input type="checkbox"/> Form 45	<input type="checkbox"/> KYC Form	<input type="checkbox"/> W-8 BEN
Copy of Company Directors' IDs <input type="checkbox"/>	<input type="checkbox"/> Bank Statement	<input type="checkbox"/> W-8 BEN -E	
Verified ID copy <input type="checkbox"/>	<input type="checkbox"/> Passport/Driving License or Visa copy page (for expats)		
Other <input type="checkbox"/>	<input type="checkbox"/> Address verification document		
.....			
For Company Use Only (Internal Use)			
Branch Manager/Assistant Manager to complete			
If Salaried, please obtain certified Salary slip copy			
<input type="checkbox"/> Client Central Bank Screening			
<input type="checkbox"/> Client World Check / Sanction Screening			
<input type="checkbox"/> Customer Risk Profile Updated (System)			
<input type="checkbox"/> 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"/>
Did you conduct any background screening on the customer?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please provide the Details			
<div></div>			
In case of High-Risk Business Entity, Personal Visit to entity premises by Branch official.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes, Please Attached Visit Report and specify detail in below space
		
		

	<div>.....</div> <div>.....</div>		
Branch Comments for performing EDD in terms of satisfaction (Recommendation/Remarks)			
<div>Declaration: It is hereby affirmed that the EDD measures are taken appropriately and above information has taken from customer during interview</div>			

Prepared by		Reviewed & approved by (Branch Manager)	
Name		Name	
ID No		ID No	
Date		Date	
Signature		Signature	
<div>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</div>			

Part II - Entity

Details of Entity	
Name of Company	:
Registered Address	:
Total No. of Directors	Company Registration No. :
Details of all Directors/Owners/Members	
Full Name	
ID No.(Passport No.)	
Address	
Position Held	
Full Name	
ID No.(Passport No.)	
Address	
Position Held	
Full Name	
ID No.(Passport No.)	
Address	
Position Held	
Full Name	
ID No.(Passport No.)	
Address	
Position Held	
Full Name	
ID No.(Passport No.)	
Address	
Position Held	
Full Name	
ID No.(Passport No.)	
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Position Held	
Full Name	
ID No.(Passport No.)	
Address	
Position Held	
Full Name	
ID No.(Passport No.)	
Address	
Position Held	

