# Client Risk Rating

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  | **RATE** | | | | | |
| Interaction with client (e.g. face-to-face) | | | | | | | | | | |  |  | |  | |  | |
| Client co-operation and behaviour | | | | | | | | | | |  |  | |  | |  | |
| Transaction within the client's financial means | | | | | | | | | | |  |  | |  | |  | |
| Size of transaction | | | | | | | | | | |  |  | |  | |  | |
| Product selection | | | | | | | | | | |  |  | |  | |  | |
| Client's geographical location | | | | | | | | | | |  |  | |  | |  | |
| Client type (e.g. foreign national, SA citizen) | | | | | | | | | | |  |  | |  | |  | |
| Client activities/occupation (source of income/wealth) | | | | | | | | | | |  |  | |  | |  | |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  | **TOTAL** | |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  | **LOW RISK** | | |  |  | 0 - 8 | | | | | |
|  |  |  |  |  |  |  | **MEDIUM RISK** | | | |  | 9 - 16 | | | | | |
|  |  |  |  |  |  |  | **HIGH RISK** | | |  |  | 17+ | | | | | |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| An alternative to the above method of calculating the client's risk rating is to default to the highest level of risk identified for each risk factor. | | | | | | | | | | | | | | | | | |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Provide additional information to explain how you have rated each risk factor relevant to the client: | | | | | | | | | | | | | | | | | |
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| Has a decision been taken to deviate from the Risk Rating calculated above? | | | | | | | | | | | | |  | Yes |  |  | No |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| If YES, provide details for this decision and obtain approval from the FICA Compliance Officer of Senior Management | | | | | | | | | | | | | | | | | |
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| **EMPLOYEE WHO COMPLETED THE QUESTIONNAIRE** | | | | | | | | | | | | | | | | | |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Full name: | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Signature: | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Date: | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **FICA COMPLIANCE OFFICER or SENIOR MANAGER (FOR ALL HIGH-RISK CLIENTS)** | | | | | | | | | | | | | | | | | |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Full name: | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Signature: | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Date: | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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