# 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: |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 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: |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |