# On boarding Questionnaire (Natural Persons)

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| **1.** | **NEW OR EXISTING CLIENT** | | | | | | | | | | | | | | | | | |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | New Business Relationship | | | | | |  | Existing Client | | | | | | | | | |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **2.** | **CLIENT DETAILS (establish the identity of the client)** | | | | | | | | | | | | | | | | | |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Full Names: | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Date of Birth: | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Identity No.: | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Citizenship: | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Passport No. (if foreign national): | | | | | | |  |  |  |  |  |  |  |  |  |  |  |
|  | Residential Address: | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Postal Address: | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Telephone No.: | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Mobile No.: | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Email Address: | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **3.** | **NATURE OF THE BUSINESS RELATIONSHIP (understand the client and explain the purpose and nature of the business relationship with the client)** | | | | | | | | | | | | | | | | | |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Client's occupation: | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Source of Income: | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Source of Wealth: | | | |  | | | | | | | | | | | | | |
|  | Services to be provided to the client: | | | | | | | |  |  |  |  |  |  |  |  |  |  |
|  | Anticipated frequency of transactions   e.g. once-off, annually, ad-hoc etc.: | | | | | | | |  |  |  |  |  |  |  |  |  |  |
|  | Expected size of transactions: | | | | | | | |  |  |  |  |  |  |  |  |  |  |
|  | Type of financial products e.g. retirement   annuity, endowment, shares etc.: | | | | | | | |  |  |  |  |  |  |  |  |  |  |
|  | Provide further details below: | | | | | | | |  |  |  |  |  |  |  |  |  |  |
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| **4.** | **CLIENT SCREENING** | | | | | | | | | | | | | | | | | |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Does the client's name appear on the UN Green or Black list? | | | | | | | | | | | |  | Yes |  |  | No |  |
|  | **(NB: If the answer to this question is YES, immediately refer this matter to the FICA Compliance Officer)** | | | | | | | | | | | | | | | | | |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **5.** | **FOREIGN PROMINENT PUBLIC OFFICIAL (FPPO)** | | | | | | | | | | | | | | | | | |
|  | (Complete the questionnaire for Foreign Prominent Public Officials) | | | | | | | | | | | | | | | | | |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Is the client a FPPO? | | | | |  | Yes |  |  | No |  |  |  |  |  |  |  |  |
|  | **(NB: If the answer to this question is YES, immediately refer this matter to the FICA Compliance Officer)** | | | | | | | | | | | | | | | | | |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **6.** | **DOMESTIC PROMINENT INFLUENTIAL PERSONS (DPIP)** | | | | | | | | | | | | | | | | | |
|  | (Complete the questionnaire for Domestic Prominent Influential Persons) | | | | | | | | | | | | | | | | | |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Is the client a DPIP? | | | | |  | Yes |  |  | No |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **7.** | **CLIENT RISK PROFILE** | | | | | | | | | | | | | | | | | |
|  |  |  |  |  |  |  |  |  |  |  |  |  | **RATE** | | | | | |
|  | Interaction with client (e.g. face-to-face) | | | | | | | | | | |  | 1 | | 2 | | 3 | |
|  | Client co-operation and behaviour | | | | | | | | | | |  | 1 | | 2 | | 3 | |
|  | Transaction within the client's financial means | | | | | | | | | | |  | 1 | | 2 | | 3 | |
|  | Size of transaction | | | | | | | | | | |  | 1 | | 2 | | 3 | |
|  | Product selection | | | | | | | | | | |  | 1 | | 2 | | 3 | |
|  | Client's geographical location | | | | | | | | | | |  | 1 | | 2 | | 3 | |
|  | Client type (e.g. foreign national, SA citizen) | | | | | | | | | | |  | 1 | | 2 | | 3 | |
|  | Client activities/occupation (source of income/wealth) | | | | | | | | | | |  | 1 | | 2 | | 3 | |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  | **TOTAL** | |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  | **LOW RISK** | | |  |  | 0 - 8 | | | | | |
|  |  |  |  |  |  |  |  | **MEDIUM RISK** | | | |  | 9 - 16 | | | | | |
|  |  |  |  |  |  |  |  | **HIGH RISK** | | |  |  | 17+ | | | | | |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **8.** | **ACCEPTANCE AND SIGN-OFF PROCESS** | | | | | | | | | | | | | | | | | |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | Accept | |  | Decline | | | | | | | | | | | | | |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Reason client was accepted or declined: | | | | | | | | | | | | | | | | | |
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|  | **EMPLOYEE WHO COMPLETED THE QUESTIONNAIRE** | | | | | | | | | | | | | | | | | |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Full name: | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Signature: | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Date: | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | **FICA COMPLIANCE OFFICER or SENIOR MANAGEMENT (FOR ALL HIGH-RISK CLIENTS)** | | | | | | | | | | | | | | | | | |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Full name: | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Signature: | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Date: | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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