# Transactional Due Diligence Questionnaire

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **1.** | **CLIENT DETAILS** | | | | | | | | | | | | | | | | |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Full Names / Registration Name: | | | | | | |  |  |  |  |  |  |  |  |  |  |
|  | Identity/Passport/Registration/Trust/Other No.: | | | | | | | | |  |  |  |  |  |  |  |  |
|  | Address: | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Telephone No.: | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Mobile No.: | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Email Address: | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **PLEASE ENSURE THAT YOU HAVE THE CLIENT'S INITIAL TAKE-ON QUESTIONNAIRE WITH YOU WHEN COMPLETING THIS QUESTIONNAIRE.** | | | | | | | | | | | | | | | | | |
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| **2.** | **REVIEW QUESTIONS** | | | | | | | | | | | | | | | | |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | How many months have passed since the initial Client   Take-On Questionnaire was completed? | | | | | | | | | |  |  | | | | | |
|  | **(If longer than 36 months, please complete a new Client Take-on Questionnaire.)** | | | | | | | | | | | | | | | | |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Has any information changed since the initial Client   Take-On Questionnaire was completed? | | | | | | | | | | | |  | Yes |  |  | No |
|  | **(If YES, please complete a new Client Take-on Questionnaire.)** | | | | | | | | | | | | | | | | |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | When was the last business transaction concluded? | | | | | | | | | | |  | | | | | |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Is the frequency of transactions consistent with your knowledge   of the client? | | | | | | | | | | | |  | Yes |  |  | No |
|  | **(If NO, please complete a new Client Take-on Questionnaire.)** | | | | | | | | | | | | | | | | |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Is the size of the transaction consistent with your knowledge   of the client? | | | | | | | | | | | |  | Yes |  |  | No |
|  | **(If NO, please complete a new Client Take-on Questionnaire.)** | | | | | | | | | | | | | | | | |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Is the transaction complex, unusual or unusually large or   without any apparent business or lawful purposes? | | | | | | | | | | | |  | Yes |  |  | No |
|  | **(If YES, please complete a new Client Take-on Questionnaire and refer to the FICA Compliance Officer or Senior Manager.)** | | | | | | | | | | | | | | | | |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Are there any behavioural risk indicators present? | | | | | | | | | | | |  | Yes |  |  | No |
|  | **(If YES, please complete a new Client Take-on Questionnaire.)** | | | | | | | | | | | | | | | | |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Has there been any material change in the way in which you   interact with your client, e.g. instruction channeled through   a third-party or non-face-to-face vs face-to-face etc.? | | | | | | | | | | | |  | Yes |  |  | No |
|  | **(If YES, please complete a new Client Take-on Questionnaire.)** | | | | | | | | | | | | | | | | |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Since the last interaction, has there been any change to the   client's status as an FPPO or DPIP? | | | | | | | | | | | |  | Yes |  |  | No |
|  | **(If YES, please complete a new Client Take-on Questionnaire.)** | | | | | | | | | | | | | | | | |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **3.** | **SIGN-OFF PROCESS** | | | | | | | | | | | | | | | | |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Provide additional details / reasons for proceeding with the transaction: | | | | | | | | | | | | | | | | |
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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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