# 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: |  |   |   |   |   |   |   |   |   |   |   |   |   |   |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **PLEASE ENSURE THAT YOU HAVE THE CLIENT'S INITIAL TAKE-ON QUESTIONNAIRE WITH YOU WHEN COMPLETING THIS QUESTIONNAIRE.** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **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: |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | **FICA COMPLIANCE OFFICER or SENIOR MANAGEMENT (FOR ALL HIGH-RISK CLIENTS)** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Full name: |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|  | Signature: |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|  | Date: |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
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