# On boarding Questionnaire (Partnership)

|  |  |  |
| --- | --- | --- |
| **1.** | **NEW OR EXISTING PARTNERSHIP** |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |   |  New Business Relationship |   |  Existing Client |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **2.** | **PARTNERSHIP DETAILS (establish the identity of the client)** |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Partnership Name:  |   |   |   |   |   |   |   |   |   |   |   |   |   |
|  | Type of Partnership: |   |   |   |   |   |   |   |   |   |   |   |   |   |
|  | No. of Partners: |  |   |   |   |   |   |   |   |   |   |   |   |   |   |
|  | Physical Address: |   |   |   |   |   |   |   |   |   |   |   |   |   |
|  | Postal Address: |  |   |   |   |   |   |   |   |   |   |   |   |   |   |
|  | Telephone No.: |  |   |   |   |   |   |   |   |   |   |   |   |   |   |
|  | Website:  |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |
|  | Email Address: |  |   |   |   |   |   |   |   |   |   |   |   |   |   |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **3.** | **PARTNERS (complete for every Partner)** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | **PARTNER 1** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Full Names: |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|  | Date of Birth: |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|  | Identity No.: |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|  | Citizenship: |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|  | Passport No. (if foreign national): |   |   |   |   |   |   |   |   |   |   |
|  | Residential Address: |   |   |   |   |   |   |   |   |   |   |   |   |   |
|  | Postal Address: |  |   |   |   |   |   |   |   |   |   |   |   |   |   |
|  | Telephone No.: |  |   |   |   |   |   |   |   |   |   |   |   |   |   |
|  | Mobile No.: |  |   |   |   |   |   |   |   |   |   |   |   |   |   |
|  | Email Address: |  |   |   |   |   |   |   |   |   |   |   |   |   |   |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | **PARTNER 2** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Full Names: |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|  | Date of Birth: |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|  | Identity No.: |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|  | Citizenship: |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|  | Passport No. (if foreign national): |   |   |   |   |   |   |   |   |   |   |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  | Residential Address: |   |   |   |   |   |   |   |   |   |   |   |   |   |
|  | Postal Address: |  |   |   |   |   |   |   |   |   |   |   |   |   |   |
|  | Telephone No.: |  |   |   |   |   |   |   |   |   |   |   |   |   |   |
|  | Mobile No.: |  |   |   |   |   |   |   |   |   |   |   |   |   |   |
|  | Email Address: |  |   |   |   |   |   |   |   |   |   |   |   |   |   |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **4.** | **RESOLUTION (documentation authorising a person to act for the Partnership)** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |   |  Yes |  |  |  |  |  |   |  No |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **5.** | **AUTHORISED SIGNATORY(IES) (establish the identity of the persons authorised to act on behalf of the Partnership)** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Full Names: |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|  | Date of Birth: |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|  | Identity No.: |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|  | Citizenship: |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|  | Passport No. (if foreign national): |   |   |   |   |   |   |   |   |   |   |
|  | Residential Address: |   |   |   |   |   |   |   |   |   |   |   |   |   |
|  | Postal Address: |  |   |   |   |   |   |   |   |   |   |   |   |   |   |
|  | Telephone No.: |  |   |   |   |   |   |   |   |   |   |   |   |   |   |
|  | Mobile No.: |  |   |   |   |   |   |   |   |   |   |   |   |   |   |
|  | Email Address: |  |   |   |   |   |   |   |   |   |   |   |   |   |   |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **6.** | **NATURE OR PURPOSE OF THE PARTNERSHIP (why was the Partnership established, what is the nature of the business)** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Provide details about the Partnership, its purposes, what it does etc.: |  |  |  |  |
|  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |
|  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |
|  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |
|  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |
|  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **7.** | **NATURE OF THE BUSINESS RELATIONSHIP (understand the client and explain the purpose and nature of the business relationship with the client)** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | 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: |  |  |  |  |  |  |  |  |  |  |  |
|  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **8.** | **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)** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **9.** | **FOREIGN PROMINENT PUBLIC OFFICIAL (FPPO)** |
|  | (Complete the questionnaire for Foreign Prominent Public Officials) |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Are any of the Partners FPPO's?  |  |  |  |  |  |  |   |  Yes |  |   |  No |
|  | **(NB: If the answer to this question is YES, immediately refer this matter to the FICA Compliance Officer)** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **10.** | **DOMESTIC PROMINENT INFLUENTIAL PERSONS (DPIP)** |
|  | (Complete the questionnaire for Domestic Prominent Influential Persons) |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Are any of the Partners DPIP's?  |  |  |  |  |  |  |   |  Yes |  |   |  No |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **11.** | **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+ |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **12.** | **ACCEPTANCE AND SIGN-OFF PROCESS** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |   |  Accept |   |  Decline |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Reason client was accepted or declined: |  |  |  |  |  |  |  |  |  |
|  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | **EMPLOYEE WHO COMPLETED THE QUESTIONNAIRE** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Full name: |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|  | Signature: |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|  | Date: |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | **FICA COMPLIANCE OFFICER or SENIOR MANAGEMENT (FOR ALL HIGH-RISK CLIENTS)** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Full name: |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|  | Signature: |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|  | Date: |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |