# FICA RISK RATING CHECKLIST (Customer Due Diligence)

# (Natural Persons)

|  |  |
| --- | --- |
| **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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