# Ongoing Due Diligence Questionnaire

|  |  |
| --- | --- |
| **1.** | **CLIENT DETAILS**  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Full Names / Registration Name: |  |  |  |   |   |   |   |   |   |   |
|  | Identity/Passport/Registration/Trust/Other No.: |  |   |   |   |   |   |   |   |
|  | Address: |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |
|  | Telephone No.: |  |   |   |   |   |   |   |   |   |   |   |   |   |   |
|  | Mobile No.: |  |   |   |   |   |   |   |   |   |   |   |   |   |   |
|  | Email Address: |  |   |   |   |   |   |   |   |   |   |   |   |   |   |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **2.** | **ONGOING DUE DILIGENCE** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | What was your client's risk profile?  |   |  Low |   |  Medium |   |  High |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | When was the last Ongoing Due Diligence Questionnaire completed?  |
|  | 12 Months |  | 24 Months |  | 36 Months |  | > 36 Months |  |  |
|  | **(If longer than 36 months, please complete a new Client Take-on Questionnaire.)** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Was the time-frame for completing the Ongoing DD  consistent with your RMCP and the client's risk profile? |   |  Yes |  |   |  No |
|  | If NO, please provide reasons: |
|  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |
|  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|  | **(Complete a new Client Take-On Questionnaire)** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Have you verified the client's information against the  information on record? |   |  Yes |  |   |  No |
|  | **(If NO, please do so before continuing with this Questionnaire.)** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Has any of the client's circumstances or information changed  since the last Questionnaire?  |   |  Yes |  |   |  No |
|  | **(If YES, please complete a new Client Take-on Questionnaire.)** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Has the client completed more than 1 transaction during the  business relationship?  |   |  Yes |  |   |  No |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | If YES, were the transactions conducted consistent with your  knowledge of the client, the client's business, etc.? |   |  Yes |  |   |  No |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | If NO, were any transactions 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)** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | If YES, were the source of funds / income easily identifiable  and traceable?  |   |  Yes |  |   |  No |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | If NO, are there grounds to report a suspicion of money laundering or terrorist financing?  |   |  Yes |  |   |  No |
|  | **(Immediately refer the matter to the FICA Compliance Officer)** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **3.** | **SIGN-OFF PROCESS** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Provide additional details / reasons for proceeding with the business relationship: |
|  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
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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: |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |