# Ongoing Due Diligence Questionnaire

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1.** | **CLIENT DETAILS** | | | | | | | | | | | | | | | | |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Full Names / Registration Name: | | | | | | |  |  |  |  |  |  |  |  |  |  |
|  | Identity/Passport/Registration/Trust/Other No.: | | | | | | | | |  |  |  |  |  |  |  |  |
|  | Address: | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Telephone No.: | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Mobile No.: | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Email Address: | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **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: | | | | | | | | | | | | | | | | |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | **(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: | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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