

# Financiere Privee Jean De Montpellier & Cie Limited

## Know Your Customer (KYC) Checklist – Institutions & Non-Individuals

(The information on Section (A) and (B) must be obtained and retained for Institution & Non-Individuals notably limited liability company, partnership, sole-proprietorships, clubs & societies, non governmental organizations (NGO), ministries, departments & agencies (MDAs), trusts and others (specify) including their authorized signatories\*, principal beneficial owners, directors and persons\* with control over the company's assets. (Note: *Control is determined as owners entitled to exercise or control the exercise of 30% or more of voting rights*)

### Section A – Basic Information Requirements Applicable to the Account

Full Legal Name of Customer				
Branch Name				
A/c Type (Tick appropriate box)	Limited Company <input type="checkbox"/>	Partnership <input type="checkbox"/>	Sole-proprietorship <input type="checkbox"/>	Others, specify:
Account Type:				
A/c No.				
Nature of Business				
Company registered address				
Company trading address				

### Section B – Mandatory Checks Applicable to the Account (*Complete this section only once for the account*)

		Tick the appropriate box		
<b>1.</b>	<b>Status Verification</b>	Name and or identity search conducted using prescribed "special Reference Listing" eg. sanction lists, PEP list, blacklist etc?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>2.</b>	<b>Name and Address Verification for corporate body</b>	Name and registered address verified and supported by one of the following accepted documents <input type="checkbox"/> Certificate of Incorporation <input type="checkbox"/> Partnership deed <input type="checkbox"/> Trust deed <input type="checkbox"/> Certificate from the registrar of societies / business		
		Trading address, if not the same as above official documents, is verified separately and evidence of verification documented on file?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>3.</b>	<b>Purpose of Account</b>	Specify purpose for opening the account: <input type="checkbox"/> Transactional <input type="checkbox"/> Investment <input type="checkbox"/> Others, please specify -----		
<b>4.</b>	<b>All Directors Names and Contact Addresses</b>	Name	Address	
<b>5.</b>	<b>Source of Funds</b>	Source of funds passing through the account: <input type="checkbox"/> Sales proceeds <input type="checkbox"/> Trust funds per Trust Deed <input type="checkbox"/> Services rendered <input type="checkbox"/> Others, please specify----- Tick as many boxes where Appropriate		
<b>6.</b>	<b>Anticipated Volume and Type of Activity</b>	Obtain information on the customer's anticipated Volume and Type of Activity to be conducted across the account:		
		Transaction Types	Anticipated No. of Transaction per month	Anticipated Amount per month
		Deposits (including inward remittances)		
		Withdrawals (including outward remittances)		
<b>7.</b>	<b>Unincorporated Business/ Partnerships</b>	Have you established that the business has been set up for the legitimate purpose stated? ( <i>E.g. A visit to the trading address or sighting annual accounts/tax returns to confirm true nature of the business activities</i> )	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**Section 1 – Indicate if the Applicant belongs to any of the following:**

**Level 1 -  
Low Risk  
Customers**

If the applicant(s) or authorized signatories fall into any of the following categories, check the appropriate box.

- The applicant is a limited liability company, partnership, sole-proprietorships, clubs & societies, non governmental organizations (NGO), ministries, departments & agencies (MDAs), trusts but not associated with Politically Exposed Person (PEP).
- The applicant does not reside or operate in a high risk country.
- The applicant whose funding is sourced from normal business activities.

**Section 2 – Indicate if the Applicant belongs to any of the following:**

**Level 2 –  
Medium  
Risk  
Customers**

If the applicant(s) or authorized signatories fall into any type of account that is not listed as either Level 1 or 3.

**Section 3 – Indicate if the Applicant belongs to any of the following:**

**Special or  
High Risk  
Customers**

If the applicant(s) or authorized signatories fall into any of the following categories, check the appropriate box. If not applicable, kindly ignore Sections 3 & 4.

- The applicant is a Politically Exposed Person (PEP) or closely associated with a PEP whose position / relationship is.....
- The applicant resides or operates in a high risk country. 1 Please check website ([www.oecd.org/fatf](http://www.oecd.org/fatf)) for the list of Non-Cooperative Countries & Territories (NCCTs) provided by the Financial Action Task Force (FATF) and indicate the name of the NCCT country.
- The applicant whose funding is sourced from a high risk country, namely.....

**Section 4 – Complete this section if applicant satisfied one or more categories in Section 3**

**Applicant  
Source of  
Wealth**

Require details of applicant’s source of wealth and estimated net worth:

Kindly, indicate source of applicant’s net-worth:

- Business
- Salary
- Investments
- Inheritance/Gift
- Other income source \_\_\_\_\_ USD
- Estimated Net Worth : \_\_\_\_\_ USD
- Estimate annual income or turnover of application: \_\_\_\_\_ USD

**NOTE : For applicants completing Section 4, the joint approval of Managing Director and the chief compliance officer of the bank or their appointees is mandatory.**

**CAUTION: Any 'No' answer above must be backed by appropriate comments by the responsible staff. A superior officer must review this form for completeness and accuracy and approve the account opening. Information on this form must be updated as and when necessary. All evidence supporting approval for this form must be retained for examination to the Bank.**

**Section 5 – This section must be completed for all applicants categorizing them into one of three (3) risk levels**

To be completed By Account Opening Officer		To be reviewed by Branch Manager or other superior officer	
<b>Name:</b>	<b>Designation:</b>	<b>Name:</b>	<b>Designation:</b>
<b>Comments:</b>		<b>Comments:</b>	

Does potential customer fall within Section 3 above category?  **Yes**     **No**  
*(Tick as appropriate)*

Signature \_\_\_\_\_ Date \_\_\_\_\_      Signature \_\_\_\_\_ Date: \_\_\_\_\_

*CAUTION: Account Opening for Risk Applicant as identified in Section 3 must be approved jointly by the Managing Director / Chief Executive Officer and Chief Compliance Officer or by their designated officials as follows:*

Name:	Name:
Designation:	Designation:
Date:	Date:
Signature:	Signature: