

AML/ATF Enhanced Due Diligence KYC Update Questionnaire

This form is to be used by the Business teams for updating Client KYC information. The completed form is to be submitted to Compliance and Operation functions along with the other supporting documents/ forms in case of any change in that information

Section 1: Profile			
Client's Name:			
CIF # :	Account(s) # :		
Risk Rating:			
Current Review Date:			
Section 2: KYC Update Questionnaire			
	Y	N	N/A
1. Is there a change in the Business Name? If yes, please collect a copy of the latest business name registration document. Please complete the change request form for change of Business name.	<input type="checkbox"/>	<input type="checkbox"/>	
2. Is there a change in the Business address? If yes, please collect a proof of change of address such as Utility Bill, Lease agreement etc. Please complete the change request form for change of address. Also cross reference with CPR to identify any changes.	<input type="checkbox"/>	<input type="checkbox"/>	
3. Have the beneficial ownership or shareholding structure changed? If yes, Please collect a certificate from the officer of the business confirming the change and revised beneficial ownership structure. Please collect the name, address and occupation of the beneficial owner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Are the current directors same as that at the time of account opening? If No, please collect the list of current directors along with the name, address and occupation of the new directors. Also cross reference with CPR to identify any changes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Has the business profile (nature of business) of the entity changed or is there a change to the markets where the entity does business? If yes, assess the new risk rating of the client and complete the EDD and CRAF as per the new risk rating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Is there a change in the intended use of account or change in the transaction pattern (cash/ non-cash transactions)? If yes, assess the new risk rating of the client and complete the EDD and CRAF to reflect the expected use of account and transaction pattern.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Remarks: (please enter any additional comments or details about client)			

AML/ATF Enhanced Due Diligence KYC Update Questionnaire

This form is to be used by the Business teams for updating Client KYC information. The completed form is to be submitted to Compliance and Operation functions along with the other supporting documents/ forms in case of any change in that information

Section : Verification and approval								
<p>I confirm that all the information filled in the KYC Questionnaire has been reviewed by me and found to be correct to best of my knowledge.</p> <p><input type="checkbox"/> There are no changes</p> <p><input type="checkbox"/> There are below changes and documents supporting these changes are attached.</p>								
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="padding: 5px;">Information to be changed in I-Core</th> <th style="padding: 5px;">Additional Document(s) attached</th> <th style="padding: 5px;">Verified in I-core</th> </tr> </thead> <tbody> <tr> <td style="height: 40px;"></td> <td></td> <td style="padding: 5px;"> Director(s) <input type="checkbox"/> Mailing Address <input type="checkbox"/> Registered Address <input type="checkbox"/> </td> </tr> </tbody> </table>	Information to be changed in I-Core	Additional Document(s) attached	Verified in I-core			Director(s) <input type="checkbox"/> Mailing Address <input type="checkbox"/> Registered Address <input type="checkbox"/>		
Information to be changed in I-Core	Additional Document(s) attached	Verified in I-core						
		Director(s) <input type="checkbox"/> Mailing Address <input type="checkbox"/> Registered Address <input type="checkbox"/>						
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="padding: 5px;">Reviewed By : (Name)</th> <th style="padding: 5px;">Date</th> <th style="padding: 5px;">Signature</th> </tr> </thead> <tbody> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </tbody> </table>	Reviewed By : (Name)	Date	Signature					
Reviewed By : (Name)	Date	Signature						
<p><input type="checkbox"/> I have reviewed the above information and approve the changes</p> <p><input type="checkbox"/> I have reviewed the above information and there are no changes.</p>								
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="padding: 5px;">Approved By : (Name & Employee ID)</th> <th style="padding: 5px;">Date</th> <th style="padding: 5px;">Signature</th> </tr> </thead> <tbody> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </tbody> </table>	Approved By : (Name & Employee ID)	Date	Signature					
Approved By : (Name & Employee ID)	Date	Signature						