



Enhance Due Diligence Form (EDD)

(Requirement in terms of Financial
Transaction Reporting Act No. 6 of
2006)

Bank Use Only		Authorized Officer's Signature with Branch Stamp
Branch Name		
Branch Code		
CIF/CID No.		

The EDD document should be kept together with the KYC document.

1. Customer Information		
1.1.	Name in full (Person/Entity)	
1.2.	Identification Number/ Registration Number	
1.3.	Date of Review	
1.4.	Customer Type	
1.5.	Intended Purpose of Account Opening	
1.6.	Country of Residence/ Operation/ Business Origination	
1.7.	Occupation/ Nature of Business ⁽¹⁾	
1.8.	Expected Source & Destination of funds	
Monthly Income	1.9. Expected Monthly Income from Occupation	Rs.
	1.10. Expected Monthly Turnover in Business	Rs.
1.11	Product & Service intend to use	
1.12	If occasionally high value of transactions will be occurred purpose & justification supporting documents should be present	<input type="checkbox"/> Bank Statement <input type="checkbox"/> Service Certificate <input type="checkbox"/> Tax Returns <input type="checkbox"/> Business Registrations <input type="checkbox"/> Business Valuation <input type="checkbox"/> Financial Reports <input type="checkbox"/> Other Pls. specify

(1) A detailed description of what the business actually does with including industry sector of the Business or occupation

2. CUSTOMER DECLARATION			
I hereby confirm that all particulars and information provided in this application form (and all documents referred to or submitted herewith) are true, correct, complete, and up to date in all respects. I agree to keep myself informed of such changes and be bound by the terms as amended and in force from time to time.			
2.1.		2.2.	
	Signature (with official stamp)		Date (dd/mm/yyyy)

3. VERIFICATION DOCUMENTS ⁽²⁾	
3.1.	Source of Fund / Wealth Proof
3.2.	Ownership Structure/ Beneficial Ownership Declaration Form
3.3.	Tax Returns or Financial Statement

(2) All documents should be certified as true copies by the Authorized Officer on behalf of the Bank.

4. BANK USE ONLY – DECLARATION OF THE AUTHORIZED OFFICER OF THE BRANCH		
4.1.	Signature of Officer (Customer Interview)	(dd/mm/yyyy)
4.2.	Signature of Officer (Authorized Officer)	(dd/mm/yyyy)