# **Annex E Sample CDD Forms**

Note: Regulated dealers may consider adopting the following forms to document the CDD measures taken. The regulation dealers remain responsible for ensuring that the forms meet the requirements of PMLTF Regulations.

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| **Customer Due Diligence (“CDD”)**  **FORM A1 – Particulars of Customer (Individual)** | |
| Name of regulated dealer: | Date: |
| Name of employee: | Signature of employee: |

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| **INFORMATION REQUIRED** | | | **Example of Supporting Document** |
|  | Transaction number |  | **Invoice** |
|  | Date/Time of transaction |  |
|  | Transaction value |  |
|  | Description of PSPM sold/purchased |  |
|  | Full name (including any alias) |  | **Copy of original identifying document sighted** |
|  | Date of birth |  |
|  | Residential address |  |
|  | Citizenship |  |
|  | Type of identification document | **NRIC**  **Passport**  **Others:** |
|  | Identification number |  |
|  | Date of identification expiry (if applicable) |  |
|  | Occupation |  | **Customer’s declaration or regulated dealer’s documentation of enquiry with customer** |
|  | Contact number |  |
|  | Is the customer acting on behalf of any other individual? Tick the relevant box:  **\* If customer is acting for another individual, employee to also complete Form A2 with details of the individual who is the cash owner.**  **^ If customer is acting for a corporate (e.g. a company or sole proprietorship)/ legal arrangement, employee to also complete Form A3 with details on the corporate or legal arrangement and A4 on the details of beneficial owners of the corporate or legal arrangement.** | **Customer is acting for himself**  **Customer is acting on behalf of person (cash or PSPM owner is an individual) \* (Go to Form A2)**  **Customer acting on behalf of a corporate or legal arrangement (cash or PSPM owner is a corporate) ^ (Go to Form A3 and A4)** |

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| **Customer Due Diligence (“CDD”)**  **FORM A2 – Particulars of Person on behalf Customer is Acting On (Cash Owner – Individual)** | |
| Name of regulated dealer: | Date: |
| Name of employee: | Signature of employee: |

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| **INFORMATION REQUIRED** | | | **Example of Supporting Document** |
|  | Is the customer authorised to act on behalf of the other person or the real owner of the cash or cash equivalent? | **Yes**  **No** | **Letter of authorisation/ document proof** |
|  | Transaction number |  | **Invoice** |
|  | Date/Time of transaction |  |
|  | Transaction value |  |
|  | Description of PSPM sold/purchased |  |
|  | Full name (including any alias) |  | **Copy of original identifying document sighted** |
|  | Date of birth |  |
|  | Residential address |  |
|  | Citizenship |  |
|  | Type of identification document | **NRIC**  **Passport**  **Others:** |
|  | Identification number |  |
|  | Date of identification expiry (if applicable) |  |
|  | Occupation |  | **Customer’s declaration or regulated dealer’s documentation of enquiry with customer** |
|  | Contact number |  |

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| **Customer Due Diligence (“CDD”)**  **FORM A3 –Particulars of Person on behalf Customer is Acting On (Cash Owner – Corporate / Legal Arrangement)** | |
| Name of regulated dealer: | Date: |
| Name of employee: | Signature of employee: |

| **INFORMATION REQUIRED** | | | **Example of Supporting Document** |
| --- | --- | --- | --- |
|  | Transaction number |  | **Invoice** |
|  | Date/Time of transaction |  |
|  | Transaction value |  |
|  | Description of PSPM sold |  |
|  | Is the customer authorised to act on behalf of the other person or the real owner of the cash or cash equivalent? | **Yes**  **No** | **Letter of authorisation/ document proof** |
|  | Full name of entity |  | **ACRA BizFile report or certificate of incorporate or any other corporate documents from reliable and independent sources** |
|  | Date of incorporation or registration |  |
|  | Country or territory of incorporation or registration |  |
|  | UEN/Incorporation no./Registration no. |  |
|  | Date of identification expiry (if applicable) |  |
|  | Main business activity: |  |
|  | Type of legal entity | **Sole proprietorship**  **Partnership**  **Limited partnership**  **Limited liability partnership**  **Company**  **Corporation**  **Others:** |
|  | Proof of legal entity’s existence (e.g. ACRA BizFile search) |  |
|  | Registered office address |  |
|  | Name of senior management of the legal entity | **\* To include all senior management here.** |
|  | Document(s) that regulate and bind the entity (e.g. the corporate constitution of a company) |  | **Customer’s declaration or regulated dealer’s documentation of enquiry with customer** |
|  | Principal address of business (if different from registered office address) |  |
|  | Telephone number |  |
|  | Email address |  |
|  | Nature of business of the legal entity |  |
| Details of beneficial owner(s):  **Employee must complete Form A4: Beneficial owners** | | | |

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| **Customer Due Diligence (“CDD”)**  **FORM A4– Particulars of Beneficial Owner(s) of Corporate Customer/ Legal Arrangement** | |
| Name of regulated dealer: | Date: |
| Name of employee: | Signature of employee: |

| **INFORMATION REQUIRED** <Details for beneficial owners who have control over the corporate/ legal arrangement should be identified and verified> | | | **Example of Supporting Document** |
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|  | Full name of **BENEFICIAL OWNER 1** (including any alias) |  | **Copy of original identifying document sighted** |
|  | Date of birth |  |
|  | Residential address |  |
|  | Citizenship |  |
|  | Type of identification document | **NRIC**  **Passport**  **Others:** |
|  | Identification number: |  |
|  | Date of identification expiry (if applicable) |  |
|  | Occupation |  | **Customer’s declaration or regulated dealer’s documentation of enquiry with customer** |
|  | Contact number |  |
|  | Full name of **BENEFICIAL OWNER 2** (including any alias) |  | **Copy of original identifying document sighted** |
|  | Date of birth |  |
|  | Residential address |  |
|  | Citizenship |  |
|  | Type of identification document | **NRIC**  **Passport**  **Others:** |
|  | Identification number |  |
|  | Date of identification expiry (if applicable) |  |
|  | Occupation |  | **Customer’s declaration or regulated dealer’s documentation of enquiry with customer** |
|  | Contact number |  |
|  | Full name of **BENEFICIAL OWNER 3** (including any alias) |  | **Copy of original identifying document sighted** |
|  | Date of birth |  |
|  | Residential address |  |
|  | Citizenship |  |
|  | Type of identification document | **NRIC**  **Passport**  **Others:** |
|  | Identification number |  |
|  | Date of identification expiry (if applicable) |  |
|  | Occupation |  | **Customer’s declaration or regulated dealer’s documentation of enquiry with customer** |
|  | Contact number |  |
|  | Full name of **BENEFICIAL OWNER 4** (including any alias) |  | **Copy of original identifying document sighted** |
|  | Date of birth |  |
|  | Residential address |  |
|  | Citizenship |  |
|  | Type of identification document | **NRIC**  **Passport**  **Others:** |
|  | Identification number |  |
|  | Date of identification expiry (if applicable) |  |
|  | Occupation |  | **Customer’s declaration or regulated dealer’s documentation of enquiry with customer** |
|  | Contact number |  |
|  | Full name of **BENEFICIAL OWNER 5** (including any alias) |  | **Copy of original identifying document sighted** |
|  | Date of birth |  |
|  | Residential address |  |
|  | Citizenship |  |
|  | Type of identification document | **NRIC**  **Passport**  **Others:** |
|  | Identification number |  |
|  | Date of identification expiry (if applicable) |  |
|  | Occupation |  | **Customer’s declaration or regulated dealer’s documentation of enquiry with customer** |
|  | Contact number |  |

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| **Customer Due Diligence (“CDD”)**  **FORM B – Screen all names and citizenship of customer (individual), corporate customer and beneficial owner(s) of corporate customer obtained from CDD against the lists on:**   * Terrorist designation * Sanctions lists on designated individuals and entities * FATF public list of high-risk and other monitored jurisdictions   \*Note: This form should not be shown to the customer. | |
| Name of regulated dealer: | Date: |
| Name of employee: | Signature of employee: |

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| **B1. Check Against Lists on Terrorist Designation and Designated Individuals and Entities** | | |
| 1. | Ministry of Home Affairs (“MHA”)’s website on the Inter-Ministry Committee on Terrorist Designation (“IMC-TD”) on terrorist designation (persons and entities designated as terrorists):  <https://www.mha.gov.sg/what-we-do/managing-security-threats/countering-the-financing-of-terrorism> | **Any match?**  **Yes/  No**  \*Important: If yes, to stop transaction and lodge a police report. |
| 2. | Monetary Authority of Singapore (“MAS”)’s website on targeted financial sanctions under the United Nations Regulations (“UN Regulations”) for the lists of designated individuals and entities:  <https://www.mas.gov.sg/regulation/anti-money-laundering/targeted-financial-sanctions/lists-of-designated-individuals-and-entities> | **Any match?**  **Yes/  No**  \*Important: If yes, to stop transaction and lodge a police report. |
| **B2. Politically Exposed Person (“PEP”)** | | |
| 1. | Is the customer a PEP? | **Yes/  No**  \*Important: If yes; to proceed with ECDD. |
| **B3. Check against FATF Public List of High-Risk and Other Monitored Jurisdictions** | | |
| 1. | FATF public list on high-risk and other monitored jurisdictions:  <https://www.fatf-gafi.org/publications/high-risk-and-other-monitored-jurisdictions/?hf=10&b=0&s=desc(fatf_releasedate)> | **Any match?**  **Yes/  No**  \*Important: If yes, to proceed with ECDD. |
| **B4. Higher-Risk Customer Based on Risk Assessment Conducted by Regulated Dealer** | | |
| 1. | Does the customer fit the profile of a higher-risk customer based on their own risk assessment conducted by regulated dealer? | **Yes/  No**  \*Important: If yes; to proceed with ECDD. |

# **Annex F Sample ECDD Form**

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| **Enhanced Customer Due Diligence (“ECDD”)**  \*Note: This form should not be shown to the customer.  Where ECDD is conducted, to attach completed (1) CDD Form A, (2) CDD Form B and (3) ECDD Form, together with copies of all supporting documents. | |
| Name of regulated dealer: | Date: |
| Name of employee: | Signature of employee: |

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|  | **Income Level, Source of Wealth and Source of Funds** | |
| 1. | Establish the following (by reasonable means e.g. internet scanning and careful enquiries with the customer):   * 1. income level;   2. source of wealth (i.e. source of overall assets); and   3. source of funds (i.e. source of the funds used to pay for the transaction) | **Income level:**  **Source of wealth:**  **Source of funds:**  **Source of information / Documents obtained:**  \*Important:  To consider terminating the transaction if unable to establish source of income and lodge STR. |
|  | **Prior Approval from an Employee of Senior Managerial/Executive Position** | |
| 1. | Obtain prior approval from an employee holding a senior managerial or executive position before establishing/continuing dealings with a higher-risk customer. | **Approve**  **Not approve**  **Reasons for approving / not approving:**  \*Important: To terminate the transaction if approval is not given. |
| **Signature of employee of senior managerial/executive position:** |
| **Name:** |
| **Designation:** |
| **Date:** |
|  | **Enhanced On-Going Monitoring** (To be carried out at later date(s), determined by the regulated dealer) | |
| 1. | Conduct enhanced ongoing monitoring on the transactions performed by that higher-risk customer i.e. consider regularly checking against all sections of CDD and ECDD. | **Date of recheck:** |
| **Remarks:** |
| **Signature:** |
| **Name of employee:** |
| **Designation:** |
| **Date:** |