

## Know-Your- Customer & Customer Due Diligence (KYC/CDD): Individual/Joint Account

### Part 1 – Customer Information/Joint Account (Separate form for each owner of joint account)

<b>Name-Surname (Thai/Local Language)</b>			
<b>Name-Surname (English)</b>			
<b>ID no./Passport no.</b>	<b>Nationality</b>		<b>Date of birth</b>
<b>Types of Accounts</b>	<input type="checkbox"/> Deposit	<input type="checkbox"/> Loan	<input type="checkbox"/> Other: please specify: _____
<b>Account Number</b>			

### Part 2 – Customer Due Diligence "CDD"

<b>1</b>	<b>Verify name, date of birth, nationality and address</b>	Verify name and address of customer as appearing in his/ her original Identification card and passport. Then, stamp "Verified with original documents" in the copies of documents. <input type="checkbox"/> Identification card <input type="checkbox"/> Passport <input type="checkbox"/> Other: please specify _____				
<b>2</b>	<b>Purpose of Account Opening</b>	<input type="checkbox"/> Saving <input type="checkbox"/> Personal Consumption <input type="checkbox"/> Salary <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Investment <input type="checkbox"/> Type of Loan _____ <input type="checkbox"/> Other: please specify: _____				
<b>3</b>	<b>Source of Fund</b> <small>(please mark ✓ as appropriate- can be more than one item)</small>	Please indicate the country <b>(Do not indicate other bank as source of fund)</b>		<input type="checkbox"/> Thailand <input type="checkbox"/> Other country (please specify).....		
		<input type="checkbox"/> Business Operation <input type="checkbox"/> Brokerage fee <input type="checkbox"/> Income from providing service <input type="checkbox"/> Income from investment Other: please specify: _____				
<b>4</b>	<b>Anticipated type and volume of transactions (Deposit only)</b>	Types of Transactions	Anticipated volume of transactions (per month)	Anticipated Transaction amount (per month) (THB)		
		Deposit (including inward remittance)	<input type="checkbox"/> <20 <input type="checkbox"/> 20-50 <input type="checkbox"/> >50	<input type="checkbox"/> <2 million	<input type="checkbox"/> 2-10 million	<input type="checkbox"/> >10 million
		Withdrawal (including outward remittance)	<input type="checkbox"/> <20 <input type="checkbox"/> 20-50 <input type="checkbox"/> >50	<input type="checkbox"/> <2 million	<input type="checkbox"/> 2-10 million	<input type="checkbox"/> >10 million
<b>5</b>	<b>Check AML/CFT Risk Database</b> <small>(please provide supporting documents eg World-Check)</small>	<input type="checkbox"/> Check name of customers <input type="checkbox"/> Check name of Ultimate Beneficiary Owner <input type="checkbox"/> Check name of attorney (if any) <input type="checkbox"/> Check name of collateral owner <input type="checkbox"/> Check name of guarantor		<input type="checkbox"/> Found	<input type="checkbox"/> Not found	
				<input type="checkbox"/> Found	<input type="checkbox"/> Not found	
				<input type="checkbox"/> Found	<input type="checkbox"/> Not found	
				<input type="checkbox"/> Found	<input type="checkbox"/> Not found	
				<input type="checkbox"/> Found	<input type="checkbox"/> Not found	

### Part 3 – Risk Identification of Individual (please provide supporting documents)

<b>KYC Level 1</b>	<input type="checkbox"/> Thai Nationality	<b>KYC Level 2</b>	<input type="checkbox"/> Foreigners who has the residential address not from the High Risk Countries.
<b>KYC Level 3</b>	<ul style="list-style-type: none"> <li>PEPs</li> <li>Sources of Funds come from High Risk Countries</li> <li>Foreigners who has the residential address from the High Risk Countries.</li> <li>Restrained from conducting transaction/freeze/reported as STR</li> <li>Related to a person who commits money laundering predicate offences or designated person.</li> <li>Customer rejects to provide information for KYC/CDD</li> <li>High Risk business: please specify: _____</li> </ul>		
KYC Level _____ Reason: _____			

### Part 4 – Enhance Due Diligence for Risk Level 3 (please provide support documents)

<b>6</b>	<b>Source of Income</b>	Sources of incomes come from:- <input type="checkbox"/> Business Operation <input type="checkbox"/> Selling of Assets <input type="checkbox"/> Investment <input type="checkbox"/> Employment <input type="checkbox"/> Other: please specify: _____ Net Income (estimated): _____
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<p style="text-align: center;">.....</p> <p><b>Name :</b> _____</p> <p><b>Position:</b> _____</p> <p><b>Date:</b> _____</p>	<p style="text-align: center;">.....</p> <p><b>Name :</b> _____</p> <p><b>Position:</b> _____</p> <p><b>Date:</b> _____</p>
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