

Know-Your- Customer & Customer Due Diligence (KYC/CDD): Non-Individual

Part 1 – Customer Information

Full legal Name of Customer <small>(Thai/Local Language)</small>		Business Registration No.	
Full legal Name of Customer <small>(English)</small>			
Types of Entity <small>(Please mark ✓)</small>	<input type="checkbox"/> Company Limited	<input type="checkbox"/> Public Listed Company	<input type="checkbox"/> Partnership
	<input type="checkbox"/> Embassy	<input type="checkbox"/> Academy	
	<input type="checkbox"/> a body of persons/club/association/Charity Organization		<input type="checkbox"/> Government Entity
	<input type="checkbox"/> Other: please specify: _____		
Types of accounts	<input type="checkbox"/> Deposit	<input type="checkbox"/> Loan	<input type="checkbox"/> Others. Please specify: _____
Account Number			

Part 2 – Customer Due Diligence "CDD"

1	KYC Verification of Identity	Verify registered name or address based on the following documents: <input type="checkbox"/> Business Registration Certificate <input type="checkbox"/> Establishment Certificate from government entities e.g. foundation, association, academy <input type="checkbox"/> Trust License <input type="checkbox"/> Other: please specify: _____							
2	Purpose of Account Opening	<input type="checkbox"/> Business Operation <input type="checkbox"/> Saving <input type="checkbox"/> Investment <input type="checkbox"/> Other: please specify: _____							
3	Sources of Funds <small>(please mark ✓ as appropriate- shall be more than one item)</small>	Do not indicate other bank as source of fund			<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			
		<input type="checkbox"/> Employment		<input type="checkbox"/> Other: please specify: _____					
4	Anticipated type and volume of transactions (deposit only)	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
5	Check AML/CFT Risk Database	<input type="checkbox"/> Check name of customers		<input type="checkbox"/> found	<input type="checkbox"/> Not found				
		<input type="checkbox"/> Check all authorized directors		<input type="checkbox"/> found	<input type="checkbox"/> Not found				
		<input type="checkbox"/> Check name of ultimate management/Managing Director		<input type="checkbox"/> found	<input type="checkbox"/> Not found				
		<input type="checkbox"/> Check name of Attorney (if any)		<input type="checkbox"/> found	<input type="checkbox"/> Not found				
		<input type="checkbox"/> Check name of Ultimate Beneficiary Owner (i.e. shareholders >=10%)		<input type="checkbox"/> found	<input type="checkbox"/> Not found				
		<input type="checkbox"/> Check name of collateral owner		<input type="checkbox"/> found	<input type="checkbox"/> Not found				
		<input type="checkbox"/> Check name of guarantor		<input type="checkbox"/> found	<input type="checkbox"/> Not found				
6	Ultimate management/ Managing Director	Name.....ID/Passport.....Nationality.....							

Part 3 – Risk Identification of Non-Individual and related persons (please provide supporting documents)

Risk level 1 (KYC Level 1)	<input type="checkbox"/> Entities <input type="checkbox"/> Government entities/State Enterprises/Financial Institution <input type="checkbox"/> Registered in Stock Exchange <input type="checkbox"/> NGO/NPO with establishment period ≥ 10 yrs. <input type="checkbox"/> Mutual Fund/Provident Fund <input type="checkbox"/> Other: please specify: _____	Risk Level 2 (KYC Level 2)	<input type="checkbox"/> Registered in Non-high Risk countries <input type="checkbox"/> NGO/NPO with establishment period <10 yrs. <input type="checkbox"/> Nationality of Authorized Directors/Attorney/Ultimate Beneficiary Owners are foreigners from Non-High Risk Countries <input type="checkbox"/> Other: please specify: _____
Risk Level 3 (KYC Level 3)	<input type="checkbox"/> PEPs/Related to PEPs <input type="checkbox"/> Sources of Funds come from High Risk Countries <input type="checkbox"/> Established/reside/operated in High Risk Countries <input type="checkbox"/> High Risk Businesses: please specify: _____ <input type="checkbox"/> Related to a person who has money laundering predicate offences or designated person <input type="checkbox"/> Nationality of Authorized directors/Attorney/Ultimate Beneficiary Owner from High Risk Countries <input type="checkbox"/> Restrained from conducting transaction/Freezed/Reported as STR <input type="checkbox"/> Customer rejects to provide information for KYC/CDD		
KYC Level _____ / Reason : _____			

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

1	Source of Income	Sources of incomes:-
		<input type="checkbox"/> Business Operation <input type="checkbox"/> Selling of Assets <input type="checkbox"/> Investment <input type="checkbox"/> Employment <input type="checkbox"/> Saving
		<input type="checkbox"/> Other: please specify: _____ Net Income (estimated): _____
2	Organization's structure of Business Entities	Complex Structure <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide the shareholding's structure _____

Prepared by <u>Relationship Manager/Branch's Officer</u>	Approved by Head of Assistant Branch Manager/Assigned Division Management (In case of KYC Level 2, 3)
..... Name : _____ Position: _____ Date: _____ Name : _____ Position: _____ Date: _____