



CLIENT DUE DILIGENCE FORM (“CDD FORM”) LEGAL PERSONS 2022

Subject Matter:		Matter No:		Date of Record:	
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1. Client Details

Trading Name:		Chinese Name (if any):	
Registered Office Address:		Business Address (if different):	
Corporate Registration Number / Unique Identification Number:	Regulated / Listed Entities:	Details of regulated status / licence:	
Place of Incorporation:	Details of listing (if any – name of stock exchange and stock code):		
Business Nature: For Trustees: nature and purpose of establishing the Trust):	Legal Entity Type: <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Liability Partnership	<input type="checkbox"/> Trust type: <input type="checkbox"/> Fund type: <input type="checkbox"/> Charity <input type="checkbox"/> Other association or body of persons corporate or incorporate:	
Contact No.:	Email Address:	Fax No.:	
Nature and purpose of the transaction / legal service:			
Source of Funds (SoF) for the transaction: Where did the funds originate from (from which bank account and jurisdiction (Client's or a Third-Party)? Please specify:	What activity generated the funds? <input type="checkbox"/> Business income <input type="checkbox"/> Share sales/dividends <input type="checkbox"/> Sale of real estate <input type="checkbox"/> Loan drawdown <input type="checkbox"/> Sale of asset(s)	<input type="checkbox"/> Venture funding <input type="checkbox"/> Debt capital <input type="checkbox"/> Equity capital <input type="checkbox"/> Other:	

2. Particulars of Individual Purporting to Act on Behalf of The Client

English Name:	Chinese Name (if any):	Date of Birth:
ID Card / Passport No.:	Nationality:	Acting capacity:
Contact No.:	Email Address:	Fax No.:
Residential Address:	Correspondence Address (if different):	
Identification document obtained to verify Client's Representative:	<input type="checkbox"/> Hong Kong Permanent ID Card <input type="checkbox"/> National ID Card issued by a sovereign authority showing Nationality <input type="checkbox"/> Passport issued by a sovereign authority <input type="checkbox"/> Non-Permanent Hong Kong ID card and Passport issued by a sovereign authority <input type="checkbox"/> Other:	
Documents obtained to verify an authority to act on behalf of the Client:	<input type="checkbox"/> A Board Resolution conferring of authority on the person concerned <input type="checkbox"/> Power of Attorney <input type="checkbox"/> Letter of Appointment <input type="checkbox"/> Estates: Death certificate <input type="checkbox"/> Grant of probate or Letter of Administration (if applicable) <input type="checkbox"/> Written confirmation from the client <input type="checkbox"/> Confirmation from a trustee acting in a professional capacity <input type="checkbox"/> Confirmation from a trust company managing the trust <input type="checkbox"/> Other:	



3. Identification document used to verify Client's identity:

Corporations

<input type="checkbox"/> Certificate of Incorporation and certificate on change of name (if applicable)	<input type="checkbox"/> Group ownership / structure chart including a share register (or equivalent official documents to identify the shareholding structure and ultimate beneficial owner(s) of the Company)	<input type="checkbox"/> Latest audited financial statements (or, for newly incorporated companies, an opening balance sheet signed by the Directors)
<input type="checkbox"/> Memorandum & Articles of Association (or equivalent)	<input type="checkbox"/> Corporate organisational chart	<input type="checkbox"/> Evidence of listed or regulated status (e.g. extract from stock exchange / regulator website or reliable source)
<input type="checkbox"/> Business Registration Certificate	<input type="checkbox"/> Certificate of Good Standing (where appropriate)	<input type="checkbox"/> Other:
<input type="checkbox"/> Proof of Company's current registered office address	<input type="checkbox"/> Authorised signatory list (including signatory powers)	
<input type="checkbox"/> Register/List of directors		

Trust

<input type="checkbox"/> Trust deed	<input type="checkbox"/> List of beneficiaries or classes of beneficiaries	I have identified and verified:
<input type="checkbox"/> Certificate of incorporation or equivalent of the trustee (and certificate on change of name if applicable)	<input type="checkbox"/> Letter of wishes (if applicable)	
<input type="checkbox"/> List of directors of the trust	<input type="checkbox"/> Resolution of the partners / directors authorising the establishment of the trust	
	<input type="checkbox"/> Other:	

Partnership

Partnership Agreement (if available)

Business Registration Certificate (BR Certificate)

Register of partners and their respective holdings in the Partnership (or the GP in the context of a limited partnership)

Authorised signatory list (including signatory powers)

Particulars of the Ownership structure, Shareholders owning 25% interest in the Client and key Directors:

4. Beneficial Owner Details

English Name:	Chinese Name (if any):	Date of Birth:
ID Card / Passport No.:	Nationality:	Ownership percentage:
Contact No.:	Email Address:	Occupation / Nature of Business:
Residential Address:		Correspondence Address (if different):
Identification document obtained to verify Client's Representative:	<input type="checkbox"/> Hong Kong Permanent ID Card <input type="checkbox"/> National ID Card issued by a sovereign authority showing Nationality <input type="checkbox"/> Passport issued by a sovereign authority <input type="checkbox"/> Non-Permanent Hong Kong ID card and Passport issued by a sovereign authority <input type="checkbox"/> Other:	

If more than one Beneficial Owner, you can either expand section 4 or complete section 4 and 5 for each Beneficial Owner using a separate form.

5. Risk Assessment (Applies to Client, his / her Representative and Beneficial Owner(s))

Is the Client, his / her Representative or Beneficial Owner(s) a designated individual or entity subject to financial sanctions or a terrorist suspect?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the Client, his / her Representative or Beneficial Owner(s) from a high-risk jurisdiction identified by the FATF?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the Client, his / her Representative or Beneficial Owner(s) a PEP?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the Client have unduly complex ownership structure or located in offshore tax jurisdictions (many layers and many different types of legal vehicles which add complexity to ownership)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the Client operate with nominee Shareholders/Directors without a clear and legitimate commercial purpose or reasonable justification?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the Client's or Beneficial Owner(s) occupation / nature of business cash intensive or a high-risk?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the Client, his / her Representative intend to deposit or transfer funds from / to a Third-Party not connected with the transaction / matter?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the Client intend to use cash?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the Client intend to make multiple transfers to / from different bank accounts without apparent reason?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will the funds be transferred from / to a high-risk jurisdiction?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Is the Client, his / her Representative secretive or absent throughout, especially when he / she was not present for face-to-face identification?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the transaction value significantly above or below the market value?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are there complex or unusual circumstances surrounding the transaction / matter which are not restricted to: <ul style="list-style-type: none"> ▪ A lack of sensible commercial, financial, tax, or other legal reason for the retainer or transaction; ▪ Size, frequency or manner of execution, in the context of Client's known business type; ▪ Client is unusually anxious to complete transaction or is unable to justify why he / she needs completion to be undertaken quickly; ▪ Client requests to hold money in client account in unusual or unnecessary circumstances, especially where the money may subsequently be paid away to a person other than the person making the deposit. 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Overall risk rating: If you answered "Yes" to any of the above questions but the risk level is assessed as "low", please explain why the client was risk rated as "Low" or "Medium":	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High Level of Due Diligence: <input type="checkbox"/> Simplified <input type="checkbox"/> Standard <input type="checkbox"/> Enhanced	

6. Enhanced Due Diligence (EDD)

Measures applied to mitigate ML /TF risk for Clients rated as "High" risk:	<input type="checkbox"/> Obtained approval from Senior Manager <input type="checkbox"/> Further verified identity of the Client by utilizing documents not previously used <input type="checkbox"/> Verified Client's Source of Funds <input type="checkbox"/> Verified Client's Source of Wealth <input type="checkbox"/> Ensured payments made are carried out through accounts opened in the Client's name with an authorised institution or a bank operating in an equivalent jurisdiction that has measures in place to ensure compliance with the requirements similar to those imposed under Schedule 2 to the AMLO and is supervised for compliance with those requirements by a banking regulator in that jurisdiction <input type="checkbox"/> Applied enhanced monitoring to the business relationship <input type="checkbox"/> Filed an STR with the JFIU if appropriate <input type="checkbox"/> Declined to establish a business relationship with the customer <input type="checkbox"/> Terminated the business relationship as soon as reasonably practicable
Enhanced monitoring steps applied to monitor business relationship:	<input type="checkbox"/> Client's information will be kept up to date <input type="checkbox"/> Each transaction / matter will be scrutinized against client information <input type="checkbox"/> Client's' name will be screened against Sanctions / PEP / Negative News on a periodic basis <input type="checkbox"/> Other:

7. Details of the Politically Exposed Person (if applicable)

Type of PEP:	<input type="checkbox"/> Client <input type="checkbox"/> Representative <input type="checkbox"/> Close associate <input type="checkbox"/> Family Member (Spouse or Partner / Child / Parent / Child's Spouse) <input type="checkbox"/> PEP Nationality/Jurisdiction:
Describe the nature of the prominent public function the person is or has been entrusted with as a foreign or domestic PEP, or the nature of the person's relationship with the PEP:	Name of the Governmental or International Institution / Judiciary / Military / Political Party:

8. Declaration and Approvals

I certify that the information above is correct and accurate to the best of my knowledge.	
Signed by Engagement Lawyer: Name and Signature Date:	Approved by Compliance Officer / Partner: Name and Signature Date: