



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

Revised: June 2023

<b>Subject Matter:</b>		<b>Matter No:</b>		<b>Date of Record:</b>	
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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):	<b>Legal Entity Type:</b> <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:	<b>What activity generated the funds?</b> <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"/> Certificate of Incumbency  |   |
| <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)

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, Beneficial Owner(s) or any of the Connected Parties a designated individual or entity subject to financial sanctions or a terrorist suspect, directly or indirectly owned / controlled or acting on behalf of the designated person or entity?	Prohibited Relationship	
Is the Client, his / her Representative or Beneficial Owner(s) incorporated or domiciled in a high-risk jurisdiction identified by the FATF?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the Client, his / her Representative, Beneficial Owner(s) or any of the Connected Parties a PEP?		
(*After completion of the client risk assessment, consideration should be given to determine the level of Enhanced Client Due Diligence. In the case of a "HK-PEP" and an "International Organisation PEP", the suggested rating may be reduced if the PEP poses a low risk taking into account the risk factors set out in para 121 of the PDP).	<input type="checkbox"/> Yes*	<input type="checkbox"/> No
Does the Client have an unduly complex ownership structure, or is the client located in an offshore tax jurisdiction (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 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"> <li>▪ A lack of sensible commercial, financial, tax, or other legal reason for the retainer or transaction;</li> <li>▪ Size, frequency or manner of execution, in the context of Client's known business type;</li> <li>▪ Client is unusually anxious to complete transaction or is unable to justify why he / she needs completion to be undertaken quickly;</li> <li>▪ 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.</li> </ul>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Overall risk rating:</b> 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  <b>Level of Due Diligence:</b> <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"/> Verified Client's Source of Funds <input type="checkbox"/> Verified Client's Source of Wealth <input type="checkbox"/> Obtained additional information to understand better the background, ownership and financial situation of the client, and other parties to the transaction to be satisfied that the transaction is consistent with the purpose and intended nature of the business relationship <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"/> Connected party/Key controller <input type="checkbox"/> Beneficial owner <input type="checkbox"/> Close associate <input type="checkbox"/> Family Member (Spouse or Partner / Child / Parent / Child's Spouse) <input type="checkbox"/> Country/jurisdiction where the function is performed:
Details of the PEP? (Describe the nature of the prominent public function the person is or has been entrusted with as a PEP, or the PEP's relationship/connection with the Client (if Client itself is not a PEP):	Name of the Governmental or International Institution / Judiciary / Military / Political Party:
If former PEP, reasons for not applying EDD measures (if appropriate, considering factors set out in para 8, Table A of the PDP):	If "HK-PEP" or "International Organisation PEP", reasons for not applying EDD (if appropriate, considering factors set out in para 121 of the PDP):

### 8. Declaration and Approvals

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