# Client Due Diligence Form (“CDD Form”)

# LeGAL PersonS

*Revised: June 2023*

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| **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:   * Limited Liability Company * Corporation * Sole Proprietorship * General Partnership * Limited Liability Partnership | | | | * Trust type: * Fund type: * Charity * 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?   * Business income * Share sales/dividends * Sale of real estate * Loan drawdown * Sale of asset(s) | | | * Venture funding * Debt capital * Equity capital * Other: | | |

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| 1. **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: | * Hong Kong Permanent ID Card * National ID Card issued by a sovereign authority showing Nationality * Passport issued by a sovereign authority * Non-Permanent Hong Kong ID card and Passport issued by a sovereign authority * Other: | | |
| Documents obtained to verify an authority to act on behalf of the Client: | * A Board Resolution conferring of authority on the person concerned * Power of Attorney * Letter of Appointment * Estates: Death certificate * Grant of probate or Letter of Administration (if applicable) * Written confirmation from the client * Confirmation from a trustee acting in a professional capacity * Confirmation from a trust company managing the trust * Other: | | |

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| 1. **Identification document used to verify Client’s identity:** | | |
| **Corporations**   * Certificate of Incorporation and certificate on change of name (if applicable) * Memorandum & Articles of Association (or equivalent) * Business Registration Certificate * Proof of Company’s current registered office address * Register/List of directors | * 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) * Corporate organisational chart * Certificate of Good Standing (where appropriate) * Certificate of Incumbency | * Latest audited financial statements (or, for newly incorporated companies, an opening balance sheet signed by the Directors) * Evidence of listed or regulated status (e.g. extract from stock exchange / regulator website or reliable source) * Other: |
| **Trust**   * Trust deed * Certificate of incorporation or equivalent of the trustee (and certificate on change of name if applicable) * List of directors of the trust | * List of beneficiaries or classes of beneficiaries * Letter of wishes (if applicable) * Resolution of the partners / directors authorising the establishment of the trust * Other: | I have identified and verified:   * Trustee * Settlor * Protector (if applicable) * Beneficiary(ies) |
| **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: | | |

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| 1. **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: | * Hong Kong Permanent ID Card * National ID Card issued by a sovereign authority showing Nationality * Passport issued by a sovereign authority * Non-Permanent Hong Kong ID card and Passport issued by a sovereign authority * 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. | | | |

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| 1. **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? | | □ Yes □ 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). | | □ Yes\* □ 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)? | | □ Yes □ No |
| Does the Client operate with nominee Shareholders/Directors without a clear and legitimate commercial purpose or reasonable justification? | | □ Yes □ No |
| Is the Client’s nature of business cash intensive or a high-risk? | | □ Yes □ No |
| Does the Client, his / her Representative intend to deposit or transfer funds from / to a Third-Party not connected with the transaction / matter? | | □ Yes □ No |
| Does the Client intend to use cash? | | □ Yes □ No |
| Does the Client intend to make multiple transfers to / from different bank accounts without apparent reason? | | □ Yes □ No |
| Will the funds be transferred from / to a high-risk jurisdiction? | | □ Yes □ No |
| Is the Client, his / her Representative secretive or absent throughout, especially when he / she was not present for face-to-face identification? | | □ Yes □ No |
| Is the transaction value significantly above or below the market value? | | □ Yes □ No |
| Are there complex or unusual circumstances surrounding the transaction / matter which are not restricted to:   * 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. | | □ Yes □ 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”: | □ Low □ Medium □ High | |
| **Level of Due Diligence**:  □ Simplified □ Standard □ Enhanced | |

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| 1. **Enhanced Due Diligence (EDD)** | |
| Measures applied to mitigate ML /TF risk for Clients rated as “High” risk: | * Obtained approval from Senior Manager * Verified Client’s Source of Funds * Verified Client’s Source of Wealth * 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 * 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 * Applied enhanced monitoring to the business relationship * Filed an STR with the JFIU if appropriate * Declined to establish a business relationship with the customer * Terminated the business relationship as soon as reasonably practicable |
| Enhanced monitoring steps applied to monitor business relationship: | * Client’s information will be kept up to date * Each transaction / matter will be scrutinized against client information * Client’s’ name will be screened against Sanctions / PEP / Negative News on a periodic basis * Other: |

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| 1. **Details of the Politically Exposed Person (if applicable)** | | | |
| Type of PEP: | □ Client □ Representative □ Connected party/Key controller □ Beneficial owner  □ Close associate □ Family Member (Spouse or Partner / Child / Parent / Child’s Spouse)  □ 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): | |

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| 1. **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: |