



**CLIENT DUE DILIGENCE FORM (“CDD FORM”)
NATURAL PERSONS
2022**

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

English Name:	Chinese Name (if any):	Date of Birth:
ID Card / Passport No.:	Nationality:	Occupation / Business Nature:
Contact No.:	Email Address:	Fax No.:
Residential Address:	Document(s) obtained to verify proof of address: <input type="checkbox"/> Utility bill <input type="checkbox"/> Bank Statement <input type="checkbox"/> Letter from a governmental body <input type="checkbox"/> Other:	
Identification document obtained to verify Client's identity:	<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:	
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"/> Employment Income <input type="checkbox"/> Sale of real estate / business <input type="checkbox"/> Inheritance <input type="checkbox"/> Share sales/dividends <input type="checkbox"/> Pension release <input type="checkbox"/> Loan Drawdown <input type="checkbox"/> Business income	<input type="checkbox"/> Rental Income <input type="checkbox"/> Savings <input type="checkbox"/> Gift <input type="checkbox"/> Sale of Asset(s) <input type="checkbox"/> Gambling winnings <input type="checkbox"/> Compensation <input type="checkbox"/> Others:

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:	
Document(s) 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"/> Other:	



3. Risk Assessment (Applies to Client and his / her Representative)

Is the Client, his / her Representative a designated individual subject to financial sanctions or a terrorist suspect?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the Client, his / her Representative from a high-risk jurisdiction identified by the FATF?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the Client, his / her representative owner a PEP?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the Client'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 to 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 transaction value significantly above or below the market value?	<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
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"/> Standard <input type="checkbox"/> Enhanced	

4. 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:

5. 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:

6. 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:
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