

ENHANCED DUE DILIGENCE FORM(EDD)

Date								
1) Account Opening Date			2) Branch Name					
3) Branch Code		4) Region			5) Account Number			
					6) CIF NO			
7) Title of Account								
08) CNIC / Registration Number			9) <input type="radio"/>	New To Bank	<input type="radio"/>			
				Existing To Bank	<input type="radio"/>			
10) Customer Type (Tick the appropriate box)	Individual/ Entity	<input type="checkbox"/>	House Wife	<input type="checkbox"/>	PEP	<input type="checkbox"/>	Exchange Company	
		<input type="checkbox"/>	Club	<input type="checkbox"/>	Society	<input type="checkbox"/>	NGO / NPO / Charities	
		<input type="checkbox"/>	Trust	<input type="checkbox"/>	Association	<input type="checkbox"/>	Landlord	
		<input type="checkbox"/>	Broker	<input type="checkbox"/>	Arms & Ammunition Dealer			
		<input type="checkbox"/>	Jeweler / Dealer in Gems & Metals					
		<input type="checkbox"/>	Police Person/ Law Enforcement					
		<input type="checkbox"/>	Other, Please Specify					
11) Purpose of Account								
12) Monthly Expected Credit Turnover (PKR)			13) Monthly Expected Debit Turnover (PKR)					
14) Expected wire transfers to /from country of Origin or the country of destination (Name of country) , If Any								
15) Annual Net Income Turnover								
16) Source of Wealth /Funds (Please Provide Details)	1.			2.				
	3.							
17) In Case of PEP ,Provide the Summary of PEP & His/ Her Family Background	Category of PEP :				Related to a PEP : YES /NO			
	<input type="checkbox"/>	Politician	<input type="checkbox"/>	Civil Bureaucrat	<input type="checkbox"/>	Military Official		
	<input type="checkbox"/>	Judiciary Personnel			<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
	<input type="checkbox"/>	Other, Please Specify Below Space				If Yes, Relationship with PEP :		
					(Please Specify Relation in below Space)			
<u>PEP Summary and Background</u>								

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18) In case of High Risk Business Entity, Personal Visit to entity premises by Branch official.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> If Yes, Please Attached Visit Report and specify detail in below space	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
19) Branch Comments (Recommendation/Remarks For performing EDD in terms of Satisfaction).	<div style="border: 1px solid black; height: 80px; width: 100%;"></div>

Declaration: It is hereby affirmed that the EDD measures are taken appropriately and above information has taken from customer during interview.

Prepared by		Reviewed & Approved by	
Name	<input style="width: 95%;" type="text"/>	Name	<input style="width: 95%;" type="text"/>
Sap ID	<input style="width: 95%;" type="text"/>	Sap ID	<input style="width: 95%;" type="text"/>
Date	<input style="width: 95%;" type="text"/>	Date	<input style="width: 95%;" type="text"/>
Signature	<input style="width: 95%;" type="text"/>	Signature	<input style="width: 95%;" type="text"/>

Note: Hard copy of this EDD Form (duly filled and signed) should invariably be retained at the Branch along with KYC/CDD Form & Account opening Form for Audit Trail purpose.