सेन्ट्रल फाईनान्स लि.
CENTRAL FINANCE LTD.
Serving Your Financial Needs

Enhanced Customer Due Diligence/Information & Documents Updating Form (For Retail Customers)

Brach: .....

Date: | | | | | | | | |

Only for High Risk Account/Customer

Period: Start Date _____ End Date _____

Customer Name:																			
1. Account Number																			
2. Account Number																			
3. Account Number																			

Transaction Details (Not applicable for new accounts)

Scheme Code	No. of Dr. Transaction	No. of Cr. Transaction	Amount of Dr. Transaction	Amount of Cr. Transaction	Remarks

Previous Risk Status Please Tick (✓) as appropriate. (Not applicable for new account)

Previous Status	High Risk	Medium Risk	Low Risk

Particulars	Reasons
Reasons for Considering High Risk:	

DETAILS OF DUE DILIGENCE CARRIED OUT					
SN	Particulars	Yes	No	N/A	Remarks
1	Has the approval from Chief Operations obtained ?				
2	Has supporting document relating to verification of current address obtained? For eg.				
	a. Rental Agreement if business is in rental building. OR				
	b. Utility bill in case of own				
	c. On-site verification by bank staff (google map should be attached)				
	d. Others (if any)				
3	If there is beneficial owner other than customer identified. Has KYC of that beneficial owner been obtained? If not please send this ECDD form to AML/CFT Department.				
4	Is the customer linked to high-risk countries or Business Sectors. Please mention high risk country or business sector				
5	Are KYC documents completed? If not, please update all KYC information in hardcopy and CBS as well.				
6	Is the nature of transaction conducted in the account different than the purpose disclosed at the time of account opening? If yes, does the transaction in any way reflect a risk to money laundering offences? Has the transaction suspicion been reported to AML/CFT department?				
7	Is trunover in the account higher than the declaration made by the customer? If yes, is the transaction sufficiently justified? Has the KYC been updated based on the latest justification?				
8	Does the cusotmer provied necessary evidence for source of fund upon request? Further is the evidence of source of fund disclosed by the customer sufficiently justified to be from the legal source? If not, has the suspicious transaction been reported to the AML/CFT department?				

9	Does customer hesitate to disclose the source of the fund whenever asked?				
10	Has customer stopped doing transaction after making query about their information or transaction?				
11	Does the transaction made in customers account acceptable with the status background of the customer?				
12	Does the customer make large number and/or amount of payments in foreign currency? Are the payments made within the regulatory guideling and the countries to which the payments are sent are not in the list of FATF non-cooperative?				
13	Does the customer make high number of securities dealings of huge amunt?				
14	Is the account of the customer freezed by the regulatory body or any other government institution?				
15	Does the customer frequently make high number of transaction just below the threashold of 1 million?				
16	Does customer make frequent transactions in excess of 1 million?				
17	Does the account have any mandate? Are KYC of the mandatee obtained?				
18	Does account holder is a PEP/PIP or has close relationship with PEP?				
19	Has any kind of negative information of the customer published in media?				
20	Is the customer known to be convicted of any crime?				
21	Does the customer have frequent remittance transaction in their account?				
22	Does the customer uses non face to face banking services?				

OTHER ACTIONS TO BE TAKEN
1. Please mention Source of Income (e.g. Occupation, Investment, Inheritance, Borrowings, etc.); and estimated amount generated from each source) and also obtain supporting documents for the same (if available).

S.N.	Source of Wealth	Annual Income (NPR)
1		
2		
3		
4		

Remarks if any

Prepared By	Entered By	Verified By
Staff Name:	Staff Name:	Staff Name:
Designation:	Designation:	Designation:
Signature:	Signature:	Signature:
Date: D D M M Y Y Y Y	Date: D D M M Y Y Y Y	Date: D D M M Y Y Y Y