

# Enhanced Due Diligence (EDD) Form

## CLIENT INFORMATION<sup>1</sup>

Name of individual:.....

Name of the Entity/ organization:.....

Customer's full address:.....

Registered address and place of business (for companies):.....

## Client Due Diligence

<b>1.</b>	<b>Declaration on the Source of Funds &amp; Source of Wealth</b>		
	<p><i>Note: bpr Bank Rwanda Plc is required by law and regulations to obtain information about how clients have acquired their wealth which will be utilized for the initial and future funding of the account.</i></p> <p><i>The following sections must be completed by All types of applications (Personal, Joint, New account opening applications by companies, organizations and their beneficial owners and signatories)</i></p>		
	<b>Please describe what is your and/ or the Company's/ organization's Source of Funds and Source of Wealth</b>		
	<b>Individual Client</b>		
		Approximate amount (FRW)	
	(Select where applicable)	Net worth	Annual income
	Salary/Commission		
	<input type="checkbox"/> Own business		
	<input type="checkbox"/> Investment		
	<input type="checkbox"/> Inheritance		
	<input type="checkbox"/> Others (please specify)		
	<b>Corporate Client (Select where applicable)</b>		
		Approximate amount (FRW)	
	(Select where applicable)	Volume of assets	Annual business turnover
	<input type="checkbox"/> Operating Income		
	<input type="checkbox"/> From shareholders		
	<input type="checkbox"/> From group companies		
	<input type="checkbox"/> Investment		
	<input type="checkbox"/> Credit facilities		
	<input type="checkbox"/> Others (please specify)		
	Do you hold Bank accounts elsewhere? If yes, please provide the names of the Bank (s) and Country (ies)		
	Bank Name..... Country .....		

<sup>1</sup> For joint account, each of the account holders must complete and sign a separate Enhanced Customer Due Diligence Form

	<p>Will your Company and or your organization be able to provide certified copies of bank statement clearly showing receipt/ deposits of your earnings for the last three months?</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>																														
	<p>If you have answered “No” to the above question, please provide details of other documentary evidence of Source of Funds/ Source of Wealth? <i>(indicate if certified copies can be provided)</i></p>																														
<b>2.</b>	<b>NATURE OF TRANSACTIONS IN THE ACCOUNT</b>																														
	Nature of business/ occupation																														
	Anticipated nature of products and amounts (Rwf /USD) to be used with this account																														
<b>3.</b>	<b>ULTIMATE BENEFICIAL OWNER</b>																														
	<p>Do you have other beneficial owners apart from yourself?</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>																														
	<p>If you have answered “Yes” to the above question, please provide details of other beneficial owners? <b>(copy of identifications)</b></p>																														
<b>4.</b>	<b>OWNERSHIP STRUCTURE</b>																														
	<p>Please attach a list indicating names of the Senior Management Committee (Executive Management) (Include attachments if necessary)</p> <table border="1"> <thead> <tr> <th></th><th>Name</th><th>Designation</th><th>ID/Passport</th><th>Nationality</th></tr> </thead> <tbody> <tr><td>1</td><td></td><td></td><td></td><td></td></tr> <tr><td>2</td><td></td><td></td><td></td><td></td></tr> <tr><td>3</td><td></td><td></td><td></td><td></td></tr> <tr><td>4</td><td></td><td></td><td></td><td></td></tr> <tr><td>5</td><td></td><td></td><td></td><td></td></tr> </tbody> </table> <p>(you may attach a separate list)</p>		Name	Designation	ID/Passport	Nationality	1					2					3					4					5				
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2																															
3																															
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5																															

**POLITICALLY EXPOSED PERSONS (PEPS) QUESTIONNAIRE**

This section relates to Politically Exposed Person (PEP), that is an individual who is or has been entrusted with prominent public functions in Rwanda, a foreign country or an international organization.

By public function we would understand:

- A Head of State/ Government/ Prime Minister of a country
- An elected Government Official
- A court Judge/Magistrate
- An appointed member of the Senate or Parliament
- A high-ranking Military/ Police Officer
- A Diplomat, Ambassador, High Council, Chargé d'Affaires, High Commissioner
- Executive Director, Board Member or Senior Manager/ Officer of an institution fully or partly owned by the Government
- Head of Central Body of Executive power
- Head of governing body of political party
- Director/ Senior member of international body/ institution
- Any other function identified from time to time

	YES	NO
Do you currently hold any public function?		
Did you hold any public function in the last 12 months?		
Have you ever held any public position?		
Do you have or have you had any diplomatic immunity?		
Do any of the immediate family members of the applicant/customer/beneficial owner/ director or signatory hold/held any of the above listed positions? <b>Please select YES or No beside each of the following:</b>		

Spouse
Partner (person who lives in a relationship similar to husband and wife)
Children and their spouses or partners
Parents or guardians
Grandparents and Grandchildren
Siblings (brother, sister)

If the applicant/customer/beneficial owner/ director or signatory is or has been a close associate of a PEP, please answer the following questions

Does the applicant/customer/beneficial owner/ director or signatory.....

	Yes	NO
Maintain close business relationship with a PEP?	<input type="checkbox"/>	<input type="checkbox"/>
Conduct substantial financial transactions on behalf of a PEP?	<input type="checkbox"/>	<input type="checkbox"/>
Have a joint beneficial ownership in a company or trust or a legal agreement with a PEP?	<input type="checkbox"/>	<input type="checkbox"/>
Have sole beneficial ownership of a legal entity or legal arrangement which is known to be for the benefit of a PEP?	<input type="checkbox"/>	<input type="checkbox"/>

If "YES" was answered to any of the above, please provide the names of the PEP (s) and the respective position (s):

**CLIENT DECLARATION**

I (the "client") hereby declare the information above is true and accurate.  
bpr Bank Rwanda Plc is entitled to rely fully on such information and representation for all purposes, unless bpr Bank Rwanda Plc receives notice in writing of any change thereafter.

Print name

Client signature

Date

**FOR INTERNAL USE ONLY**

Additional information/ comments (if any)

Any need for additional controls or monitoring measures

Checklist	CHECKED	DEFERRED	WAIVED	N/A
Confirmed Trading Name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proof of address	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proof of Board and senior management identification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proof for on-site visit (for companies)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not blacklisted/ sanctioned	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adverse media and negative check	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Certificate of ultimate beneficial owner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Senior Management approval (High Risk customers)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Assessed by: (Business Banker/ Personal Banker/ Mortgage Advisor)**

Name ..... Position:.....Signature:.....Date: .....

**Recommended by: (Branch Manager/ MSQC)**

Name ..... Position:.....Signature:.....Date: .....

**Senior Management Approval**

Indicate your Approval/ Recommendation	Establish	Maintain	Decline	Terminate
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*"Terminate" action should be discussed with the MLRO to decide appropriate further action.*

Name ..... Position:.....Signature:.....Date: .....

**Managing Director Approval**

Indicate your Approval/ Recommendation	Establish	Maintain	Decline	Terminate
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Name ..... Position:.....Signature:.....Date: .....