## **KNOW YOUR CLIENT – KYC (C)**

1. **Title & Address**

|  |  |
| --- | --- |
| 1.1 | Title: |
| 1.2 | Business Address: (with location/street/city etc.) |
| 1.3 | Telephone: Fax: Website:  |

1. **Type of Company/Firm**

|  |  |
| --- | --- |
| 2.1 |   Sole Proprietor Partnership  LLC  INC’sOthers (specify) Corp’s  |

1. **Key Persons[[1]](#footnote-2)**

|  |  |  |
| --- | --- | --- |
| 3.1 | **Name** | **Position/Title** |
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1. **Nature of Business**

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| --- | --- |
| 4.1 | What is the nature of business?  |
| 4.2 | What is the approximate annual turnover?  |

1. **Primary Banks**

|  |  |
| --- | --- |
| 5.1 |  |

1. **Financials**

|  |  |
| --- | --- |
| 6.1 | When was last audited balance sheet/audited accounts issued? ……………Please enclose latest copy: |

1. **Introduction/Reference Source**

|  |  |
| --- | --- |
| 7.1 | Is the Relationship solicited and known to RM or Bank employee? …… ………… If yes, since when?  |

1. **Compliance Check**

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| --- | --- |
| 8.1 | Following Lists have been checked to confirm that the company/firm’s name and name of Proprietor or Partner, Director, PA Holder, Beneficial Owner, is not appearing. SDN/SDT/SDNT LIST  US ANTI-BOYCOTT/SANCTION ALERT LIST  DnB REPORT Signature…………………… |

**9. Next Review Date**

|  |  |
| --- | --- |
| 9.1 | Next Review date shall be at the discretion of the RM/RO. However it shall not be more than 12 months based on business flow.Next Review Date………………… |

1. **Corroboration/Verification**

|  |  |
| --- | --- |
| 10.1 | Corroboration/Verification has been made for the following items and copies of document wherever applicable, have been attached. Call Report  News/Media Release Negative News (if any to be reviewed and approved by compliance)  |
| **Relationship Manager/Officer**I confirm that to the best of my knowledge, the information contained in this Company/Firm’s profile is accurate. I also confirm that after reasonable inquiry, all information of which I am aware supports my conclusion: ***Relationship Manager:***  Date…… Name… Signature ……………….***Unit Manager:***  Date…… Name… Signature ………………. |

1. Key Persons = authorized individuals on trade-related activities or obtained from DNB report. [↑](#footnote-ref-2)