

## CDD/ECDD REVIEW CHECKLIST FOR PERSONAL ACCOUNT



**Gurkhas Finance Ltd.**  
**गोर्खाजि फाइनान्स लि.**

(नेपाल राष्ट्र बैंकबाट “ग” वर्णको इजाजतपत्र प्राप्त संस्था)

### Client Information

Client ID :			
Account Name :			
Account Number :			
Is Client Non-Resident : <input type="checkbox"/> Yes <input type="checkbox"/> No		Is Client from High Risk Country? <input type="checkbox"/> Yes <input type="checkbox"/> No	

### Customer Due Diligence

S.N.	Documents	Yes	No
1.	Proper Residential Address Disclosed?		
2.	Documents submitted by the client for verification of residential address.		
3.	Power of Attorney Mandate given to operate the account?		
4.	Identification of all account operators/ signatories obtained?		
5.	Identification of third signatory (e.g. Mandatee, Guardian) obtained?		
6.	Residential address of third party signatory verified?		
7.	Relationship between main account holder and third party signatory established?		
8.	What is the relationship between main account holder and third party signatory established ?		
9.	Have you collected and verified all documents with the original?		
10.	Have you checked the Sanction List as per KYC/ AML policy of the FI?		
11.	Is the client listed Sanction Screening List?		
12.	In case the customer is found in Sanction List, has it been reported to Compliance Department?		
13.	Is the client PEP?		
14.	Sources of fund		
15.	Estimated Annual Income		
16.	Anticipated Volume of Transaction in a/c		
17.	Purpose of account opened?		
18.	As per the points mentioned above, categorize the account as: <input type="checkbox"/> Low Risk <input type="checkbox"/> Medium Risk <input type="checkbox"/> High Risk		

### If you consider the account as High Risk Account (For Enhance Customer Due Diligence)

1.	Reason(s) for considering as PEP? (If Yes, Choose the following type)		
	High Ranking Official	Name:	Relationship:
	Government Employee	Name:	Relationship:
	Political Leader/Person	Name:	Relationship:
2.	Type of PEP	<input type="checkbox"/> National	<input type="checkbox"/> International

	Description	Yes	No	If No, Reason: By when the document will be updated?
1.	Citizenship/ ID copy of family members obtained?			
2.	Documents evidencing business/ profession of the client obtained?			
3.	Documents evidencing source of Income and Fund obtained?			

Date of KYC updated in CBS

...../...../..... (DD/MM/YY)

Checked By

Verified By