General Notes
Ensure photo ID is clear and legible
Ensure documentation is in date (photo ID is valid, proof of address within 6 months)
Ensure name on documentation matches investor name exactly
Ensure signature list is in the name of the Client
If not appropriate backup should be received
e.g. Trust deed if trustee signing on bahalf of a pension scheme
Power of attorney signed by investor authorising another entity to sign on their behalf
Administraton agreement if administrator signing on behalf of a fund
If AML documentatuin is received in one large file - note the relevant pages on the checklist
Schedule 3 Countries
Argentina, Australia, Austria, Bahamas, Bahrain, Barbados, Belgium, Bermuda, Brazil, British Virgin Islands, Canada, Cyprus, Denmark, Finland, France, Germany, Gibraltar, Greece, Guernsey, Hong Kong, Iceland, India, Ireland, Isle of Man, Israel, Italy, Japan, Jersey, Liechtenstein, Luxembourg, Malta, The Netherlands, New Zealand, Norway, People's Republic of China, Portugal, Singapore, Spain, Sweden, Switzerland, United Arab Emirates, United Kingdom and United States of America.
Certified Copies
All certified copies should be certified by a chartered and certified public accountant, notaries public, solicitor, embassy and consular staff or a representative of your bank, registered broker-dealer or other regulated financial institution. Each document should be marked with the words ‘original seen’ or ‘true’ copy of original documents’. The document should be signed by the individual certifying the document and noting their capacity and licence number (if applicable).
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Private Company
PRIVATE COMPANIES (EXCLUDING LIMITED LIABILITY COMPANIES)
Account Holder Name & GCIS#
Scanned Copy of a certificate of due formation and organisation (e.g. certificate of incorporation/registration) if this is not provided you can verify online independently from the local govt company registry, if applicable
Scanned Copy of the Memorandum and Articles of Association or equivalent
Data Points - Legal Address, Date & Country of Incorporation, Residence, Tax Id/Gov ID of the entity
Scanned Copy of authorised Signatory List or Corporate Resolution
Scanned Copy of the Register of Members/shareholders (beneficial owners) listing the name address and DOB (if DOB is applicable) of each person who directly, or indirectly, is the beneficial owner of more per cent of any voting or non-voting class of equity interests of the company than >10% (for High risk) ; >25% (for low & moderate risk)
Copy of the Register of Director
Director: collect full AML documentation - complete relevant checklist based on entity type of all directors
Does the entity issue Bearer Shares?
If so request letter from regulated custodian (e.g. lawyer) confirming that they hold the shares and will advise us of any change in ownership
Industry, Nature of Business, Source of Wealth, Source of Funds, Estimated Income& New Worth
AML documention for all beneficaries >10% (High) & 25% (Low & Moderate)- use relevant checklist based on entity type of beneficary (Use HIGH risk requirements)
Must identify beneficiaries through to ultimate beneficial owner
Last PCR/RDC searches done
If any exceptions have been approved by AML in the past, please make a note here. Same to be done regarding any alerts & negative media on RP's.
Previous KYC Case#
Completed by
Date
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Individual
INDIVIDUAL &/or Joint Acct Holder
Account Holder Name & GCIS#
Full Name, DOB, Place of Birth, Gender, Country of Citizenship & Residence, SSN/Gov ID
copy of picture identification bearing signature
(specify if valid)
Occupation, Employer's Name & Address, Estimated Income, Net Worth & Soucre of Wealth
Fircosoft, RDC & BIS Searches last done
Previously Approved KYC Cases
Additional proof of address is dated within the last 6 months
Last PCR/RDC searches done
If any exceptions have been approved by AML in the past, please make a note here. Same to be done regarding any alerts & negative media on RP's.
KYC Case#
Completed by
Date
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Limited Liability Company
LIMITED LIABILITY COMPANIES
Account Holder Name & GCIS#
Copy Certificate of Formation (or equivalent) if this is not provided you can verify online independently from the local govt company registry, if applicable
Copy operating agreement or equivalent
Legal Address, Date & Country of Incorporation, Residence, Tax Id/Gov ID
Name & address of all Managing Members (if individual also obtain date of birth) Enter name of Members
Name & address of all Members who own >10% (High risk) ; >25% (Low & Moderate risk)
(if individual also obtain date of birth)
Managing Members- Collect full AML documentation - complete relevant checklist based on entity type of each member
Copy authorised signature list or Corporate Resolution
Industry, Nature of Business, Source of Wealth, Source of Funds, Estimated Income& New Worth
AML documention for all members >10% (High risk); >25% (Low or Moderate) - cmplete relevant checklist(s) based on entity type of member
Last PCR/RDC done
If any exceptions have been approved by AML in the past, please make a note here. Same to be done regarding any alerts & negative media on RP's.
Previously Approved KYC Case#
Completed by
Date
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Listed Company
THE INVESTOR MUST BE A REGULATED ENTITY IN A SCHEDULE 3 COUNTRY
Listed Companies
Account Holder Name & GCIS#
Proof of listing from relevant stock exchange
Name of listed entity must match the investor name exactly
Copy authorised Signatory List or Corporate Resolution
Legal Address, Date & Country of Incorporation, Residence, Tax Id/Gov ID
If the entity is classified as HIGH risk e.g. not in specified country this checklist should not be used
Refer to relevent checklist as per entity type e.g. Private company
Industry, Nature of Business, Source of Wealth, Source of Funds, Estimated Income& New Worth
If any exceptions have been approved by AML in the past, please make a note here. Same to be done regarding any alerts & negative media on RP's.
Previously Approved KYC Case#
Last PCR/RDC done
Completed by
Date
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Public Body
Public/Government body
Account Holder Name & GCIS#
Screenprint of website confirming entity status as a public body
Details of all public / government body officials (name, residential address, date of birth & occupation)
Copy of Authorised Signatory List or Corporate Resolution
Legal Address, Date & Country of Incorporation, Residence, Tax Id/Gov ID
OR, if the above is not available:
Certified copy of the relevant Constitution/Formation Document;
Copy of Authorised Signatory List.
Details of all public / government body officials (name, residential address, date of birth & occupation)
Industry, Nature of Business, Source of Wealth, Source of Funds, Estimated Income& New Worth
PLUS if the entity is classified as HIGH risk e.g. PEP or not in specified country
collect full AML for public or governmental body officials :
Public body official AML documentation - complete relevant checklist (Use HIGH risk requirements)
Last PCR/RDC done
If any exceptions have been approved by AML in the past, please make a note here. Same to be done regarding any alerts & negative media on RP's.
Previously Approved KYC Case#
Completed by
Date
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Pension Scheme
Pension Scheme
Account Holder Name & GCIS#
Copy of the relevant Revenue/Tax Authority approval certificate e.g. IRS approval letter or web-site print out detailing the relevant Revenue/Tax Authority approval
Ensure this matched the name of the investor exactly
Copy of Authorised Signatory List or Corporate Resolution
Copy of the rules of the scheme confirming
(1) that contributions are made by the employer or by way of deduction from employee’s wages and (2) that the rules of the scheme do not permit the member’s interest to be re-assigned
Legal Address, Date & Country of Incorporation, Residence, Tax Id/Gov ID
OR, if not registered with a relevant tax authority or pension board:
Certified copy of the relevant Constitution/Formation Document;
Name of the Trustees/Directors/Governors or equivalent
Identification of the scheme’s administrator who is responsible for conducting the relevant AML checks on clients (additional documentation may be required in respect of the scheme administrator once they have been identified)
Certified copy or original Authorised Signatory List or Corporate Resolution
Industry, Nature of Business, Source of Wealth, Source of Funds, Estimated Income& New Worth
PLUS if the entity is classified as HIGH risk e.g. PEP or not in specified country
Also obtain AML for trustees:
Trustee AML documentation - complete relevant checklist based on entity type of each trustee (use higher risk requirements)
Last PCR/RDC done
If account is opened in the name of trustee company on behalf of pension scheme see Pension scheme trustee checklist
If any exceptions have been approved by AML in the past, please make a note here. Same to be done regarding any alerts & negative media on RP's.
Previously Approved KYC Case#
Completed by
Date
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Pension Scheme Trustee
Pension Scheme Trustee
Account Holder Name & GCIS#
Online verification of Trustee company (from relevant company registration site)
Copy of the deed showing the relationship between the trustee company and the scheme
Ensure the trustee name on the deed matches the client name
Copy of the relevant Revenue/Tax Authority approval certificate e.g. IRS approval letter or web-site print out detailing the relevant Revenue/Tax Authority approval
Ensure this matched the name of the pension scheme
Legal Address, Date & Country of Incorporation, Residence, Tax Id/Gov ID
Copy of Authorised Signatory List or Corporate Resolution
Copy of the rules of the scheme confirming
(1) that contributions are made by the employer or by way of deduction from employee’s wages and
(2) that the rules of the scheme do not permit the member’s interest to be re-assigned
Industry, Nature of Business, Source of Wealth, Source of Funds, Estimated Income& New Worth
OR, if not registered with a relevant tax authority or pension board:
Online verification of Trustee company (from relevant company registration site)
Copy of the deed showing the relationship between the trustee company and the scheme
Ensure the trustee name on the deed matches the client name
Certified copy of the relevant Constitution/Formation Document;
Name of the Trustees/Directors/Governors or equivalent
Identification of the scheme’s administrator who is responsible for conducting the relevant AML checks on clients (additional documentation may be required in respect of the scheme administrator once they have been identified)
Certified copy or original Authorised Signatory List or Corporate Resolution
PLUS if the entity is classified as HIGH risk e.g. PEP or not in specified country
Also obtain AML for trustees:
Trustee AML documentation - complete relevant checklist based on entity type of each trustee (use higher risk requirements)
Last PCR/RDC done
If any exceptions have been approved by AML in the past, please make a note here. Same to be done regarding any alerts & negative media on RP's.
Previously Approved KYC Case#
Completed by
Date
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Trusts
Private Trusts
Account Holder Name & GCIS# The 2007 Jeffrey E Epstein Insurance Trust#3 & 487199
Copy of the Trust Deed or equivalent constitutional document Yes
Copy of authorised Signatory List or Corporate Resolution Yes
Legal Address, Date & Country of Incorporation, Residence, Tax Id/Gov ID Yes Jeffrey E Epstein Grantor
List of ALL beneficial owners/controllers or class of beneficiaries
If no named beneficary has confirm who has control of the trust Darren K Indyke Trustee
Name address & Date of birth of trustees Yes - Photo ID Richard Kahn Trustee
Name address & Date of birth of settlor(s)/grantor(s) Yes - Photo ID [redacted] UBO
Trustee 1: Collect full AML documentation - complete relevant checklist based on entity type of trustee
Trustee 2 (or authorised signer) : collect full AML documentation - complete relevant checklist based on entity type of trustee
Industry, Nature of Business, Source of Wealth, Source of Funds, Estimated Income& New Worth KYC Global Print
Last PCR/RDC done Yes (2017)
If any exceptions have been approved by AML in the past, please make a note here. Same to be done regarding any alerts & negative media on RP's.
Previously Approved KYC Case# 1804531
Completed by Alka Babu
Date 8/7/2018
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Limited Partnerships
Partnership
Account Holder Name & GCIS#
Copy of the Partnership Agreement or equivalent
Details of all partners (name, residential address, date of birth, occupation & ownership)
Copy of Authorised Signatory list or Corporate Resolution or Signature Card
Legal Address, Date & Country of Incorporation, Residence, Tax Id/Gov ID for the entity
General partner collect full AML documentation - complete relevant checklist based on entity type of each GP Enter name of GP
Limited partner collect full AML documentation - complete relevant checklist based on entity type of each LP Enter name of LP 1
ID Docs for GP's owning >25% interest
ID Docs for LP's owning >25% interest
Industry, Nature of Business, Source of Wealth, Source of Funds, Estimated Income& New Worth
PLUS if the entity is classified as HIGH risk e.g. PEP or not in specified country
Collect AML documentation for GP/LP listed above in line with higher risk requirements
collect full AML documentation for all partners who own more than 10% (High risk) of the partnership capital, profit, or voting rights use relevant checklist based on entity type of the partner
Last PCR/RDC done
If any exceptions have been approved by AML in the past, please make a note here. Same to be done regarding any alerts & negative media on RP's.
Previously Approved KYC Case#
Completed by
Date
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Charities
Registered Charity
Account Holder Name & GCIS#
Copy of the relevant Revenue/Tax Authority approval or proof of registration status from the relevant Charity Commission or equivalent e.g. IRS approval letter or website print-out
Copy of Authorised Signatory list or Corporate Resolution or Signature Card
Legal Address, Date & Country of Incorporation, Residence, Tax Id/Gov ID for the entity
Industry, Nature of Business, Source of Wealth, Source of Funds, Estimated Income& New Worth
PLUS if the entity is classified as HIGH risk e.g. PEP or not in specified country
Certified copy of the relevant Constitutional/Formation Document
Certified copy or original Authorised Signatory List
Details of each Trustee/Director/Governor (or equivalent) Enter names
Details of beneficiaries/class of beneficiaries (where ascertainable)
Enter name
Certified copy of the Audited Financial Statements.
Trustee/Director Govenor : AML documentation - complete relevant checklist based on each entity type (use higher risk requirements) Enter name of trustee/Director/Govenor
Last PCR/RDC done
If any exceptions have been approved by AML in the past, please make a note here. Same to be done regarding any alerts & negative media on RP's.
Previously Approved KYC Case#
Completed by
Date
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School College Universities
School/College/University
Account Holder Name & GCIS#
Confirmation of whether the entity is Publicly Owned or Privately Owned
If the entity is publicly-owned, use public body checklist
Legal Address, Date & Country of Incorporation, Residence, Tax Id/Gov ID for the entity
If privately owned identify beneficial owners and obtain AML as per relevant checklist
Details of the main officials (name, residential address, date of birth, and occupation).
Authorised Signatory List or Corporate Resolution or Signature Card
For Each Public body official collect full AML documentation - complete relevant checklist (Use HIGH risk requirements)
Name, address & date of birth of beneficial owners >10% (High Risk); >25% (Low or Moderate Risk) Enter name of beneficial owners
Industry, Nature of Business, Source of Wealth, Source of Funds, Estimated Income& New Worth
PLUS if the entity is classified as HIGH risk e.g. PEP or not in specified country
Collect AML documentation for officials listed above in line with higher risk requirements
Collect full AML documentation for beneficial owners >10% - complete relevant checklists)
Last PCR/RDC done
If any exceptions have been approved by AML in the past, please make a note here. Same to be done regarding any alerts & negative media on RP's.
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Fund
Funds
Account Holder Name & GCIS#
Copy of the Offering Memorandum/PPM or equivalent
Name and address of the fund’s promoter and administrator
Proof that the entity conducting the relevant AML checks on the underlying investors of the fund is regulated in a Specified Country if entity conducting AML is not regulated in a Specified Country look to high risk requirements
Details of all investors who own more than 25 per cent of the shares/units in the Fund
Legal Address, Date & Country of Incorporation, Residence, Tax Id/Gov ID for the entity
Industry, Nature of Business, Source of Wealth, Source of Funds, Estimated Income& New Worth
PLUS if the entity is classified as HIGH risk e.g. Administrator is not regulated, investor is a PEP or not in specified country
Collect full AML documentation for all shareholders with >10% (high-risk) holding (complete relevant checklist(s)
Last PCR/RDC done
If any exceptions have been approved by AML in the past, please make a note here. Same to be done regarding any alerts & negative media on RP's.
Previously Approved KYC Case#
Completed by
Date
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