

This checklist shall be completed to the best of the representative's knowledge.

Money Laundering Risk Profiling Checklist (MLRPC) for Corporate Client

Client Name: _____

Note: This section sets out the factors to assess the level of risk. However, dealer's representative's / staff are expected to also consider any other factors which may be relevant to a particular client to assess the level of risk.

S/No.	Risk Factors	Question	Answer	
			YES	NO
1.	Origin of the client & location of business / transaction	a) Is the client's business incorporated in a "High Risk" country?	<input type="checkbox"/>	<input type="checkbox"/>
		b) Does the location of client's business and/or transaction reside in a "High Risk" country?	<input type="checkbox"/>	<input type="checkbox"/>
		(Please refer to Attachment A for "High Risk" country)		
		If yes, please specify:		
2.	Background / profile of the client	a) Does the client (including directors, substantial shareholders and senior management) fall under high net worth category?	<input type="checkbox"/>	<input type="checkbox"/>
		b) Is the client (including directors, substantial shareholders and senior management) listed or linked to any PEPs?	<input type="checkbox"/>	<input type="checkbox"/>
		c) Is the client (including directors, substantial shareholders and senior management) listed or linked to the individuals who are listed on the UN Blocked List or any other blacklisted list as published by any local regulator?	<input type="checkbox"/>	<input type="checkbox"/>
		(Please refer Attachment B for "High Net Worth Individuals", "PEPs" and "Blacklisted List")		
		If yes, please specify (for PEP, pls specify whether foreign/domestic or persons entrusted with prominent function by an international organisation):		
3.	Nature of client's business / employment	Does the client's business/employment fall under the "High Risk" business category?	<input type="checkbox"/>	<input type="checkbox"/>
		(Please refer to Attachment C for "High Risk" business)		
		If yes, please specify:		
4.	Product / service type	Does the product / service fall under the "High Risk" category based on Group's entities risk profiling?	<input type="checkbox"/>	<input type="checkbox"/>
		(Please refer to Attachments D and D(a) for "High Risk" products / services)		
		If yes, please specify:		
5.	Corporate structure	Is the client corporate / ownership structure unduly multiple layered or complex without justifications?	<input type="checkbox"/>	<input type="checkbox"/>
		If yes, please identify and specify the structure and the beneficial owner controlling the entity:		
6.	Legal arrangements	Is the client using legal arrangements that are complex? e.g. trustee / proxy / nominee?	<input type="checkbox"/>	<input type="checkbox"/>
		If yes, please identify and specify the structure and the beneficial owner controlling the arrangement:		

S/No.	Risk Factors	Question	Answer	
			YES	NO
<u>CONCLUSION:</u>				
<ul style="list-style-type: none">• If one of the answer to the question 1 to 6 above is “YES”, treat as Higher risk client and obtain information / documents as applicable to the High risk rating.• For domestic PEPs or persons entrusted with a prominent function by an international organisation, business units are required to assess the level of ML/TF risk posed by the business relationship with the domestic PEP or person entrusted with a prominent function by an international organisation.• If all the answers to questions 1 to 6 above are “NO”, and : -<ul style="list-style-type: none">a) The <u>DRs / staff</u> have other information that may suggest that the client is of higher risk, treat as higher risk client and obtain information / documents as applicable to the High risk rating.b) The <u>DRs / staff</u> have no other information that may suggest that the client is of higher risk, treat as lower risk client and obtain information / documents as applicable to the Low risk rating.			<div>Risk rating:</div> <div>Low risk <input type="checkbox"/></div> <div>High risk <input type="checkbox"/></div>	

***NOTE:**

Based on the above conclusion, if the representative's view that the High risk rating client should not be rated as High Risk, please complete the remarks column below:-

REMARKS:

(Please state reason / justification, mitigating steps taken / have yet and are intended to be taken, target timeline, action by and etc).

Name

Designation

Signature

Date

Prepared by:

(to be completed by representative)

**Reviewed by:
(to be completed by Operations Department)**

FOR HIGH RISK CLIENT, PLEASE COMPLETE THE ENHANCED DUE DILIGENCE TEMPLATE.