



ENHANCED DUE DILLIGENCE FORM

Financial Intelligence Act, 13 of 2012 (FIA)

This form must be completed where the client or person identified on the KYC form is considered to be a high risk, including but not limited to:

a) A person considered to be a Politically Exposed Person (PEP) or a person closely related or connected to a PEP;

b) Foreigners;

c) Any circumstance giving rise to a suspicious transaction or activity.

A. PARTICULARS OF THE CLIENT

Full Name or Registered Name:.....

Identity/Passport/Registration Number:.....:

Nationality or Country where Registered:.....

Residential Address/Business Address:.....:

.....

Income Tax Registration Number (for CCs and Companies):.....

Value Added Tax Registration Number (for CCs and Companies):.....

B. DECLARATION ON POLITICALLY EXPOSED PERSONS (PEPs)

A Politically Exposed Person is an individual who is or has been entrusted with prominent public functions in Namibia, a foreign country or an international organization, which includes the roles held by a head of state, a head of government, government ministers, senior civil or public servants, senior judicial or military officials, senior executives of state owned corporations, senior political party officials, members of the legislature and senior management of international organizations.

By "associated or related", we mean that the client or person is closely connected to a PEP either socially or professionally, or are a parent, step-parent, child, step-child, adopted child, spouse, sibling, step-sibling and adopted sibling of a PEP.

Is the client or any person identified on the Identification and Verification Form a Politically Exposed Person or closely associated or related to a Politically Exposed Person? **(Kindly refer to the PEP checklist for assistance)**

YES

NO

If yes:

A) What is the name of the Politically Exposed Person?

B) What is your relationship to the Politically Exposed Person.....

C) What official position does the Politically Exposed Person hold?
.....

D) During what time period was the position held?.....

C. WHAT ARE THE REASONS FOR SPECIFIC INTENDED OR PERFORMED TRANSACTIONS?

.....
.....

D. WHAT IS THE CLIENT'S VOLUME OF ASSETS?

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.....
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E. DECLARATION ON SOURCE OF WEALTH & SOURCE OF FUNDS

Please indicate where the client's wealth is derived from, as well as where the funds for the transaction were derived from and provide the relevant proof.

Employment/Trade Income

Investment Income

Rental Income

Others, please specify i.e fishing etc.

F. DECLARATION

I declare that I have verified the authenticity of the documents submitted with this form, and that the information provided in these forms is true and correct.

Signature of Consultant/Agribank's Employee:

.....

Date.....

Name

Capacity

.....

.....

FOR OFFICIAL USE

The following Verification Documentation is to be attached (Please tick):

- Identification and Verification Form and supporting documents required for verification;
- Copy of screening results AML portal and Compliance database;

For individuals, documents verifying the client's:

- Source of income or occupation;
- Nature and location of business activities;
- Volume of assets;
- Reason for the transactions;
- Source of funds involved in the transaction.

For Close Corporations and Companies, documents verifying the:

- Nature of the business;
- Income Tax and Value Added Tax registration numbers;
- Volume of assets;
- Reason for the transactions;
- Source of funds involved in the transaction;
- Any published convictions, penalties, sanctions or adverse media articles involving the client;
- Any other supporting documents required by the AML Officer:

Recommendation of Personal Financial Advice/Broker Distribution Manager

I have reviewed the verification documentation attached and considered the money-laundering and/or terrorist financing risk the client poses and hereby recommend

that the business relationship be: Established Maintained Declined Terminate

Branch Manager Approval:

.....

Date.....

Name

Capacity

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AML Officer Approval

.....

Date.....

Name.....

Capacity:.....