



Prospective Client Profile – Individuals / Partnerships

PROSPECTIVE CLIENT PROFILE / KYC COVERSHEET	
<p>For Individuals and joint/partnership accounts where no account holder is a large corporate entity.</p>	<p>Affix your recent passport size photograph</p>
1. Name of Client Contact:	
<p>Owner <input type="checkbox"/> (go to 2)</p>	<p>Other <input type="checkbox"/> :- (fill up details below)</p>
<p>Mobile No: House/Office No: Fax No: Address: Email:</p>	
2. Name of Beneficial (Actual) Owner:	
<p>Mobile No: House/Office No: Fax No: Address:</p>	
3. Introduction	
Known personally to:	Yrs/Months:
Referred by	Related to:
Solicited based on recommendation from:	
4. Bank Account details	
Bank Name:	Branch:
Date since (DDMMYY) ___/ ___/ ____	A/c No.:



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5. Account Type (Tick suitable)	
Individual <input type="checkbox"/>	Joint / Partnership <input type="checkbox"/>
6. Profile (Tick relevant boxes)	
Short/Long-term investment <input type="checkbox"/>	Pricing/Delivery <input type="checkbox"/>
Hedging <input type="checkbox"/>	Arbitrage <input type="checkbox"/>
Other (please describe) <input type="checkbox"/>	
7. Profession	
Business Name:	
Proprietor <input type="checkbox"/>	Employee <input type="checkbox"/>
Spouse's Name:	Profession:
8. Financial Information	
Estimated total Net worth:	
Source of wealth:	
Origin of assets deposited into account::	
Source of information:	
Estimated Annual Income:	
Total family and/or joint/partnership income (from all sources):	
9. Estimated Daily Transactions	
6 contracts or less <input type="checkbox"/>	7 – 20 <input type="checkbox"/>
21 – 50 <input type="checkbox"/>	more than 50 <input type="checkbox"/>
Other information (i.e. projected future turnover):	
10. Is client account holder a politically exposed* person?	
*{i.e. are/were they – a senior military, government or political official of any country? A senior executive of a state-owned corporation, or an immediate family member or close associate of such a person?}	



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Yes No Not Sure

If 'YES' or 'NOT SURE' please provide below any known details

Addition Information/Continuation 1 -10

Information Captured By	:	
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Name	:	
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Signature	:	
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Date	:	
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Information Supplied By	:	
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Name	:	
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The information supplied is correct to the best of my knowledge

Signature	:	
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Date	:	
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