



# The Punjab Provincial Co-operative Bank Ltd.

## EDD Form for Politically Exposed Persons (PEPs)

- ✓ Below form should be filled by Bank staff only.
- ✓ This EDD Form (duly filled) should be attached with Account Opening Form to meet the regulatory requirement.
- ✓ Update relevant information available in system for any change in the KYC profile of the customer.

EDD Category	Required		Information		
<b>Account Information</b>	Branch Code & Name				
	Account Number				
	Account Title				
	Address				
	Phone / Contact No.		Issue Date.		
	CNIC/NICOP/etc. No.		Expiry Date.		
	Relationship with PEP		<input type="checkbox"/> self <input type="checkbox"/> Close Associate <input type="checkbox"/> Others (specify) _____		
	PEP Belongs to		<input type="checkbox"/> Politician (position held and Party Name) _____ <input type="checkbox"/> Civil Bureaucrats <input type="checkbox"/> Armed Services		
<b>Customer Information</b>	Source of fund		<input type="checkbox"/> Salary <input type="checkbox"/> Stock/Investment <input type="checkbox"/> Home Remittance <input type="checkbox"/> Agriculture/Rented Property <input type="checkbox"/> Inheritance <input type="checkbox"/> Family Business: _____ Other: _____		
	Nature of Business		<input type="checkbox"/> Manufacturer <input type="checkbox"/> Finished Goods <input type="checkbox"/> Service Industry <input type="checkbox"/> Others _____		
	Mode of transaction		<input type="checkbox"/> Cash <input type="checkbox"/> Clearing <input type="checkbox"/> Collection <input type="checkbox"/> Remittance <input type="checkbox"/> Other: _____		
	Purpose of Account		<input type="checkbox"/> Saving <input type="checkbox"/> Business <input type="checkbox"/> Transactional <input type="checkbox"/> Other: _____		
	Ultimate Beneficiary of Account		<input type="checkbox"/> Self	<input type="checkbox"/> Other Name: _____ CNIC: _____ Relationship with customer: _____	
	Expected aggregate credits per month (PKR)				
	Expected number of transactions in a month				
	Expected volume per transaction PKR				
	Brief profile of business activities (i.e. nature of goods, name of major buyers/suppliers, parties intercity / cross city etc)				
	Duration since in Business				
	Account to be operated by?				
	Reason for dealing in cash (where applicable)?				
	Market reputation of customer: <i>(In case of un-satisfactory, seek guidance from HO Compliance Division)</i>		<input type="checkbox"/> Satisfactory <input type="checkbox"/> Fair <input type="checkbox"/> Un-satisfactory <input type="checkbox"/> Not known		



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<b>Branch Declaration</b>	Office/ place of business visited by the branch?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Customer known to Branch Manager?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Is branch satisfied with transactions volume?*	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Do transactions in the account make economic sense?*	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Is branch conscious of AML/CFT aspect with conduct of account?*	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Does Name Screening process from Proscribed Individual / Entity complete?*	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Does the activity in account match with customer's business / personal need?*	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Does the branch update customer profile on regular basis?*	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Any Past Litigation? If Yes, brief details and results _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Is due diligence of customer account carried out? If Yes, on date _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Approval from Zonal Head concerned obtained?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	EDD questionnaire is filled after direct interaction with customer through:	<input type="checkbox"/> Personal visit of the customer to the branch <input type="checkbox"/> Visit of branch officials to the customer's place <input type="checkbox"/> Phone (# _____) Date & Time of Contact: _____	

**\*In case of "NO", the account should be reported to AML/CFT Desk, Head Office, Lahore.**

I certify that the information provided above in this form is true, correct and complete to the best of my knowledge and belief.

I certify that I have made all reasonable enquiries to obtain the information required.

<b>BM / CSM Name</b>	
<b>Signature</b>	
<b>Date</b>	