

FORM D - ONGOING DUE DILIGENCE
(For clients with ongoing business relationships)

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Section A: Client Information (Individual)		Client Information (Entity)	
Client Name:		Entity Name:	
NRIC/FIN/Registration No.:		UEN No:	
Beneficial Owner(s) (if applicable):		Beneficial Owner(s):	
Section B: Business Relationship			
Nature of Relationship:			
Date Relationship Commenced:		Transaction Frequency:	
Section C: Risk Assessment			
Level of Risk and Reasons for Conclusion:		Frequency of Review:	
_____		_____	
		Last Review Date:	

		Next Review Due:	
Section D: Ongoing Monitoring			
1. Information Currency Check			
Are all previously obtained client documents and information still current? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If answer is no, please provide details on the information which has changed:			
<input type="checkbox"/> Client's identification documents (e.g. citizenship)			
<input type="checkbox"/> Residential address			
<input type="checkbox"/> List of Beneficial Owners			
<input type="checkbox"/> Source of wealth/funds			
<input type="checkbox"/> Others:			

Action Required:			
<input type="checkbox"/> I have obtained a copy of the document with the updated information.			
2. Transaction Monitoring			
Are recent transactions consistent with known client profile? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If no, please provide the details below,			
a. Unusual Patterns Identified:			

b. Actions Taken:			

3. RES's Recommendation

RES Name: _____ RES Registration No: _____

RES's Recommended Follow-Up Action:

☐ No changes to Client's Profile and no updates required. To continue monitoring.☐ Updates required (e.g. to update BO information, file an STR): _____

Date of Review: _____ RES Signature: _____

4. Estate Agent's Review of On-Going AssessmentThe estate agent ☐ Agrees/ ☐ Disagrees with the RES's recommendation.Risk Rating to be: ☐ Maintained ☐ Increased ☐ Decreased Follow-up Actions Required:

Name of Approving Officer: _____ Signature: _____

Designation: _____ Date: _____