KNOW YOUR CUSTOMER (KYC)/CUSTOMER DUE DILIGENCE (CDD) GUIDANCE FOR ACCOUNTANTS

Disclaimer

This KYC/CDD On-boarding Form is designed to provide Accountants with examples and practical applications showing how the CDD, including client risk assessment requirements contained in the Money Laundering and Financing of Terrorism (Prevention) Act , 2011 (as amended) and the EFIU Guideline on Anti-Money Laundering and Counter-Financing of Terrorism for Accountants of 2024 (EFIU Accountants AML CFT Guideline.pdf), may be met by Accountants. Accountants must have established adequate CDD procedures in place, including client level risk assessment to identify and manage risks associated with Money Laundering ("ML"), Terrorist Financing ("TF") and Proliferation Financing ("PF"). Therefore, this form was designed to serve as a practical example of how KYC/CDD could be undertaken and documented.

*The KYC/CDD Form is a learning tool **ONLY** and it is not a prescribed requirement or a formal guideline. In particular, as there are different ways to meet the AML/CFT requirements, the examples stated in the KYC/CDD On-boarding Form may differ from the existing practices of accounting firms, especially those with an established AML/CFT framework. As such, the KYC/ CDD On-boarding Form is not intended to compel, suggest or advise changes to those existing practices.*

File Number:	

General Information

Date of Submission: _____

Client Type: ☐ Individual/Natural Person ☐ Company/Legal Entity ☐ Trust ☐ Sole Proprietor

TABLE 1: NATURAL PERSON/ INDIVIDUAL CLIENT /PERSON ACTING ON BEHALF OF CLIENT

Title: Miss/Mrs/Mr/Ms	
First name (and any previous names)	
Middle name(s)	
Surname (and any previous names)	
Is the client a Politically Exposed Person (PEP)? Yes/ No If yes, complete Table 5 guided by Table 6	
Date of birth	
ID Number (If Swati)	
Passport number (if foreign national).	
Source of Funds	
Residential / Physical address	
Client Contacts	Phone:
	Email:

Attach:

☐ ID for Swazi

☐ Passport for non-Swazi

☐ Proof of Resident (*Utility bill, Lease Agreement etc.)*

☐ Sources of Funds

Client Initials		Date:		Client Signature	
Accountant Initials		Date:		Accountant Signature	

TABLE 2: COMPANIES/LEGAL PERSONS

Full legal name of client and any trading names	
Registered Office and (where different) business/mailing address	
Country of incorporation / established	
Company identification number	
Company Contacts	Phone:
	Email:
Names of all directors	
Names of all ultimate beneficial owners (UBO)	
Is client director(s) a Politically Exposed Person? Yes/ No If yes, complete Table 5 guided by Table 5	
ID Number for directors (if Swati)	
Passport Number for directors (if non-Swazi)	
Identification Numbers of ultimate beneficial owners (UBO) (ID Number for Swazis and Passport Number for Non-Swazis)	
Sources of funds or sources of wealth	

Attach:

☐ Certificate of Incorporation

☐ Memorandum & Articles of Association

☐ Form C & Form J (List of Directors & Shareholders)

☐ Corporate Resolution authorizing transaction

TABLE 3: TRUSTS

Full name of the trust	
Address of the trust	
Name of Settlor	
Identification Number of Settlor	
Name of Trustee	
Identification Number of Trustee	
Trustee Contacts	Phone:
	Email:
Names of Trust beneficiaries (Complete Table 3A)	
If the trust is a discretionary trust Describe each class or type of beneficiary	
Is the beneficiary(s) a Politically Exposed Person (PEP)? Yes/No If yes, complete Table 5 guided by Table 6	
If the trust IS a charitable trust, Describe the objects of the trust	
Source of funds or wealth of the trust	

Attach:

☐ Trust Deed

☐ Trustee IDs

☐ Beneficiary Information IDs

☐ Settlor Information IDs

TABLE 3A: Name and date of birth of beneficiaries

	1st Beneficiary	**2nd Beneficiary**	**3rd Beneficiary**	**4th Beneficiary**
Full legal name				
Date of birth				
National Identity Number (Swazi national)				
Passport number (if foreign national)				
Physical Address				

TABLE 4: SOLE TRADERS

Full legal name of client and any trading names	
National Identity Number of Owner (If owner is a Swazi)	
Passport Number of Owner (If owner is a foreigner)	
Principal business address and registered office address (if different)	
Identifier or registration number from the registrar of companies (if applicable)	
Client Contacts	Phone:
	Email:

Attach:

☐ Trading Licence

☐ Owner ID

TABLE 5: POLITICAL EXPOSED PERSON

Political Exposed Person	
Name of PEP:	
Title of Position Held:	
Name of the Governmental or International Institution / Judiciary / Military / Political Party:	
Type of PEP:	□ Client □ Family Member (Spouse or Partner / Child / Parent / Child's Spouse) □ Close associate □ Representative
Describe the nature of the prominent public function the person is or has been entrusted with as a PEP, or the nature of the person's relationship with the PEP (if Client itself is not a PEP):	

TABLE 6: ENHANCED DUE DILIGENCE

Enhanced Due Diligence	
Enhanced Due Diligence (EDD) is required for "High-risk" clients including Political Exposed Persons (PEPs) i.e. those clients who are more likely to be involved in ML/TF/PF activities. When applying EDD measures you should: Assess all circumstances implying higher risks of ML / TF / PF in providing service(s) to your client / beneficial owner; a) Provide information on client's sources of wealth; b) Provide information on client's sources of funds; c) Consider the nature of an ongoing monitoring of the business relationship; and d) Obtain approval of senior management / partner before: ▪ In the case of a new client, establishing a business relationship with the client; or ▪ In the case of an existing client, continuing a business relationship with the client.	
What is client's Sources of Wealth? Applies always to Non-Swazi/Foreign Nationals and higher risk PEPs; and clients from a High-risk	

jurisdiction if the business relationship is assessed to be a higher risk business relationship considering all risk factors). For other type of High-risk clients, you may either obtain sources of wealth or apply any of the following **EDD measures subject to risk-based approach:** ▪ seek additional independent sources to verify information provided or made available to you; ▪ take additional measures to understand better the background, ownership and financial situation of the client, and other parties to the transaction to be satisfied that the transaction is consistent with the purpose and intended nature of the business relationship; or ▪ Seek senior management approval ▪ apply enhanced monitoring to the client relationship, including greater scrutiny of individual transactions. **Note**: sources of wealth must be documented and an explanation from the client should be sought (if required). You should understand and obtain information on: ▪ client's net worth; and ▪ where that net worth came from / how it was generated. **Note**: You can rely on publicly disclosed information if such information is available, external confirmations and information provided by the client, focusing on the sources that generated the major proportion of the wealth. Examples of documents supporting sources of wealth are listed below. All documents should be attached in the client's file.	
Types of sources of funds	**Examples of supporting document(s):**
Employment (e.g. salary, wages, bonus, other benefits)	▪ Copies of pay slips ▪ Bank statements displaying source of income and/or regular ▪ payments from employer ▪ Personal Tax Summaries (PTS) ▪ Confirmation from the employer of annual salary

	▪ Latest accounts or tax declaration if self-employed
Rental Income	▪ Tenancy agreement ▪ Bank statement showing regular payments of the rent by tenant
Loan Drawdown	▪ Loan agreement or loan statement
Inheritance	▪ Letter from solicitor ▪ Copy of Will / Grant of Probate
Sale of Assets	▪ Sale and purchase agreement ▪ Letter from solicitor/accountant ▪ Contract Note ▪ Shareholder's certificate ▪ Transaction receipt/confirmation ▪ Title Deed
Investments	▪ Records of external investments ▪ Audited Financial Statements ▪ Copy of contracts
Business ownership interests	▪ Audited Financial Statements ▪ Copy of latest management accounts ▪ Board of Directors approval ▪ Dividend distribution ▪ Tax declaration form
Gift	▪ Letter from a solicitor ▪ Letter from donor explaining the reason for the gift and the source of donor's wealth ▪ Identification documents of donor ▪ Donor's source of wealth
Others	▪ Please specify here:
Nature of enhanced / ongoing monitoring of the business relationship (*Who will do What and How often*): (What are the additional actions / controls that will be/are applied to monitor this High-risk relationship?) **Note**: Ongoing monitoring means scrutinising transactions to check if they remain: ▪ consistent with what is known about the client; ▪ controlling changes to client's information, activities and requested services; and ▪ monitoring frequently renewed sanctions, PEP lists and adverse news.	

The type of monitoring may include: ▪ requiring a greater level of information and explanation from the client in regard to transactions and amounts (during the course of a given instruction); ▪ greater frequency of checks on transactions, particularly sources of funds; or ▪ undertaking more frequent CDD checks on your client (screening, adverse news checks) periodically or upon each new matter.	
Approvals of KYC/CDD On-boarding Form	
I certify that the information above is correct and accurate to the best of my knowledge.	
Signed by Engagement Accountant: Name and Signature Date:	