



# The Punjab Provincial Co-operative Bank Ltd.

## EDD Form for NGO/NPO/Trust/Charities/Club/Associations/Societies

- ✓ 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.		NTN No. (if any)		
	Registration No.		Regist. Issue Date.		
<b>Customer Information</b>	Source of fund (including members of Governing Body/Executive Committee, authorized signatories)	<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: _____			
	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 (please mention names of persons / entity)		
			Name(s): _____		
			CNIC(s): _____		
		Relationship with customer: _____			
		Expected aggregate credits per month (PKR)			
		Expected number of transactions in a month			
		Expected volume per transaction (PKR)			
	Specify utilization of funds in activities?				
	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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Branch Declaration		<input type="checkbox"/> YES	<input type="checkbox"/> NO
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
Does Name Screening process from Proscribed Individual / Entity complete?*		<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 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>	