

FORM C: ENHANCED CUSTOMER DUE DILIGENCE FORM (“ECDD”)

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The screening is performed on the following person:

Name: _____ Identification Number: _____

Section A: Transaction Details

Property Address: _____

Purchase/Sale Price: _____ or Monthly Rental: _____

Propose of Transaction: ☐ Own Stay ☐ Investment ☐ Others (Please Specify): _____**Section B: Source of Funds (For This Transaction)***Total Transaction Amount:*

S\$ _____

Primary source of funds:

- ☐ Personal Savings
☐ Sale of Property
☐ Business Income
☐ Investment Returns
☐ Loan (Bank/Institution: _____)
☐ CPF Funds
☐ Gift/Inheritance
☐ Others (please specify): _____

Supporting Documents (to attach)

- ☐ Bank Statements (Last ____ months)
☐ CPF Statement
☐ Sale & Purchase Agreement of previous property
☐ Loan Approval Letter
☐ Investment Portfolio Statements
☐ Gift Deed/Inheritance Documents
☐ Others: _____

Section C: Source of Wealth (Overall Financial Profile)*Estimated Total Net Worth:*

S\$ _____

Primary sources of wealth:

- ☐ Business Ownership
(Company: _____)
☐ Employment Income
☐ Investments (Type: _____)
☐ Inheritance
☐ Property Portfolio
☐ Others (please specify): _____

Supporting Documents (to attach)

- ☐ Company Financial Statements
☐ Employment Letter/Pay Slips
☐ Tax Returns
☐ Investment Certificates
☐ Property Ownership Documents
☐ Others: _____

Note: To consider terminating the transaction if unable to establish source of income and source of wealth and lodging an STR.

Section D: Prior Approval from Designated Officer

RES must obtain approval from a designated officer of the estate agent before establishing/continuing the business relationship with a higher-risk client.

RES's Recommendation¹**RES's Assessment of High-Risk Rating:**

Basis for High-Risk Rating: _____

Recommendation For Acceptance of Client²

☐ Recommended to proceed ☐ Not recommended³ to proceed

Reasons for accepting a high-risk client: _____

Estate Agent's Assessment & Approval

The estate agent has assessed the ML/PF/TF risk of the Client, BO and transaction and

☐ **Approved** ☐ **Not approved** for the RES to proceed with the higher risk transaction.

Name of Approving Officer: _____ Signature: _____

Designation: _____ Date: _____

Does the approval align with the RES's recommendation?

☐ Yes ☐ No (Please specify reason(s): _____)

¹ Please note that separation of duties is a good practice with regard to having separate persons conducting risk assessments of customer/clients and approving the acceptance of the customers/clients.

² You should consider escalating to the compliance officer or designated officer and/or filing a Suspicious Transaction Report where necessary.