Annex 2 - Ongoing Monitoring Form

v1.0

Customer Name	
Date of Onboarding	
Date of Ongoing Monitoring	
Risk Rating	

A. Verification

The below relates to any changes that may have occurred since the customer was onboarded

Item (tick as appropriate)	**Yes**	**No**
Change in name		
Change in permanent residential address		
Change in professional activity		
Change in citizenship/nationality or additional citizenship/nationality		
Change in contact details		
Change in source of funds		
Change in deposit/withdrawal/trading pattern		

B. Updated KYC Documents

Item (tick as appropriate)	**Yes**	**No**
National Identity Card/Passport (if applicable)		
Proof of address (less than 3 months old)		
Others Please specify:		

Please elaborate any changes identified in the above table and any high risk factors identified during the ongoing monitoring process.

C. Screening

	Yes	No
Fresh screening conducted If yes, please provide date of screening:		

Item (tick as appropriate)	Yes	No
Adverse Information		
Sanctions Hit		
PEP Hit		
Any other relevant information		

Please elaborate any changes identified in the above table and any high risk factors identified during the ongoing monitoring process.

D. Customer Risk Assessment

Item (tick as appropriate)	Yes	No
Fresh Customer Risk Assessment completed		
Any change in risk rating? If yes, please specify:		
If the risk rating changed to high-risk, has the approval of the senior management been sought?		
If risk rating changed to high-risk, have enhanced due diligence measures been applied?		

Officer Completing this Form	
Name	
Signature	