

AMICUS AML FORM

**DETAILS OF
BENEFICIAL OWNER (“BO”)**

Explanatory Note to Clients on Anti-Money Laundering (AML) Regulations: All lawyers are required by law to perform identity & verification checks on transaction and risks, both prior to accepting instructions to act & on an on-going basis. Please note that we are required to maintain such documentation and records, which will be made available for disclosure to authorised officers if it is required for compliance with any of the AML regulations. We therefore seek your kind understanding and cooperation in the provision of all information requested as follows.

Property Address:			
Reference No.:		Lawyer/ Secretary	
Subject Matter:			

1. PARTICULARS OF BENEFICIAL OWNER

A.	Client’s Full Name (incl. aliases)	
B.	NRIC/ Passport No.	
C.	Type of Identification (must be issued by a government)	<input type="radio"/> NRIC <input type="radio"/> Passport <input type="radio"/> Others (please specify): _____
		Expiry Date of Identification Document:
D.	Date of Birth	
E.	Place of Birth	
F.	Nationality	
G.	Residential Address	
H.	Occupation & Job Title	
I.	Name of Employer in Full (if any)	
J.	Contact No.(s) & Email	
K.	State Reason for being a BO	
L.	Is the BO a current or former foreign PEP?	<input type="radio"/> No <input type="radio"/> Yes (Please provide details) _____
M.	Is the BO a family member of a current or former foreign PEP?	<input type="radio"/> No <input type="radio"/> Yes (Please provide details) _____
N.	Is the BO a close associate of a current or former foreign PEP?	<input type="radio"/> No <input type="radio"/> Yes (Please provide details) _____

2. DECLARATION

A. I hereby declare and confirm that the information above is, to the best of my knowledge, correct and accurate and have not willfully withheld any material fact or information from _____.

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- B. I shall give _____ written notice of any change in my particulars throughout the course of the representation.
- C. There are no legal proceedings against me in Singapore or otherwise, and I have not been convicted of any tax crimes.
- D. I give consent to _____ to contact me for the purpose of _____'s compliance with the Regulatory Guidelines on Prevention of Money Laundering and Countering the Financing of Terrorism.
- E. I will indemnify _____ from any and all cost and expenses arising from as a result of any inaccurate information, false and misleading representation provided by me and relied upon by the firm.

Name of Beneficial Owner:

Date:

FOR OFFICIAL USE ONLY

RISK PROFILE ASSESSMENT

- o Low Risk
- o To seek advice/ approval of Senior Management for further compliance/ risk mitigation measures
- o High Risk – Please provide reason(s)/comment(s)

Please refer matter to Senior Management/ Directors

Reviewed by Lawyer: _____ (initial)

Date: