[Your Company Name]

Business Due Diligence Questionnaire

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It is important to work through the document and customise any areas to ensure that the finished template accurately reflects what your organisation does and the controls that you have in place. You should consider your regulatory and legal obligations and any standards or requirements that apply to your industry or business type when customising the content.

Template Guidance

We have provided a generic template as a starting point for you to develop your own document in this compliance area. You should review and customise the template sections thoroughly to ensure that the finished version accurately reflects your organisations' controls and responsibilities.

Referencing Other Policies

We sometimes reference other policies in a template where relevant *(i.e. refer to Anti-Bribery & Corruption Policy in conjunction with AML).* Referenced documents are **only** included in your pack if you have ordered them separately or you have purchased a Toolkit or Bundle that includes them.

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Revision History

VERSION	REVISION DATE	SECTION REVISED	REASON FOR REVISION	DESCRIPTION OF REVISION

[Your Company Name] Due Diligence Questionnaire

1 Company Details

Company Name	
Company Number:	
Other Trading Names:	
Registered Address:	
Point of Contact:	
Position	
Email Address:	
Direct Dial:	

2 Company Structure

a. Provide a summary of your company strategy and background

b. Copies of company registration documents, VAT/TAX Certificate attached? (Y/N)

c. Please indicate the formation of the company?

- Sole Trader ___
- Partnership ___
- Public Limited Company (plc) ___
- Private Limited Company (Ltd) ___
- Limited Liability Company (Llp) ___
- Subsidiary ___

d. Please indicate the size of the company?

- Less than 10 employees ___
- Between 10-50 employees ___

- Between 51-100 employees ____
- Between 101 – 500 employees ____
- Over 501 employees ____

3 FINANCIAL/BUSINESS INFORMATION

a. Please attach copies of the below documents

- A copy of the last 3 years audited accounts
- A statement of turnover, P&L and cashflow for the past 2 years
- A statement of the current cashflow forecast and Accountant letter on credit position

(If you are unable to provide any of these, please provide an explanation as to why)

b. Please provide your current level of insurance for the above

- Public Liability insurance
- Employer's Liability insurance
- Professional indemnity insurance
- Other (please specify)

c. Has the company or any named Partner/Director ever entered or are currently in Bankruptcy, insolvency, Compulsory Winding Up, Receivership or are subject to any CVA or legal proceedings (CCJs)

(If yes, please provide full details)

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Home Phone:		**Mobile:**	
NI Number:		**Email:**	

5.2 DIRECTOR/OWNER 2

Title:		**Surname:**	
First Name:		**Middle Name(s):**	
Other Name/Aliases:			
Home Address:			
Gender:	M ☐ F ☐	**Date of Birth:**	
Home Phone:		**Mobile:**	
NI Number:		**Email:**	

5.3 DIRECTOR/OWNER IDENTITY VERIFICATION EVIDENCE

a. Obtain 2 forms of identity verification from the below list:-

- UK Passport
- UK/EU Photo Driving Licence
- National Identity Card
- State Pension/Benefits Book
- Armed Forces ID Card

b. Obtain 2 forms of home address verification from below list* (dated within last 3 months):-

- Council Tax Statement
- UK/EU Photo Driving Licence (if not already used for identity)
- Bank/Building society Statement (including online statements)
- Mortgage/Rent Statement
- HMRC Tax Notification
- Utilities Bill – gas, electric, water etc (excluding mobile phone)

NOTE: ****If the customer is subject to Enhanced Due Diligence (EDD), obtain 3 separate pieces evidence to validate both the customers identity and address.***

6 Background Searches & Checks

[illegible]

7 Beneficial Owner(s)

Where applicable, you must ensure that you have carried out enquiries to identify any beneficial owners involved in the service/transaction.

a. **Are there any beneficial owners involved in this service/transaction?** YES/NO

b. **If a beneficial owner(s) has been identified, include their details below: -**

Name(s)/Description of Beneficial Owner:
Address:

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9 ENHANCED DUE DILIGENCE

Where EDD is required, ensure that the below is completed *(if not already answered elsewhere in this document).*

a. **Provide additional information about the intended nature of the business relationship:**

b. **Provide information on the source for the transaction(s):**

Date Completed: _____

Next Review Date: _____

Completed By: _____

Position: _____

Signature: _____

For EDD customers, obtain additional Senior Manager approval to continue to transaction/relationship:

Senior Manager: _____

Signature: _____