

Grameen Capital Management Ltd.
 Grameen Bank Complex (1st Building, 2nd Floor)
 Mirpur-2, Dhaka-1216
KYC Profile

1. Customer Information:

Customer/ Account Name:																					
Client ID :	<input style="width: 150px;" type="text"/>																				
BO ID :	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>																				
Type of Account: Margin	<input type="checkbox"/> Cash <input type="checkbox"/>																				
Name of Officer Opening the Account/Relationship Manager:																					

2. Source of Funds and nature of business

What is the nature of the business relationship and source of funds:

Information regarding Beneficial Owner of the account (In case of company, information regarding controlling shareholder(s) and the shareholder(s) holding 20% or more shares)

3. Other Documents

Passport No. : -----	Whether photocopy obtained? (Where applicable) <input type="checkbox"/> Yes <input type="checkbox"/> No
Voter ID Card No. : -----	Whether photocopy obtained? (Where applicable) <input type="checkbox"/> Yes <input type="checkbox"/> No
National ID No. : -----	Whether photocopy obtained? (Where applicable) <input type="checkbox"/> Yes <input type="checkbox"/> No
TIN No. : -----	Whether photocopy obtained? (Where applicable) <input type="checkbox"/> Yes <input type="checkbox"/> No
VAT Reg. No. : -----	Whether photocopy obtained? (Where applicable) <input type="checkbox"/> Yes <input type="checkbox"/> No
Driving License No. : -----	Whether photocopy obtained? (Where applicable) <input type="checkbox"/> Yes <input type="checkbox"/> No
Trade License No. : -----	Whether photocopy obtained? (Where applicable) <input type="checkbox"/> Yes <input type="checkbox"/> No
What does the customer do? -----	

Mention the occupation of the client in details:

4. What is the net worth/sales turnover of the customer?

Amount (Tk.)	Risk level	Risk rating
1-50 Lacs	Low	0
50L-200L	Medium	1
>2 crores	High	3

5. How was the A/C opened?

Mode	Risk Level	Risk rating
By relationship Manager/ Branch	Low	0
DSA	Medium	1
Internet	High	3
Walk-in/ Unsolicited	High	3

6. Expected Value of Transaction on a monthly basis:

Value for Buy (Tk. Lacs)	Value for Sale (Tk. Lacs)	Risk Level	Risk rating
0-50	0-50	Low	0
50-100	5-100	Medium	1
>100	>100	High	3

7. Expected Number of Transaction on a monthly basis:

Number for Buy	Number for Sale	Risk Level	Risk rating
0-100	0-50	Low	0
101-200	51-100	Medium	1
>200	>100	High	3

8. Expected Value of Cash Transactions on a monthly basis

Value for Withdraw (Tk. Lacs)	Value for Deposit (Tk. Lacs)	Risk Level	Risk rating
0-5	0-5	Low	0
6-10	6-10	Medium	1
>10	>10	High	3

9. Expected Number of Cash Transactions on a monthly basis:

Number of Withdraw	Value of Deposit	Risk Level	Risk rating
0-5	0-5	Low	0
6-10	6-10	Medium	1
>10	>10	High	3

Social Economic condition	
Financial Literacy	
Capital Market Philosophy	
Overall RAS (Risk Assessment Score)	

***Score from RAS Questionary**

10. Comments:

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11. Signature:

_____ Account Holder	_____ Joint Account Holder
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Prepared by: Account Opening Officer/Relationship Manager Seal & Signature : ----- Name:----- Date : -----	Reviewer by: Operation Manager Seal & Signature : ----- Name:----- Date : -----
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