DUE DILIGENCE FOR PROFESSIONAL SERVICE PROVIDERS (PSP)

I. CUSTOMER INFORMATION	
Customer name:	
Identification document type:	Number:

II. BACKGROUND OF THE COMPANY OR OF THE PROVISION OF PROFESSIONAL SERVICES BY INDIVIDUALS	
Operations start date (MM / DD / YYYY):	How long have you been at your current address?
What was the origin of the funds to start operations?	
Explain the origin of the wealth of the final beneficiaries of the company or of the individual:	
Presence or geographic scope (countries in which the company provides its services or through which its transactions pass)	

III. SERVICES AND PRODUCTS OFFERED BY THE COMPANY OR THE INDIVIDUAL PROVIDER OF PROFESSIONAL SERVICES	
What kind of service or product do you offer?	
Is the type of service or product you offer related to the declared corporate purpose?	Yes ☐ No ☐

IV. INFORMATION ABOUT THE ACCOUNT THAT THE COMPANY OR INDIVIDUAL PROVIDER OF PROFESSIONAL SERVICES IS REQUESTING TO OPEN	
Purpose of the account:	
Do you have an account in some other international financial institution?	Yes ☐ No ☐
Is the expected account activity related to the purpose and profile of the account?	Yes ☐ No ☐
Do you accept cash payments?	Yes ☐ No ☐

V. ON THE KNOWLEDGE OF ITS CLIENTS BY THE COMPANY OR THE INDIVIDUAL PROVIDER OF PROFESSIONAL SERVICES
What is the type of client you serve?
Do you have a procedure to identify and get to know your customers?
Do you have a predetermined type of client that you do not accept?
What kind of scrutiny do you do for new clients (do you check them against some banned client list for example (OFAC)?
Explain the mechanisms you have to ensure that the funds received are not the product of illegal activities?

VI. OF THE ANTI-MONEY LAUNDERING REGULATIONS	
Is the company or the person providing professional services obliged subject of the anti-money laundering regulation in the jurisdiction where it operates?	Yes ☐ No ☐
Is the company or the person providing professional services required to report cash transactions?	Yes ☐ No ☐

Is the company or the person providing professional services obliged to report suspicious transactions?	Yes ☐ No ☐

VII. IN CASE OF BEING A LAWYER FIRM OR AN INDEPENDENT LAWYER

Do you defend people considered of interest to international authorities?	Yes ☐ No ☐
Do you have clients or defend people who appear on the SDN (OFAC List)? (In case of affirmative answer, you must provide a copy of the license issued by OFAC Department of the Treasury)	Yes ☐ No ☐

VIII. GEOGRAPHIC INFORMATION

Are you residing in a high-risk jurisdiction?	Yes ☐ No ☐
Through the account, do you plan to do business with people (individuals or entities) located in the following countries or jurisdictions?	
Countries subject to OFAC sanctions	Yes ☐ No ☐
Jurisdictions or countries identified by the FATF as non-cooperating	Yes ☐ No ☐
Offshore financial centers	Yes ☐ No ☐
High Intensity Area for Financial Crimes (HIFCA) and / or High Intensity Area for Drug Trafficking (HIDTA)	Yes ☐ No ☐

Other jurisdictions or countries classified by governments and / or international agencies as high risk in the area of money laundering and terrorist financing, Yes ☐ No ☐, In case of affirmative answer, specify:

IX. REPUTATIONAL INFORMATION OF THE COMPANY OR THE INDIVIDUAL PROVIDER OF PROFESSIONAL SERVICES

Has the individual, or the company, owners, directors or any other of its personnel been investigated for violation of anti-money laundering regulations, or for corruption in any jurisdiction? Yes ☐ No ☐, in case of affirmative answer, name the means by which the news can be located:

Are you aware of the existence of any negative news in any social media or social network that links you as an individual or the company, owners, directors or any other of your staff; with acts of violation of anti-money laundering regulations or corruption in any jurisdiction? Yes ☐ No ☐, in case of affirmative answer, name the means by which the news can be located:

Customer name:	Signature:	Date (MM /DD/YYYY):