



CUSTOMER AML RISK RATING FORM

(PLEASE FILL IN DETAILS IN CAPITAL LETTERS)

Branch: _____ Date: _____

APPLICANT & ACCOUNT DETAILS

Customer Name: _____

Customer Type: _____
(Individual/Corporate/Public Body/Trust/Charity)

Customer Physical Residence/Domicile: 1. Domestic 2. Non-Domestic

Source of Income: _____

List of Products/Services Used by Customer:

- | | |
|----------|-----------|
| 1) _____ | 9) _____ |
| 2) _____ | 10) _____ |
| 3) _____ | 11) _____ |
| 4) _____ | 12) _____ |
| 5) _____ | 13) _____ |
| 6) _____ | 14) _____ |
| 7) _____ | 15) _____ |
| 8) _____ | 16) _____ |

Anticipated Total Value of Transactions a month (in Kenya Shillings): _____

Anticipated Number of Transactions in a month: _____

Anticipated Largest Transaction Value: _____

Is the customer a politically exposed person? Yes No

Has the customer been adversely mentioned in the media within the past 1 year?

Yes No

Risk Score: _____ Classification: _____ Remarks: _____

OFFICIAL USE ONLY

Details Taken By: _____ Reviewed By: _____

Designation: _____ Designation: _____

Signed: _____ Signed: _____

Next Review Date: _____