

**IDENTITY VERIFICATION FORM**

(for use where the customer is an individual)

**IMPORTANT NOTES**

1. This form should be completed by the licensee serving the customer.
2. The information to be provided in this form is requested pursuant to Section 2 of Schedule 2 to the Anti-Money Laundering and Counter-Terrorist Financing Ordinance (Cap. 615) (“AMLO”).
3. If the beneficial owner of the customer is one in relation to a partnership or trust, the licensee is required to refer to section 1(1) of Schedule 2 to the AMLO and make necessary changes to this form as appropriate.
4. Where the risk assessment has identified transactions that require enhanced customer due diligence, the licensee is required to take additional measures to establish the customer’s and his/her beneficial owner’s identity.
5. If the licensee finds that the customer’s identity is suspicious, or suspects that a transaction is related to money laundering and/or terrorist financing or that the documents supplied are forgeries, he/she should make a suspicious transaction report to the Joint Financial Intelligence Unit (<https://www.jfiu.gov.hk/en/index.html>).
6. The words and expressions used in this form shall have, unless the context otherwise requires, the same meaning as those words and expressions have in Circular No. 18-01(CR).
7. A licensee should seek independent legal advice as he/she sees fit.

<b>Section 1: Identification and Verification of Customer's<sup>1</sup> Identity</b>	
Identification of customer	Verification of customer's identity  <i>Please tick "✓" at least one (but if the customer has never been physically present for identification<sup>2</sup>, please tick "✓" at least two) of the relevant boxes to signify that the corresponding information has been verified against the named document.</i>
Full name in English: _____	<input type="checkbox"/> HKID <input type="checkbox"/> Travel Document <input type="checkbox"/> Others
Full name in Chinese: _____	<input type="checkbox"/> HKID <input type="checkbox"/> Travel Document <input type="checkbox"/> Others
Date of Birth: _____	<input type="checkbox"/> HKID <input type="checkbox"/> Travel Document <input type="checkbox"/> Others
Identity document type and No.: _____	<input type="checkbox"/> HKID <input type="checkbox"/> Travel Document <input type="checkbox"/> Others
<i>N.B. If "Travel Document" or "Others" is ticked, please specify the details here:</i>	
Address ( <i>post office box address is not acceptable</i> ):  _____  _____  _____  _____	

<sup>1</sup> "Customer" refers to a seller (who is often the owner(s) of the property concerned) or a buyer of the property.

<sup>2</sup> Section 9 of Schedule 2 to the AMLO refers.

**Question 1:**  
*Is the customer represented by another individual (“representative<sup>3</sup>”)?  
 (please tick “✓” the relevant box)*

*If Yes, please complete Section 2.*

*If No, please proceed to Question 2.*

<b>Section 2: Identification and Verification of Customer’s Representative</b>	
Identification of Representative	Verification of Representative’s identity <i>Please tick “✓” the relevant boxes to signify that the corresponding information has been verified against the named document.</i>
Full name in English: _____	<input type="checkbox"/> HKID <input type="checkbox"/> Travel Document <input type="checkbox"/> Others
Full name in Chinese: _____	<input type="checkbox"/> HKID <input type="checkbox"/> Travel Document <input type="checkbox"/> Others
Date of Birth: _____	<input type="checkbox"/> HKID <input type="checkbox"/> Travel Document <input type="checkbox"/> Others
Identity document type and No.: _____	<input type="checkbox"/> HKID <input type="checkbox"/> Travel Document <input type="checkbox"/> Others
<i>N.B. If “Travel Document” or “Others” is ticked, please specify the details here:</i>	
Address ( <i>post office box address is not acceptable</i> ): _____ _____ _____ _____	

<sup>3</sup> “Representative” refers to a person who acts for and on behalf of the customer e.g. an attorney.

**Question 2:**

*Is the customer also the beneficial owner<sup>4</sup>? (please tick “✓” the relevant box)*

- If Yes, please proceed to Section 4.*
- If No, please complete Section 3.*

<b>Section 3: Identification and Verification of Customer’s Beneficial Owner</b>	
Identification of beneficial owner	Verification of beneficial owner’s identity <i>Please tick “✓” the relevant boxes to signify that the corresponding information has been verified against the named document.</i>
Full name in English: _____	<input type="checkbox"/> HKID <input type="checkbox"/> Travel Document <input type="checkbox"/> Others
Full name in Chinese: _____	<input type="checkbox"/> HKID <input type="checkbox"/> Travel Document <input type="checkbox"/> Others
Date of Birth: _____	<input type="checkbox"/> HKID <input type="checkbox"/> Travel Document <input type="checkbox"/> Others
Identity document type and No.: _____	<input type="checkbox"/> HKID <input type="checkbox"/> Travel Document <input type="checkbox"/> Others
<i>N.B. If “Travel Document” or “Others” is ticked, please specify the details here:</i>	
Address ( <i>post office box address is not acceptable</i> ): _____ _____ _____ _____	

<sup>4</sup> “beneficial owner” refers to an individual who ultimately owns or controls the customer e.g. if a father provides the fund for the purchase and controls the purchaser customer who is his son and a student, the father is then the beneficial owner.

#### Section 4: Brief Details of Transaction

Address of property sold/purchased: \_\_\_\_\_

Purchase price: \_\_\_\_\_

Amount of initial deposit : \_\_\_\_\_

Method of payment of initial deposit : *(please tick “✓” the relevant boxes)*

- Cash *(please specify the amount here : \_\_\_\_\_)*
- Cheque
- Others *(please specify the method here : \_\_\_\_\_)*

#### Section 5: General Risk Assessment

For assessing the ML/TF risk rating of the customer, the following are some of the specific factors for consideration : *(please tick “✓” the relevant boxes)*

	Yes	No
A. In relation to the customer, his/her representative (if any) and beneficial owner (if any)		
1. Is the customer, his/her representative or beneficial owner from a high risk jurisdiction identified by the FATF <sup>5</sup> ?	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the customer or beneficial owner appear to have a low income?	<input type="checkbox"/>	<input type="checkbox"/>
3. Is there any unusual involvement of apparently unconnected third parties?	<input type="checkbox"/>	<input type="checkbox"/>
4. Is the customer, his/her representative or beneficial owner a PEP?	<input type="checkbox"/>	<input type="checkbox"/>

<sup>5</sup> Please refer to [www.fatf-gafi.org/countries/#high-risk](http://www.fatf-gafi.org/countries/#high-risk)

5. Is the customer, his/her representative or beneficial owner a designated individual subject to financial sanctions? <sup>6</sup>	<input type="checkbox"/>	<input type="checkbox"/>
6. Is the customer, his/her representative or beneficial owner a terrorist suspect? <sup>7</sup>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No
<b>B. In relation to the transaction</b>		
1. Are any payment(s) of the initial deposit(s) in cash?	<input type="checkbox"/>	<input type="checkbox"/>
2. Are the payment(s) of the initial deposit(s) made to third parties other than a firm of solicitors?	<input type="checkbox"/>	<input type="checkbox"/>
3. Are the payment(s) of the initial deposit(s) received from third parties other than the purchaser?	<input type="checkbox"/>	<input type="checkbox"/>
4. Does the customer request payment to a third party who has no apparent connection with the customer?	<input type="checkbox"/>	<input type="checkbox"/>
5. Is/Are the initial deposit(s) sent to a high risk jurisdiction <sup>8</sup> ?	<input type="checkbox"/>	<input type="checkbox"/>
6. Is/Are the payments of the initial deposit(s) in multiple payments possibly through different accounts and to avoid thresholds put in place by overseas authorities?	<input type="checkbox"/>	<input type="checkbox"/>
7. Is there unusual speed or request to expedite the transaction?	<input type="checkbox"/>	<input type="checkbox"/>
8. Is the purchase price significantly above or below the market price?	<input type="checkbox"/>	<input type="checkbox"/>
9. Is the sale an immediate resale (flipping) of property at a higher value?	<input type="checkbox"/>	<input type="checkbox"/>

<sup>6</sup> Please refer to the sanctions lists at <http://www.un.org/sc/suborg/en/sanctions/un-sc-consolidated-list>

<sup>7</sup> Please refer to the Terrorist List in the Gazette at [http://www.jfiu.gov.hk/en/news\\_terrorist\\_list.html](http://www.jfiu.gov.hk/en/news_terrorist_list.html)

<sup>8</sup> Please see footnote 4.

	Yes	No
<b>C. Others</b>		
1. Were the customer and his/her representative both absent throughout?	<input type="checkbox"/>	<input type="checkbox"/>
2. Are multiple properties purchased, resold or exchanged?	<input type="checkbox"/>	<input type="checkbox"/>
3. Are you aware of any sudden or unexplained change in the ownership of the property within a short period of time?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you been asked to hold a big sum in the client account and refund it to the same or a different account?	<input type="checkbox"/>	<input type="checkbox"/>
5. Are there successive transactions of the same property with unexplained changes in value?	<input type="checkbox"/>	<input type="checkbox"/>
<i>(N.B.: The more 'Yes' there are in the answers, the higher the risk.)</i>		
Level of risk assessed : <i>(please tick "✓" the relevant box)</i>		
<input type="checkbox"/> Low	<input type="checkbox"/> High	
If there is any "yes" in the above answers, but the risk level is assessed low, please explain the reasons here.		
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<hr/>		
<hr/>		
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If the risk is high, outline the action taken to mitigate the risk. Examples may include the following : *(please tick “✓” the relevant boxes)*

- further verify the customer’s identity by using additional documents not previously used
- take supplementary measures to verify information relating to the customer that has been obtained
- ensure payments made are carried out through accounts opened in the customer’s name with an authorised institution or a bank operating in an equivalent jurisdiction that has measures in place to ensure compliance with the requirements similar to those imposed under Schedule 2 to the AMLO and is supervised for compliance with those requirements by a banking regulator in that jurisdiction
- obtain approval from the senior management
- take reasonable measures to establish the customer’s or the beneficial owner’s source of wealth and the source of the funds that will be/are involved in the business relationship
- apply enhanced monitoring to the business relationship
- where there is any suspicion, file an STR with the JFIU
- not to establish a business relationship with the customer
- terminate the business relationship as soon as reasonably practicable if a business relationship has been established
- others *(please specify here)* :

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**Section 6: Certification**

Please complete the following and tick “✓” the relevant boxes.

*Is the customer represented by a representative?*

- If Yes, please complete Part B.*
- If No, please complete Part A.*

**Part A: Certification for Customer**

<ul style="list-style-type: none"> <li><input type="checkbox"/> I certify that I have verified the identity of the customer.             <ul style="list-style-type: none"> <li><input type="checkbox"/> I have seen the original documents;</li> <li><input type="checkbox"/> I have checked that all certified copies (where supplied) are signed;</li> <li><input type="checkbox"/> I confirm that the photographs on the identity documents bore a good likeness to the customer; and</li> </ul> </li> <li><input type="checkbox"/> I have made and attached copies of the relevant documents to this form.</li> </ul> <p><i>(N.B.: If no original documents were seen, please explain the reasons here: _____)</i></p> <p>_____)</p>	<p>Initial below</p>
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**Part B: Certification for Customer and Representative**

<p>(I) In respect of the customer</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> I certify that I have verified the identity of the customer.             <ul style="list-style-type: none"> <li><input type="checkbox"/> I have seen the original / certified copies* of the documents;</li> <li><input type="checkbox"/> I have checked that all certified copies (where supplied) are signed; and</li> </ul> </li> <li><input type="checkbox"/> I have made and attached copies of the relevant documents to this form.</li> </ul>	<p>Initial below</p>
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<p>(II) In respect of the customer's representative</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> I certify that I have taken reasonable measures to verify the identity of the customer's representative and have verified his/her authority to act on behalf of the customer.</li> <li><input type="checkbox"/> I have seen the original documents;</li> <li><input type="checkbox"/> I have checked that all certified copies (where supplied) are signed;</li> <li><input type="checkbox"/> I confirm that the photographs on the identity documents bore a good likeness to the customer's representative; and</li> <li><input type="checkbox"/> I have seen the original / certified copy* of the power of attorney.</li> <li><input type="checkbox"/> I have made and attached copies of the relevant documents to this form.</li> </ul> <p><i>* delete if inappropriate</i>  <i>(N.B.: If no original identity documents for the representative were seen, please explain the reasons here:</i>  <hr/>  <hr/> )</p>	
<p><b><i>Is the customer also the beneficial owner?</i></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> <b><i>If Yes, please proceed to Part D.</i></b></li> <li><input type="checkbox"/> <b><i>If No, please complete Part C.</i></b></li> </ul>	
<p><b>Part C: Certification for Beneficial Owner</b></p>	
<ul style="list-style-type: none"> <li><input type="checkbox"/> I certify that I have taken reasonable measures to verify the identity of the customer's beneficial owner.</li> <li><input type="checkbox"/> I have seen the original / certified copies / copies* of the documents;</li> <li><input type="checkbox"/> I have checked that all certified copies (where supplied) are signed; and</li> <li><input type="checkbox"/> I have made and attached copies of the relevant documents to this form.</li> </ul> <p><i>* delete if inappropriate</i></p>	<p>Initial below</p>

<p><i>(N.B.: If only copies but not the original or certified copies of the documents were seen, please explain the reasons here: _____)</i></p>		
<b>Part D: Signature</b>		
<p>This form should be completed and signed by the licensee who has seen the original documentary evidence. Attach copies of the supporting documents to the form accordingly.</p>		
Full name		
Licence number		
Position		
Company		
Phone number		
Signature		Date