

Enhanced Due Diligence Form

Account Details

Customer Name

Account Number

Employment Status*e.g. Employed / Unemployed / Self Employed***Employment Sector***e.g. Banking / Hospitality / Health Care*

Job Title

Annual Income Band (Please Tick)☐

I have no income

☐

From £60,000 to £79,999

☐

Less than £19,999

☐

From £80,000 to £99,999

☐

From £20,000 to £39,999

☐

From £100,000 to £119,999

☐

From £40,000 to £59,999

☐

More than £120,000

Do the deposited funds / intended deposit belong to you and are they personal savings?

Source of Wealth Declaration

Source Type (Please Tick)

- | | |
|--|--|
| <input type="checkbox"/> Income or Savings from salary | <input type="checkbox"/> Company Profit |
| <input type="checkbox"/> Sale of property | <input type="checkbox"/> Divorce Settlement |
| <input type="checkbox"/> Inheritance | <input type="checkbox"/> Lottery / Gambling Win |
| <input type="checkbox"/> Accumulated Savings | <input type="checkbox"/> Pension |
| <input type="checkbox"/> Sale of shares or other investments / maturing investment | <input type="checkbox"/> Property Portfolio Income |
| <input type="checkbox"/> Company Sale | <input type="checkbox"/> Dividend Payment |
| <input type="checkbox"/> Redundancy | <input type="checkbox"/> Gift |
| <input type="checkbox"/> Loan | <input type="checkbox"/> Compensation Award |
| <input type="checkbox"/> Other (Please specify below) | |
| <input type="checkbox"/> The above mentioned funds come from outside the UK | |

Source Details

Please provide details sufficient to enable us to reasonably evidence the source of funds. Include names of the sources (e.g. Employer, bank, person etc.), dates received, amounts, different transfers between accounts etc. Please use the enclosed Acceptable Documents list as a guide for the details required.

Evidence

Please provide documentary evidence that supports your declaration above. This documentary evidence must clearly evidence how this money has been received and where from. A history of the money for a period of 12 months (or up to the point of receipt if less than 12 months) will be required up to the point and including the transfer to your savings account

Please note: further evidence may be requested where gaps within the trail of funds or history of the funds has been identified.



Account holder 1 declaration			
I confirm the information provided is accurate and complete.			
Signed		Date	

Account holder 1 declaration			
I confirm the information provided is accurate and complete.			
Signed		Date	

We're here to help, 7 days - if you have any question, please email hello@rcibank.co.uk or call us on **0345 6056 050**.

Braille, large print and audio versions available on request.

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