

Annex D: Estate Agent's Checklist on Anti-Money Laundering, Countering Proliferation Financing and Countering the Financing of Terrorism (AML/CPF/CFT)

Important points to note:

1. This checklist serves to guide the estate agent (EA) to comply with the requirements of the Estate Agents (Prevention of Money Laundering, Proliferation Financing and Terrorism Financing) Regulations 2021.
2. The pointers in this checklist are suggested courses of action that the EA may take. They are not intended to be exhaustive and the EA should take additional actions that may be necessary and applicable to its business. The EA can choose to adopt the pointers or consider alternative measures that suit the needs of its business in complying with the Regulations.
3. The EA is advised to conduct self-assessments using this checklist periodically. When CEA conducts inspections of the EA on compliance with the Regulations, the EA is required to complete and submit this checklist to CEA.
4. In the "Elaboration" column of the checklist, the EA should provide a brief description with details of what it has done where necessary and include all relevant supporting documents if so required.
5. The EA is required to develop and implement risk-sensitive internal policies, procedures and controls relating to the following matters to manage and effectively mitigate ML/PF/TF risks:
 - a) Risk assessments and mitigation measures;
 - b) CDD procedures (including enhanced CDD measures and CDD for rental transactions), ongoing monitoring, suspicious transaction reporting and measures to avoid tipping off;
 - c) Communication and monitoring implementation of the internal policies, procedures and controls;
 - d) Compliance management arrangements; and
 - e) Record-keeping.
6. The checklist should be completed by the Key Executive Officer (KEO) or a person authorised by the EA.
7. All information/documents provided must be true, accurate, current and complete as at the time of submission.

S/No	Identification, Mitigation and Documentation of Risks	Response
Section 1. Review of Past Transactions		Response
1a	Has your EA analysed your past property transactions for ML/PF/TF risks?	<input type="checkbox"/> Yes <input type="checkbox"/> No
1b	If yes, how often do you check?	Tick one: <input type="checkbox"/> Monthly <input type="checkbox"/> Every 3 months <input type="checkbox"/> Every 6 months <input type="checkbox"/> Yearly <input type="checkbox"/> Others (pls specify): _____
1c	How does your EA perform these checks?	Tick all that apply: <input type="checkbox"/> Using Annex __ template <input type="checkbox"/> Review transaction records <input type="checkbox"/> Others (pls specify): _____
Section 2. CDD/UCPDD Process		Response
2a	When do your RESs complete the relevant CDD and UCPDD forms?	Tick all that apply: <input type="checkbox"/> When first establishing relationship with the client <input type="checkbox"/> After establishing relationship but before signing any agreements (OTP/Tenancy) <input type="checkbox"/> After signing agreements but before completion <input type="checkbox"/> Others (pls specify): _____
2b	When do your RESs submit the relevant CDD and UCPDD forms?	Tick one: <input type="checkbox"/> Before OTP <input type="checkbox"/> After OTP but before completion <input type="checkbox"/> Others (pls specify): _____
Section 3. High Risk Cases & Filing of STR		Response
3a	What are the types of higher risk transactions that your EA will look out for?	Tick all that apply: <input type="checkbox"/> Foreign buyers or tenants <input type="checkbox"/> Properties above \$3 million <input type="checkbox"/> Large cash payments <input type="checkbox"/> Unusual company structures <input type="checkbox"/> Others (pls specify): _____

3b	What are the measures taken by your EA to mitigate the potential risks posed by higher risk property transactions?	Tick all that apply: <input type="checkbox"/> Conduct enhanced due diligence <input type="checkbox"/> More frequent on-going monitoring <input type="checkbox"/> Get management approval before proceeding <input type="checkbox"/> File STR <input type="checkbox"/> Others (pls specify): _____	
3c	Does your EA set clear deadlines for your RESs to report suspicious transactions?	Tick one: <input type="checkbox"/> No timeline set. <input type="checkbox"/> Within 24 hours upon suspicion <input type="checkbox"/> Within 3 days upon suspicion <input type="checkbox"/> Others (pls specify): _____	
3d	Does your EA require suspicious transactions to be reported BEFORE proceeding with any property transaction?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Section 4. Internal Policies, Procedure and Controls		Response	Supporting Documents
4a	Does your EA develop, implement and monitor the implementation of the internal policies, procedures and controls (IPPCs)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	IPPC document
4b	Does your EA communicate the IPPCs to your RESs?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Communication records
4c	Does your EA communicate CEA's and other authorities' notices relating to prevention of ML/PF/TF to your RESs?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Communication records
Section 5. Training		Response	Supporting Documents
5a	Did your EA ensure that your RESs undergo training on the EA's IPPCs to prevent ML/PF/TF?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Training Records
5b	How does your EA conduct training on IPPCs for RESs?	Tick all that apply: <input type="checkbox"/> In-person briefing/workshop <input type="checkbox"/> Online training session <input type="checkbox"/> Written materials <input type="checkbox"/> Hybrid (combination of above)	
5c	Does your EA ensure that your RESs undergo training on prevention of ML/PF/TF?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5d	How do your RES receive training on prevention of ML/PF/TF?	Tick all that apply: <input type="checkbox"/> CEA-approved CPD courses <input type="checkbox"/> In-house training sessions <input type="checkbox"/> External professional courses <input type="checkbox"/> Online learning modules <input type="checkbox"/> Others (pls specify): _____	
Section 6: Compliance Management & Internal Audits		Response	Supporting Documents
6a	Does your EA conduct regular compliance checks to ensure that your RES are following your EA's AML/CPF/CFT IPPCs?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Internal audit records signed off by KEO.
6b	How often does your EA conduct regular compliance checks?	Tick one: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half-yearly <input type="checkbox"/> Others (pls specify): _____	

6c	When checking your RES's transactions, what does the KEO verify? (Tick all that apply)			
	i) Documents Check: <input type="checkbox"/> Customer/UCP Particulars Form <input type="checkbox"/> CDD/UCPDD Checklist <input type="checkbox"/> Supporting ID documents <input type="checkbox"/> Transaction records	ii) Timeliness of CDD: <input type="checkbox"/> Before client enters into an agreement <input type="checkbox"/> Forms submitted to EA on time <input type="checkbox"/> Documents properly dated <input type="checkbox"/> Records updated promptly	iii) Verify CDD Steps: <input type="checkbox"/> Verified client's identity <input type="checkbox"/> Screened for high risks <input type="checkbox"/> Obtained required approvals <input type="checkbox"/> Filed suspicious reports (if needed)	iv) Verify all forms are: <input type="checkbox"/> Completely filled <input type="checkbox"/> Properly signed <input type="checkbox"/> Clearly readable <input type="checkbox"/> Correctly filed
6d	What actions does your EA take when RES fail to comply with AML/CPF/CFT requirements? (Tick all that apply)			
	Immediate Follow-Up Actions: <input type="checkbox"/> Get RES to correct CDD immediately <input type="checkbox"/> Issue warning to RES <input type="checkbox"/> Increase supervision <input type="checkbox"/> Conduct refresher training <input type="checkbox"/> Others (pls specify): _____		Preventive Actions <input type="checkbox"/> Send reminder to all RES <input type="checkbox"/> Update EA's IPPC (if needed) <input type="checkbox"/> Schedule extra training <input type="checkbox"/> Monitor RES more closely <input type="checkbox"/> Others (pls specify): _____	
Section 7: Records Keeping			Response	
7a	Does your EA maintain records of documents of all estate agency work for which CDD was performed, information obtained through CDD, including all documents required to satisfy the Sections above for at least 5 years, in each instance?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
7b	How are the records stored?		<input type="checkbox"/> Digitally <input type="checkbox"/> Physically <input type="checkbox"/> Both <input type="checkbox"/> Others (pls specify): _____	
Section 8: EA's Declarations (To be signed by the Key Executive Officer or an authorised person of the EA)				
I declare that all information submitted to the Council for Estate Agencies on behalf of my Estate Agent are true, accurate, current and complete as at the time of submission.				
Estate Agent: _____ Licence No: _____				
Name of Authorised Person: _____				
Designation: _____ Registration No. : _____				
Date of Assessment: _____ Signature of Authorised Person: _____				

Annex E: Suggested Template for EA's ML/PF/TF Risk Assessment of Past Transactions

Purpose

This template serves to guide estate agents (EAs) in conduct risk analysis on their past property transactions. An EA can choose to adopt the tables and criteria or have its own methodology for conducting the required risk analysis, which best suits its business needs.

This guide helps the EA to understand the nature of its transactions and hence the types of transactions that may pose higher ML/PF/TF risks, so that the appropriate steps to mitigate such risks can be put in place. It includes both sale and lease transactions, as ML/PF/TF may be unwittingly facilitated by the EA and/or its RESs through these transactions.

The tables and criteria, including review of data over the past 3 years and the values of S\$3 million, 3 properties and S\$10,000, are suggested figures. They serve as a guide to help the EA identify potential higher risk transactions.

Section A: Sale & Purchase Transactions Risk Assessment (Tables 1 & 2)

Risk Indicators for Sale & Purchase Transactions	
<ul style="list-style-type: none"> Physical cash transactions Transactions ≥ S\$3 million Multiple property transactions (≥3 properties per customer) Foreign buyer/seller involvement Use of complex corporate structures Refer to Annex A for the list of other Red flag indicators 	
Guidance Note on Using Tables 1 & 2 to Conduct Sale & Purchase Transactions Analysis	
<ol style="list-style-type: none"> 1. "Total Transaction Value" refers to total value of property sales and purchases transacted in a specified year. 2. "Physical cash" refers to transactions in which physical cash were used (e.g. for payment of the option fee). Cheques and cashier orders are not considered physical cash for this purpose. 3. "S\$3 million or higher" refers to those transactions in which the property had been transacted at S\$3 million or higher. 4. "3 or more properties" refers to the transactions in which an individual or a corporate or business entity had transacted 3 or more properties for that year 5. "Number of sales and purchases" in Table 2 includes information of transactions involving both sellers and buyers. 6. "Foreigners" includes Singapore Permanent Residents. 7. Upon completing Tables 1 & 2, EAs should consider if the breakdown of the information reveals any trends or patterns of transactions which may require detailed analysis of the individual transactions within the trend or pattern. 	

Table 1 – Overview of Sale and Purchase Transactions (3-Year Period)

Year	Number Transactions of	Total Transaction Value (\$)	Number of Higher Risk Transactions*
20__			
20__			
20__			

**Higher-risk transactions: Those meeting one or more risk indicators.*

Table 2 – Detailed Sale and Purchase Transactions Analysis for Past 3 Years: 20XX (One table for each year)

Customer Type	Nationality	Risk Indicator	Residential	Commercial	Industrial	Foreign
Individual	Local	Physical cash				
		S\$3 million or higher				
		3 or more properties				
	Foreigner	Physical cash				
		S\$3 million or higher				
		3 or more properties				
Entity	Local	Physical cash				
		S\$3 million or higher				
		3 or more properties				
	Foreigner	Physical cash				
		S\$3 million or higher				
		3 or more properties				

Section B: Lease Transactions Risk Assessment (Tables 3 & 4)

Risk Indicators for Lease Transactions
<ul style="list-style-type: none"> • Monthly rental \geq S\$10,000 • Multiple property leases (≥ 3 properties per customer) • Foreign tenant/landlord involvement • Unusual payment methods • Short-term/frequent turnover • Refer to Annex A for the list of other Red flag indicators
Guidance Note on Using Tables 3 & 4 to Conduct Lease Transactions Analysis
<ol style="list-style-type: none"> 1. "Annual Rental Value" refers to the annual value of the lease (monthly rental amount multiplied by 12) transacted in a specified year. 2. "S\$10,000 or higher" refers to the transactions in which the property had been leased for a monthly rental value of S\$10,000 or higher. 3. "3 or more properties" refers to the transactions in which an individual or a corporate or business entity had transacted 3 or more properties for that year 4. "Number of leases" in Table 4 includes information of transactions involving both tenants and landlords. 5. "Foreigners" includes Singapore Permanent Residents.

6. HDB residential rental transactions are not required to be included for transaction analysis in Tables 3 & 4.
7. Upon completing Tables 3 & 4, EAs should consider if the breakdown of the information reveals any trends or patterns of transactions which may require detailed analysis of the individual transactions within the trend or pattern.

Table 3 – Detailed Lease Transactions Analysis (3-Year Period)

Year	Number of Transactions	Annual Rental Value (S\$)
20__		
20__		
20__		

Table 4 –Details of Lease Transactions Analysis for 20XX (One table for each year)

Customer Type	Nationality	Risk Indicator	Residential	Commercial	Industrial	Foreign
Individual	Local	S\$10,000 or higher				
		3 or more properties				
	Foreigner	S\$10,000 or higher				
		3 or more properties				
Entity	Local	S\$10,000 or higher				
		3 or more properties				
	Foreigner	S\$10,000 or higher				
		3 or more properties				

Annex F: Customer Due Diligence Forms for Clients

The suggested Customer Due Diligence (CDD) forms are provided in Annex F to provide EAs and RESs with a template that they may adopt when conducting CDD for all rental, sale and purchase transactions. The specific forms applicable to a particular transaction depend on whether the client is an individual or an entity/legal arrangement, and whether they are acting for themselves or on behalf of another party.

For individual clients acting for themselves, Form A1 (Customer Particulars) and Form B (Screening Documentation) may be used. When individuals or entities act on behalf of others, additional forms such as Form A3 or Form A4 may be used, along with separate risk determination and screening checklists (Form B) for each party involved.

Client Type	Forms to be completed
Individual Clients	
1. Client (Individual) acting for himself	<ul style="list-style-type: none"> Form A1 (Customer Particulars Form (For Individual)) Form B (Risk Determination and Screening Checklist)
2. Client (Individual) acting on behalf of another individual	<ul style="list-style-type: none"> Form A1 (Customer Particulars Form (For Individual)) Form A3 (Particulars of Individual your Client is acting on behalf of) Form B (Risk Determination and Screening Checklist) - one for each person
3. Client (Individual) acting on behalf of another (Entity/Legal Arrangement)	<ul style="list-style-type: none"> Form A1 (Customer Particulars Form (For Individual)) Form A4 (Particulars of Legal Person (Entity/Legal Arrangement) your Client is acting on behalf of) Form B (Risk Determination and Screening Checklist) - one for each person
Entity/ Legal Arrangement Client	
1. Client (Entity/ Legal Arrangement) acting for himself	<ul style="list-style-type: none"> Form A2 (Customer Particulars Form (For Entity/Legal Arrangement)) Form B (Risk Determination and Screening Checklist)
2. Client (Entity/ Legal Arrangement) acting on behalf of another individual	<ul style="list-style-type: none"> Form A2 (Customer Particulars Form (For Entity/Legal Arrangement)) Form A3 (Particulars of Individual your Client is acting on behalf of) Form B (Risk Determination and Screening Checklist) – one for each person
3. Client (Entity/ Legal Arrangement) acting on behalf of another (Entity/Legal Arrangement)	<ul style="list-style-type: none"> Form A2 (Customer Particulars Form (For Entity/Legal Arrangement)) Form A4 (Particulars of Legal Person (Entity/Legal Arrangement) your Client is acting on behalf of) Form B (Risk Determination and Screening Checklist) - one for each person

1. For higher risk transactions, EAs and RESs should obtain the information as set out in the applicable forms above **and** Form C (Enhanced Customer Due Diligence).

2. For on-going client relationships which require on-going monitoring, EAs and RESs should obtain the information as set out in the applicable forms above **and** Form D (On-going Due Diligence).

FORM A1 – CUSTOMER PARTICULARS FORM (FOR INDIVIDUAL)

RES Name: _____ Registration No.: _____

Date of Form Completion: _____ RES is representing: ☐ Buyer ☐ Seller ☐ Landlord ☐ TenantEA/RES has established a client-agent relationship with the client? ☐ Yes ☐ No

Customer's Particulars (For Individuals)		Example of Supporting Documents
Full Name (as per NRIC/passport):		
Type of Identification Document: <input type="checkbox"/> Identity card <input type="checkbox"/> Passport <input type="checkbox"/> Work permit <input type="checkbox"/> Others (pls specify):	Copy of original identifying document	
NRIC/Passport/Other ID No.: _____ Date of Birth: _____		
Residential Address: _____		
Nationality: _____ Occupation: _____		
Transaction Details		
Address of Property in Transaction: _____		
Type of Property: <input type="checkbox"/> HDB flat/room <input type="checkbox"/> Condo <input type="checkbox"/> Landed Property <input type="checkbox"/> Others:		
<input type="checkbox"/> Client is acting for himself/herself <input type="checkbox"/> Client is acting on behalf of another individual <input type="checkbox"/> Client is acting on behalf of a corporate or legal arrangement		

Client's Acknowledgement
<p>1. I acknowledge that all the information I have provided in this form is true, accurate and complete to the best of my knowledge.</p> <p>2. I understand that the estate agent (EA) or real estate salesperson (RES) to whom I am providing the information as set out in this form is required to obtain such information from me and obtain my acknowledgement on the information provided in their conduct of customer due diligence (CDD) measures under the Estate Agents (Prevention of Money Laundering, Proliferation Financing and Terrorism Financing) Regulations 2021. The EA or RES may also request for additional information or documents from me to fulfil their CDD duty.</p> <p>Name: _____</p> <p>Signature: _____ Date: _____</p>

FORM A2 – CUSTOMER PARTICULARS FORM (FOR ENTITY/LEGAL ARRANGEMENT)

RES Name: _____ Registration No.: _____

Date of Form Completion: _____

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RES is representing: ☐ Buyer ☐ Seller ☐ Landlord ☐ Tenant

Section 1: Information on Entity (e.g. Government organisations, company, corporations or associations) or Legal Arrangement (e.g. a trust)	
Is the representative authorised to act on behalf of the entity/legal arrangement? <input type="checkbox"/> Yes <input type="checkbox"/> No	Copy of Letter of Authorisation
Full name of entity: (as per ACRA records)	Copy of ACRA Certificate of Incorporation
Registered office address:	
Principal address of business (if different from registered office address):	
Telephone number:	Email address:
UEN/Incorporation no./Registration no.:	
Date of incorporation/registration:	
Country or territory of incorporation/registration:	
Main business activity:	
Type of entity/legal arrangement: <input type="checkbox"/> Limited partnership <input type="checkbox"/> Limited liability partnership <input type="checkbox"/> Company <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Others (pls specify):	
Section 2- Particulars of Senior Management Personnel	
Are the senior management personnel the beneficial owners of the entity/ legal arrangement? <input type="checkbox"/> Yes <input type="checkbox"/> No (Note: If “no”, please proceed to provide the beneficial owners information in Section 3.)	
Person 1 Designation:	
Full Name (as per NRIC/passport):	
Type of Identification Document: <input type="checkbox"/> Identity card <input type="checkbox"/> Passport <input type="checkbox"/> Work permit <input type="checkbox"/> Others (pls specify):	
NRIC/Passport/Other ID No.:	Nationality:
Person 2 Designation:	
Full Name (as per NRIC/passport):	
Type of Identification Document: <input type="checkbox"/> Identity card <input type="checkbox"/> Passport <input type="checkbox"/> Work permit <input type="checkbox"/> Others (pls specify):	
NRIC/Passport/Other ID No.:	Nationality:

**To add more pages where necessary.*

Section 3- Particulars of Beneficial Owner(s) of Entity/ Legal Arrangement	
Note: Details of beneficial owners who have control over the entity/ legal arrangement should be identified and verified	
Beneficial Owner 1	
Full Name (as per NRIC/passport):	
Type of Identification Document:	
<input type="checkbox"/> Identity card <input type="checkbox"/> Passport <input type="checkbox"/> Work permit <input type="checkbox"/> Others (pls specify):	
Residential Address:	
NRIC/Passport/Other ID No.:	Date of Birth:
Nationality:	Occupation:
Beneficial Owner 2	
Full Name (as per NRIC/passport):	
Type of Identification Document:	
<input type="checkbox"/> Identity card <input type="checkbox"/> Passport <input type="checkbox"/> Work permit <input type="checkbox"/> Others (pls specify):	
Residential Address:	
NRIC/Passport/Other ID No.:	Date of Birth:
Nationality:	Occupation:
<i>Note: To complete and attach Form B for all individuals identified.</i>	

**To add more pages where necessary.*

Client's Acknowledgement
<p>1. I acknowledge that all the information I have provided in this form is true, accurate and complete to the best of my knowledge.</p> <p>2. I understand that the estate agent (EA) or real estate salesperson (RES) to whom I am providing the information as set out in this form is required to obtain such information from me and obtain my acknowledgement on the information provided in their conduct of customer due diligence (CDD) measures under the Estate Agents (Prevention of Money Laundering, Proliferation Financing and Terrorism Financing) Regulations 2021. The EA or RES may also request for additional information or documents from me to fulfil their CDD duty.</p> <p>Name: _____</p> <p>Signature: _____ Date: _____</p>

FORM A3 – PARTICULARS OF INDIVIDUAL YOUR CLIENT IS ACTING ON BEHALF OF

Section 1: Particulars of Individual on whose behalf Client is acting	Supporting Documents
Is the Client authorised to act on behalf of the Individual? <input type="checkbox"/> Yes <input type="checkbox"/> No	Copy of Letter of Authorisation
Full Name (as per NRIC/passport):	Copy of original identifying document
Type of Identification Document: <input type="checkbox"/> Identity card <input type="checkbox"/> Passport <input type="checkbox"/> Work permit <input type="checkbox"/> Others (pls specify):	
Residential Address:	
NRIC/Passport/Other ID No.: _____ Date of Birth: _____	
Nationality: _____ Occupation: _____	
<i>Note: To complete and attach Form B for the person above.</i>	

**FORM A4 – PARTICULARS OF LEGAL PERSON (ENTITY/LEGAL ARRANGEMENT)
YOUR CLIENT IS ACTING ON BEHALF OF**

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Section 1: Particulars of Legal Person on whose behalf Client is acting	Supporting Documents
Is the Client authorised to act on behalf of the Legal Person? <input type="checkbox"/> Yes <input type="checkbox"/> No	Copy of Letter of Authorisation
Full name of entity (as per ACRA records):	Copy of ACRA Certificate of Incorporation
Registered office address:	
Principal address of business (if different from registered office address):	
Telephone number:	Email address:
UEN/Incorporation no./Registration no.:	Date of incorporation/registration:
Country or territory of incorporation/registration:	
Main business activity:	
Type of entity/legal arrangement : <input type="checkbox"/> Limited partnership <input type="checkbox"/> Limited liability partnership <input type="checkbox"/> Company <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Others (pls specify):	

Section 2- Particulars of Senior Management Personnel
Are the senior management personnel the beneficial owners of the entity/ legal arrangement? <input type="checkbox"/> Yes <input type="checkbox"/> No (Note: If “no”, please proceed to provide the beneficial owners information in Section 3.)
Person 1 Designation:
Full Name (as per NRIC/passport):
Type of Identification Document: <input type="checkbox"/> Identity card <input type="checkbox"/> Passport <input type="checkbox"/> Work permit <input type="checkbox"/> Others (pls specify):
NRIC/Passport/Other ID No.:
Nationality:
Person 2 Designation:
Full Name (as per NRIC/passport):
Type of Identification Document: <input type="checkbox"/> Identity card <input type="checkbox"/> Passport <input type="checkbox"/> Work permit <input type="checkbox"/> Others (pls specify):
NRIC/Passport/Other ID No.:
Nationality:
Person 3 Designation:
Full Name (as per NRIC/passport):
Type of Identification Document: <input type="checkbox"/> Identity card <input type="checkbox"/> Passport <input type="checkbox"/> Work permit <input type="checkbox"/> Others (pls specify):
NRIC/Passport/Other ID No.:
Nationality:

**To add more pages where necessary.*

Section 3- Particulars of Beneficial Owner(s) of Entity/ Legal Arrangement	
Note: Details of beneficial owners who have control over the entity/ legal arrangement should be identified and verified	
Beneficial Owner 1	
Full Name (as per NRIC/passport):	
Type of Identification Document:	
<input type="checkbox"/> Identity card <input type="checkbox"/> Passport <input type="checkbox"/> Work permit <input type="checkbox"/> Others (pls specify):	
Residential Address:	
NRIC/Passport/Other ID No.:	Date of Birth:
Nationality:	Occupation:
Beneficial Owner 2	
Full Name (as per NRIC/passport):	
Type of Identification Document:	
<input type="checkbox"/> Identity card <input type="checkbox"/> Passport <input type="checkbox"/> Work permit <input type="checkbox"/> Others (pls specify):	
Residential Address:	
NRIC/Passport/Other ID No.:	Date of Birth:
Nationality:	Occupation:
<i>Note: To complete and attach Form B for all individuals identified.</i>	

**To add more pages where necessary.*

FORM B – RISK DETERMINATION AND SCREENING CHECKLIST

Note: EAs and RESs are required to conduct screenings and risk assessments for all persons involved in rental and sale and purchase transactions using this form, as part of Customer Due Diligence. These include clients, BOs, and persons the client is acting on behalf of. Separate forms should be used for each person.

The screening is performed on the following person:

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Name: _____ Identification Number: _____

Section 1: Check for PEPs and Lists on Terrorist Designation and Designated Individuals and Entities			
S/No	Description	Screening Results	Follow-Up
1	Is the client or BO a foreign PEP, a family member or close associate of a foreign PEP?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Important Note: If the screening result is positive, EAs and RESs must conduct Enhanced Customer Due Diligence (Form C).
2	Is the transaction high risk? (Refer to red flag indicators in Annex A)	<input type="checkbox"/> No <input type="checkbox"/> Yes	
3	Is the client or BO from a High-Risk or Other Monitored Jurisdiction? (https://www.fatf-gafi.org/en/countries/black-and-grey-lists.htm https://www.fatf-gafi.org/en/topics/high-risk-and-other-monitored-jurisdictions.html)	<input type="checkbox"/> No <input type="checkbox"/> Yes	
4	Is the client or BO a designated individual or entity under the Terrorism (Suppression of Financing) Act 2002 (TSOFA)? (https://sso.agc.gov.sg/Act/TSFA2002)	Any match? <input type="checkbox"/> No <input type="checkbox"/> Yes	Important Note: If the screening result is positive, proceed to Q6 below..
5	Is the client or BO a designated individual or entity under United Nations sanctions lists or any regulations made under the United Nations Act 2001 (UN Act)? (https://main.un.org/securitycouncil/en/content/un-sc-consolidated-list)	Any match? <input type="checkbox"/> No <input type="checkbox"/> Yes	
6	Has the client or BO obtained an exemption order under the TSOFA or UN Act?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Important Note: If screening result for either Q4 or Q5 above is positive and no exemption order has been obtained under TSOFA or UN Act, EAs and RESs must not carry out any transaction with the client and must terminate any transaction already entered into. They must submit a Suspicious Transaction Report (STR) via SONAR (https://www.police.gov.sg/sonar).

Section 2: Red Flag Indicators Checklist.			
S/No	Red Flag Indicators	Yes	No
1.	Is the client linked to negative news or crime (e.g. named in crime reports or UN Security Council Resolutions)?	<input type="checkbox"/>	<input type="checkbox"/>
2.	Has the client provided multiple travel documents or documents from citizenship by investment (CBI) and residency by investment (RBI) programmes countries or FATF-flagged countries?	<input type="checkbox"/>	<input type="checkbox"/>
3.	Does the client appear to be a shell company refusing to disclose the identity of its BO(s)?	<input type="checkbox"/>	<input type="checkbox"/>
4.	Is the client overly concerned about AML/CPF/CFT requirements and due diligence checks?	<input type="checkbox"/>	<input type="checkbox"/>
5.	Is the client resistant to providing additional information about BO or source of funds?	<input type="checkbox"/>	<input type="checkbox"/>
6.	Does the client appear hesitant to put their name on property transaction documents?	<input type="checkbox"/>	<input type="checkbox"/>
7.	Is the client using different names on Option to Purchase, closing documents and deposit receipts?	<input type="checkbox"/>	<input type="checkbox"/>
8.	Is the client purchasing property in the name of nominees (excluding spouse/child)?	<input type="checkbox"/>	<input type="checkbox"/>
9.	Is the client acting as a proxy and attempting to conceal the identity of a BO?	<input type="checkbox"/>	<input type="checkbox"/>
10.	Does the client appear to be structuring the transaction to hide the identity of a BO?	<input type="checkbox"/>	<input type="checkbox"/>
11.	Has the client inadequately explained last-minute changes to a purchasing party?	<input type="checkbox"/>	<input type="checkbox"/>
12.	Has the client used different identification documents/passports for purchases?	<input type="checkbox"/>	<input type="checkbox"/>
13.	Has the client provided suspicious addresses (unknown/false/PO box)?	<input type="checkbox"/>	<input type="checkbox"/>
14.	Is the client taking on debt significantly higher than the property value?	<input type="checkbox"/>	<input type="checkbox"/>
15.	Is the client unconcerned about property value, location, or condition?	<input type="checkbox"/>	<input type="checkbox"/>
16.	Is the client purchasing property without inspection or reviewing materials?	<input type="checkbox"/>	<input type="checkbox"/>
17.	Is the client purchasing multiple properties quickly without due consideration?	<input type="checkbox"/>	<input type="checkbox"/>
18.	Is the client a new legal entity with large transaction amounts?	<input type="checkbox"/>	<input type="checkbox"/>
19.	Does the client's business activity not appear to match the purpose of the transaction?	<input type="checkbox"/>	<input type="checkbox"/>
20.	Is the client purchasing high-end property without professional assistance?	<input type="checkbox"/>	<input type="checkbox"/>
21.	Are there cash transactions exceeding S\$20,000?	<input type="checkbox"/>	<input type="checkbox"/>
22.	Is there a substantial cash down payment (>S\$20,000)?	<input type="checkbox"/>	<input type="checkbox"/>
23.	Is the rent paid far in advance (>3 months)?	<input type="checkbox"/>	<input type="checkbox"/>
24.	Are there unexplained third-party payments or unusual funding sources?	<input type="checkbox"/>	<input type="checkbox"/>
25.	Is the transaction value significantly different from the market value?	<input type="checkbox"/>	<input type="checkbox"/>
26.	Are there successive transactions with unusual price differences?	<input type="checkbox"/>	<input type="checkbox"/>
27.	Does the transaction involve unnecessarily complex legal structures?	<input type="checkbox"/>	<input type="checkbox"/>
28.	Is the property purchased without a loan?	<input type="checkbox"/>	<input type="checkbox"/>
29.	Is there a transfer of property within an unusually short period?	<input type="checkbox"/>	<input type="checkbox"/>

Important Note: EA/RES must determine whether to file an STR if the answer to any of the above is a "yes".

Section 3: RES's Risk Determination and Conclusions

If the RES has determined the client or transaction to be presenting a higher risk of ML/PF/TF based on the information obtained during CDD and in this Risk Determination and Screening Checklist, the reasons for concluding that the client or transaction is of a higher risk are to be recorded below. The RES should proceed to conduct ECDD (using Form C) and determine whether to file an STR.

Reasons for Conclusion of Risk Level:

I, _____ (RES Name), _____ (Registration No.), declare that the above information provided are true, accurate and complete to the best of my knowledge and understanding.

Estate Agent Name:

Date of Completion:

Date of Submitting to EA:

Signature of RES:

FORM C: ENHANCED CUSTOMER DUE DILIGENCE FORM (“ECDD”)

Page 1 of 2

The screening is performed on the following person:

Name: _____ Identification Number: _____

Section A: Transaction Details

Property Address: _____

Purchase/Sale Price: _____ or Monthly Rental: _____

Propose of Transaction: ☐ Own Stay ☐ Investment ☐ Others (Please Specify): _____**Section B: Source of Funds (For This Transaction)***Total Transaction Amount:*

S\$ _____

Primary source of funds:

- ☐ Personal Savings
☐ Sale of Property
☐ Business Income
☐ Investment Returns
☐ Loan (Bank/Institution: _____)
☐ CPF Funds
☐ Gift/Inheritance
☐ Others (please specify): _____

Supporting Documents (to attach)

- ☐ Bank Statements (Last ____ months)
☐ CPF Statement
☐ Sale & Purchase Agreement of previous property
☐ Loan Approval Letter
☐ Investment Portfolio Statements
☐ Gift Deed/Inheritance Documents
☐ Others: _____

Section C: Source of Wealth (Overall Financial Profile)*Estimated Total Net Worth:*

S\$ _____

Primary sources of wealth:

- ☐ Business Ownership
(Company: _____)
☐ Employment Income
☐ Investments (Type: _____)
☐ Inheritance
☐ Property Portfolio
☐ Others (please specify): _____

Supporting Documents (to attach)

- ☐ Company Financial Statements
☐ Employment Letter/Pay Slips
☐ Tax Returns
☐ Investment Certificates
☐ Property Ownership Documents
☐ Others: _____

Note: To consider terminating the transaction if unable to establish source of income and source of wealth and lodging an STR.

Section D: Prior Approval from Designated Officer

RES must obtain approval from a designated officer of the estate agent before establishing/continuing the business relationship with a higher-risk client.

RES's Recommendation¹**RES's Assessment of High-Risk Rating:**

Basis for High-Risk Rating: _____

Recommendation For Acceptance of Client²

☐ Recommended to proceed ☐ Not recommended³ to proceed

Reasons for accepting a high-risk client: _____

Estate Agent's Assessment & Approval

The estate agent has assessed the ML/PF/TF risk of the Client, BO and transaction and

☐ **Approved** ☐ **Not approved** for the RES to proceed with the higher risk transaction.

Name of Approving Officer: _____ Signature: _____

Designation: _____ Date: _____

Does the approval align with the RES's recommendation?

☐ Yes ☐ No (Please specify reason(s): _____)

¹ Please note that separation of duties is a good practice with regard to having separate persons conducting risk assessments of customer/clients and approving the acceptance of the customers/clients.

² You should consider escalating to the compliance officer or designated officer and/or filing a Suspicious Transaction Report where necessary.

FORM D - ONGOING DUE DILIGENCE
(For clients with ongoing business relationships)

Page 1 of 2

Section A: Client Information (Individual)		Client Information (Entity)	
Client Name:		Entity Name:	
NRIC/FIN/Registration No.:		UEN No:	
Beneficial Owner(s) (if applicable):		Beneficial Owner(s):	
Section B: Business Relationship			
Nature of Relationship:			
Date Relationship Commenced:		Transaction Frequency:	
Section C: Risk Assessment			
Level of Risk and Reasons for Conclusion:		Frequency of Review:	
_____		_____	
		Last Review Date:	

		Next Review Due:	

Section D: Ongoing Monitoring			
1. Information Currency Check			
Are all previously obtained client documents and information still current? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If answer is no, please provide details on the information which has changed:			
<input type="checkbox"/> Client's identification documents (e.g. citizenship)			
<input type="checkbox"/> Residential address			
<input type="checkbox"/> List of Beneficial Owners			
<input type="checkbox"/> Source of wealth/funds			
<input type="checkbox"/> Others:			

Action Required:			
<input type="checkbox"/> I have obtained a copy of the document with the updated information.			
2. Transaction Monitoring			
Are recent transactions consistent with known client profile? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If no, please provide the details below,			
a. Unusual Patterns Identified:			

b. Actions Taken:			

3. RES's Recommendation

RES Name: _____ RES Registration No: _____

RES's Recommended Follow-Up Action:

☐ No changes to Client's Profile and no updates required. To continue monitoring.☐ Updates required (e.g. to update BO information, file an STR): _____

Date of Review: _____ RES Signature: _____

4. Estate Agent's Review of On-Going AssessmentThe estate agent ☐ Agrees/ ☐ Disagrees with the RES's recommendation.Risk Rating to be: ☐ Maintained ☐ Increased ☐ Decreased Follow-up Actions Required:

Name of Approving Officer: _____ Signature: _____

Designation: _____ Date: _____

Annex G: Due Diligence Forms for Unrepresented Counterparties

The suggested Unrepresented Counterparty Due Diligence (UCPDD) forms are provided in Annex G to provide EAs and RESs with a template that they may adopt when conducting UCPDD for all rental, sale and purchase transactions. The specific forms applicable to a particular transaction depend on whether the unrepresented counterparty is an individual or an entity/legal arrangement, and whether they are acting for themselves or on behalf of another party.

For individual unrepresented counterparties acting for themselves, Form U1 (Customer Particulars) and Form U5 (Screening Documentation) may be used. When individuals or entities act on behalf of others, additional forms such as Form U3 or Form U4 may be used, along with separate risk determination and screening checklists (Form U5) for each party involved.

Client Type	Forms to be completed
Individual UCPs	
1. UCP (Individual) acting for himself	<ul style="list-style-type: none"> Form U1 (UCP Particulars Form (For Individual)) Form U5 (Risk Determination and Screening Checklist)
2. UCP (Individual) acting on behalf of another individual	<ul style="list-style-type: none"> Form U1 (UCP Particulars Form (For Individual)) Form U3 (Particulars of Individual the UCP is acting on behalf of) Form U5 (Risk Determination and Screening Checklist) - one for each person
3. UCP (Individual) acting on behalf of another Entity/Legal Arrangement	<ul style="list-style-type: none"> Form U1 (UCP Particulars Form (For Individual)) Form U4 (Particulars of Legal Person (Entity/Legal Arrangement) the UCP is acting on behalf of) Form U5 (Risk Determination and Screening Checklist) - one for each person
Entity/ Legal Arrangement UCP	
1. UCP (Entity/Legal Arrangement) acting for itself	<ul style="list-style-type: none"> Form U2 (UCP Particulars Form (For Entity/Legal Arrangement)) Form U5 (Risk Determination and Screening Checklist)
2. UCP (Entity/Legal Arrangement) acting on behalf of another individual	<ul style="list-style-type: none"> Form U2 (UCP Particulars Form (For Entity/Legal Arrangement)) Form U3 (Particulars of Individual the UCP is acting on behalf of) Form U5 (Risk Determination and Screening Checklist) – one for each person
3. UCP (Entity/Legal Arrangement) acting on behalf of another (Entity/Legal Arrangement)	<ul style="list-style-type: none"> Form U2 (UCP Particulars Form (For Entity/Legal Arrangement)) Form U4 (Particulars of Legal Person (Entity/Legal Arrangement) the UCP is acting on behalf of) Form U5 (Risk Determination and Screening Checklist) - one for each person

1. For higher risk transactions, EAs and RESs should obtain the information as set out in the applicable forms above **and** Form C (Enhanced Customer Due Diligence).

2. For on-going client relationships which require on-going monitoring, EAs and RESs should obtain the information as set out in the applicable forms above **and** Form D (On-going Due Diligence).

FORM U1 – UNREPRESENTED COUNTERPARTY PARTICULARS FORM (FOR INDIVIDUAL)

RES Name: _____ Registration No.: _____

Date of Form Completion: _____ UCP is a: ☐ Buyer ☐ Seller ☐ Landlord ☐ Tenant

Unrepresented Counterparty's Particulars (For Individuals)		Example of Supporting Documents
Full Name (as per NRIC/passport):		
Type of Identification Document: <input type="checkbox"/> Identity card <input type="checkbox"/> Passport <input type="checkbox"/> Work permit <input type="checkbox"/> Others (pls specify):	Copy of original identifying document	
NRIC/Passport/Other ID No.:		Date of Birth:
Residential Address:		
Nationality:		Occupation:
Transaction Details		
Address of Property in Transaction:		
Type of Property: <input type="checkbox"/> HDB flat/room <input type="checkbox"/> Condo <input type="checkbox"/> Landed Property <input type="checkbox"/> Others:		
<input type="checkbox"/> UCP is acting for himself/herself/itself <input type="checkbox"/> UCP is acting on behalf of another individual <input type="checkbox"/> UCP is acting on behalf of a corporate or legal arrangement		

Unrepresented Counterparty's Acknowledgement
<p>1. I acknowledge that all the information I have provided in this form is true, accurate and complete to the best of my knowledge.</p> <p>2. I understand that the estate agent (EA) or real estate salesperson (RES) to whom I am providing the information as set out in this form is required to obtain such information from me and obtain my acknowledgement on the information provided in their conduct of unrepresented counterparty due diligence (UCPDD) measures under the Estate Agents (Prevention of Money Laundering, Proliferation Financing and Terrorism Financing) Regulations 2021. The EA or RES may also request for additional information or documents from me to fulfil their UCPDD duty.</p> <p>Name: _____</p> <p>Signature: _____ Date: _____</p>

FORM U2 – UNREPRESENTED COUNTERPARTY PARTICULARS FORM (FOR ENTITY/ LEGAL ARRANGEMENT)

Page 1 of 2

Section 1: Particulars of Entity (e.g. Government organisations, company, corporations or associations) or Legal Arrangement (e.g. a trust)	Supporting Documents
Is the representative authorised to act on behalf of the UCP which is an entity/legal arrangement? <input type="checkbox"/> Yes <input type="checkbox"/> No	Copy of Letter of Authorisation
Full name of entity: (as per ACRA records)	Copy of ACRA Certificate of Incorporation
Registered office address:	
Principal address of business (if different from registered office address)	
Telephone number:	Email address:
UEN/Incorporation no./Registration no.:	
Date of incorporation/registration:	
Country or territory of incorporation/registration:	
Main business activity:	
Type of entity/legal arrangement: <input type="checkbox"/> Limited partnership <input type="checkbox"/> Limited liability partnership <input type="checkbox"/> Company <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Others (pls specify):	

Section 2- Particulars of Senior Management Personnel
Are the senior management personnel the beneficial owners of the entity/ legal arrangement? <input type="checkbox"/> Yes <input type="checkbox"/> No (Note: If “no”, please proceed to provide the beneficial owners information in Section 3.)
Person 1 Designation:
Full Name (as per NRIC/passport):
Type of Identification Document: <input type="checkbox"/> Identity card <input type="checkbox"/> Passport <input type="checkbox"/> Work permit <input type="checkbox"/> Others (pls specify):
NRIC/Passport/Other ID No.:
Nationality:
Person 2 Designation:
Full Name (as per NRIC/passport):
Type of Identification Document: <input type="checkbox"/> Identity card <input type="checkbox"/> Passport <input type="checkbox"/> Work permit <input type="checkbox"/> Others (pls specify):
NRIC/Passport/Other ID No.:
Nationality:

**To add more pages where necessary.*

Section 3- Particulars of Beneficial Owner(s) of Legal Entity/ Arrangement	
Note: Details of beneficial owners who have control over the entity / legal arrangement should be identified and verified	
Beneficial Owner 1	
Full Name (as per NRIC/passport):	
Type of Identification Document:	
<input type="checkbox"/> Identity card <input type="checkbox"/> Passport <input type="checkbox"/> Work permit <input type="checkbox"/> Others (pls specify):	
Residential Address:	
NRIC/Passport/Other ID No.:	Date of Birth:
Nationality:	Occupation:
Beneficial Owner 2	
Full Name (as per NRIC/passport):	
Type of Identification Document:	
<input type="checkbox"/> Identity card <input type="checkbox"/> Passport <input type="checkbox"/> Work permit <input type="checkbox"/> Others (pls specify):	
Residential Address:	
NRIC/Passport/Other ID No.:	Date of Birth:
Nationality:	Occupation:
<i>Note: To complete and attach Form U5 for all individuals identified.</i>	
<i>*To add more pages where necessary.</i>	

Section 4: Unrepresented Counterparty's Acknowledgement and Declaration
<p>1. I acknowledge that all the information I have provided in this form is true, accurate and complete to the best of my knowledge.</p> <p>2. I understand that the estate agent (EA) or real estate salesperson (RES) to whom I am providing the information as set out in this form is required to obtain such information from me and obtain my acknowledgement on the information provided in their conduct of unrepresented counterparty due diligence (UCPDD) measures under the Estate Agents (Prevention of Money Laundering, Proliferation Financing and Terrorism Financing) Regulations 2021. The EA or RES may also request for additional information or documents from me to fulfil their UCPDD duty.</p> <p>Name: _____</p> <p>Signature: _____ Date: _____</p>

FORM U3 – PARTICULARS OF INDIVIDUAL THE UNREPRESENTED COUNTERPARTY IS ACTING ON BEHALF OF

Section 1: Particulars of Person the UCP is acting on behalf of	Supporting Documents
Is the UCP authorised to act on behalf of the Individual? <input type="checkbox"/> Yes <input type="checkbox"/> No	Copy of Letter of Authorisation
Full Name (as per NRIC/passport):	Copy of original identifying document
Type of Identification Document: <input type="checkbox"/> Identity card <input type="checkbox"/> Passport <input type="checkbox"/> Work permit <input type="checkbox"/> Others (pls specify):	
Residential Address:	
NRIC/Passport/Other ID No.: _____ Date of Birth: _____	
Nationality: _____ Occupation: _____	
<i>Note: To complete and attach Form U5 for the person above.</i>	

FORM U4 – PARTICULARS OF LEGAL PERSON (ENTITY/ LEGAL ARRANGEMENT) THE UNREPRESENTED COUNTERPARTY IS ACTING ON BEHALF OF

Page 1 of 2

Section 1: Particulars of Legal Person the UCP is acting on behalf of acting	Supporting Documents
Is the UCP authorised to act on behalf of the Legal Person? <input type="checkbox"/> Yes <input type="checkbox"/> No	Copy of Letter of Authorisation
Full name of entity (as per ACRA records)	Copy of ACRA Certificate of Incorporation
Registered office address:	
Principal address of business (if different from registered office address):	
Telephone number:	Email address:
UEN/Incorporation no./Registration no.:	Date of incorporation/registration:
Country or territory of incorporation/registration:	
Main business activity:	
Type of entity/legal arrangement : <input type="checkbox"/> Limited partnership <input type="checkbox"/> Limited liability partnership <input type="checkbox"/> Company <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Others (pls specify):	

Section 2- Particulars of Senior Management Personnel
Are the senior management personnel the beneficial owners of the entity/ legal arrangement? <input type="checkbox"/> Yes <input type="checkbox"/> No (Note: If “no”, please proceed to provide the beneficial owners information in Section 3.)
Person 1 Designation:
Full Name (as per NRIC/passport):
Type of Identification Document: <input type="checkbox"/> Identity card <input type="checkbox"/> Passport <input type="checkbox"/> Work permit <input type="checkbox"/> Others (pls specify):
NRIC/Passport/Other ID No.:
Nationality:
Person 2 Designation:
Full Name (as per NRIC/passport):
Type of Identification Document: <input type="checkbox"/> Identity card <input type="checkbox"/> Passport <input type="checkbox"/> Work permit <input type="checkbox"/> Others (pls specify):
NRIC/Passport/Other ID No.:
Nationality:
Person 3 Designation:
Full Name (as per NRIC/passport):
Type of Identification Document: <input type="checkbox"/> Identity card <input type="checkbox"/> Passport <input type="checkbox"/> Work permit <input type="checkbox"/> Others (pls specify):
NRIC/Passport/Other ID No.:
Nationality:

**To add more pages where necessary.*

Section 3- Particulars of Beneficial Owner(s) of Entity / Legal Arrangement	
Note: Details of beneficial owners who have control over the entity / legal arrangement should be identified and verified	
Beneficial Owner 1	
Full Name (as per NRIC/passport):	
Type of Identification Document:	
<input type="checkbox"/> Identity card <input type="checkbox"/> Passport <input type="checkbox"/> Work permit <input type="checkbox"/> Others (pls specify):	
Residential Address:	
NRIC/Passport/Other ID No.:	Date of Birth:
Nationality:	Occupation:
Beneficial Owner 2	
Full Name (as per NRIC/passport):	
Type of Identification Document:	
<input type="checkbox"/> Identity card <input type="checkbox"/> Passport <input type="checkbox"/> Work permit <input type="checkbox"/> Others (pls specify):	
Residential Address:	
NRIC/Passport/Other ID No.:	Date of Birth:
Nationality:	Occupation:
<i>Note: To complete and attach Form U5 for all individuals identified.</i>	

**To add more pages where necessary.*

FORM U5 – RISK DETERMINATION AND SCREENING CHECKLIST

Note: EAs and RESs are required to conduct screenings and risk assessments for all persons involved in rental and sale and purchase transactions using this form, as part of Unrepresented Counterparty Due Diligence. These include UCPs, BOs, and persons the UCPs is acting on behalf of. Separate forms should be used for each person.

Page 1 of 3

The screening is performed on the following person:

Name: _____ Identification Number: _____

Section 1: Check Against Lists on Terrorist Designation and Designated Individuals and Entities			
S/No	Description	Screening Results	Follow-Up
1	Is the UCP or BO a foreign PEP, a family member or close associate of a foreign PEP?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Important Note: If the above screening result is positive, EAs and RESs must conduct Enhanced UCP Due Diligence (Form U6).
2	Is the transaction high risk? (Refer to red flag indicators in Annex A)	Any match? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3	Is the UCP or BO from a High-Risk or Other Monitored Jurisdiction? (https://www.fatf-gafi.org/en/countries/black-and-grey-lists.htm https://www.fatf-gafi.org/en/topics/high-risk-and-other-monitored-jurisdictions.html)	Any match? <input type="checkbox"/> No <input type="checkbox"/> Yes	
4	Is the UCP or BO a designated individual or entity under the Terrorism (Suppression of Financing) Act 2002 (TSOFA)? (https://sso.agc.gov.sg/Act/TSFA2002)	Any match? <input type="checkbox"/> No <input type="checkbox"/> Yes	Important Note: If the above screening result is positive, EAs and RESs must not carry out any transaction with the UCP and terminate any transaction already entered into. They must consider submitting a Suspicious Transaction Report (STR) via SONAR (http://www.police.gov.sg/sonar).
5	Is the UCP or BO a designated individual or entity under United Nations sanctions lists or any regulations made under the United Nations Act 2001 (UN Act)? (https://main.un.org/securitycouncil/en/content/un-sc-consolidated-list)	Any match? <input type="checkbox"/> No <input type="checkbox"/> Yes	
6	Has the UCP or BO obtained an exemption order under the TSOFA or UN Act?	Any match? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Important Note: If screening result for either Q4 or Q5 above is positive and no exemption order has been obtained under TSOFA or UN Act, EAs and RESs must not carry out any transaction with the client and must terminate any transaction already entered into. They must submit a Suspicious Transaction Report (STR) via SONAR (https://www.police.gov.sg/sonar).

Section 2: Red Flag Indicators Checklist			
S/No	Red Flag Indicators	Yes	No
1.	Is the UCP linked to negative news or crime (e.g. named in crime reports or UN Security Council Resolutions)?	<input type="checkbox"/>	<input type="checkbox"/>
2.	Has the UCP provided multiple travel documents or documents from citizenship by investment (CBI) and residency by investment (RBI) programmes countries or FATF-flagged countries?	<input type="checkbox"/>	<input type="checkbox"/>
3.	Does the UCP appear to be a shell company refusing to disclose the identity of its BO(s)?	<input type="checkbox"/>	<input type="checkbox"/>
4.	Is the UCP overly concerned about AML/CFT requirements and due diligence checks?	<input type="checkbox"/>	<input type="checkbox"/>
5.	Is the UCP resistant to providing additional information about BO or source of funds?	<input type="checkbox"/>	<input type="checkbox"/>
6.	Does the UCP appear hesitant to put their name on property transaction documents?	<input type="checkbox"/>	<input type="checkbox"/>
7.	Is the UCP using different names on Option to Purchase, closing documents and deposit receipts?	<input type="checkbox"/>	<input type="checkbox"/>
8.	Is the UCP purchasing property in the name of nominees (excluding spouse/child)?	<input type="checkbox"/>	<input type="checkbox"/>
9.	Is the UCP acting as a proxy and attempting to conceal the identity of a BO?	<input type="checkbox"/>	<input type="checkbox"/>
10.	Does the UCP appear to be structuring the transaction to hide the identity of a BO?	<input type="checkbox"/>	<input type="checkbox"/>
11.	Has the UCP inadequately explained last-minute changes to a purchasing party?	<input type="checkbox"/>	<input type="checkbox"/>
12.	Has the UCP used different identification documents/passports for purchases?	<input type="checkbox"/>	<input type="checkbox"/>
13.	Has the UCP provided suspicious addresses (unknown/false/PO box)?	<input type="checkbox"/>	<input type="checkbox"/>
14.	Is the UCP taking on debt significantly higher than the property value?	<input type="checkbox"/>	<input type="checkbox"/>
15.	Is the UCP unconcerned about property value, location, or condition?	<input type="checkbox"/>	<input type="checkbox"/>
16.	Is the UCP purchasing property without inspection or reviewing materials?	<input type="checkbox"/>	<input type="checkbox"/>
17.	Is the UCP purchasing multiple properties quickly without due consideration?	<input type="checkbox"/>	<input type="checkbox"/>
18.	Is the UCP a new legal entity with large transaction amounts?	<input type="checkbox"/>	<input type="checkbox"/>
19.	Does the UCP's business activity not match the transaction purpose?	<input type="checkbox"/>	<input type="checkbox"/>
20.	Is the UCP purchasing high-end property without professional assistance?	<input type="checkbox"/>	<input type="checkbox"/>
21.	Are there cash transactions exceeding S\$20,000?	<input type="checkbox"/>	<input type="checkbox"/>
22.	Is there a substantial cash down payment (>S\$20,000)?	<input type="checkbox"/>	<input type="checkbox"/>
23.	Is the rent paid far in advance (>3 months)?	<input type="checkbox"/>	<input type="checkbox"/>
24.	Are there unexplained third-party payments or unusual funding sources?	<input type="checkbox"/>	<input type="checkbox"/>
25.	Is the transaction value significantly different from market value?	<input type="checkbox"/>	<input type="checkbox"/>
26.	Are there successive transactions with unusual price differences?	<input type="checkbox"/>	<input type="checkbox"/>
27.	Does the transaction involve unnecessarily complex legal structures?	<input type="checkbox"/>	<input type="checkbox"/>
28.	Is the property purchased without a loan?	<input type="checkbox"/>	<input type="checkbox"/>
29.	Is there a transfer of property within an unusually short period?	<input type="checkbox"/>	<input type="checkbox"/>

Important Note: EA/RES must determine whether to file an STR if the answer to any of the above is a "yes".

Section 3: RES's Risk Determination and Conclusions
<p>If the RES has determined the UCP or transaction to be presenting a higher risk of ML/PF/TF based on the information obtained during CDD and in this Risk Determination and Screening Checklist, the reasons for concluding that the UCP or transaction is of a higher risk are to be recorded below. The RES should proceed to conduct enhanced UCPDD (using Form U6) and determine whether to file an STR.</p> <p>Reasons for Conclusion of Risk Level:</p> <p>_____</p> <p>_____</p> <p>I, _____ (RES Name), _____ (Registration No.), declare that the above information provided are true, accurate and complete to the best of my knowledge and understanding.</p>
Estate Agent Name:
Date of Completion:
Date of Submitting to EA:
Signature of RES:

FORM U6: ENHANCED DUE DILIGENCE ON UNREPRESENTED COUNTERPARTY

Page 1 of 2

Section A: Transaction Details	
Property Address: _____	
Purchase/Sale Price: _____ or Monthly Rental: _____	
Propose of Transaction: <input type="checkbox"/> Own Stay <input type="checkbox"/> Investment <input type="checkbox"/> Others (Please Specify): _____	
Section B: Source of Funds (For This Transaction)	
<i>Total Transaction Amount:</i> S\$ _____ <i>Primary source of funds:</i> <input type="checkbox"/> Personal Savings <input type="checkbox"/> Sale of Property <input type="checkbox"/> Business Income <input type="checkbox"/> Investment Returns <input type="checkbox"/> Loan (Bank/Institution: _____) <input type="checkbox"/> CPF Funds <input type="checkbox"/> Gift/Inheritance <input type="checkbox"/> Others (please specify): _____	Supporting Documents (to attach) <input type="checkbox"/> Bank Statements (Last ____ months) <input type="checkbox"/> CPF Statement <input type="checkbox"/> Sale & Purchase Agreement of previous property <input type="checkbox"/> Loan Approval Letter <input type="checkbox"/> Investment Portfolio Statements <input type="checkbox"/> Gift Deed/Inheritance Documents <input type="checkbox"/> Others: _____
Section C: Source of Wealth (Overall Financial Profile)	
<i>Estimated Total Net Worth:</i> S\$ _____ <i>Primary sources of wealth:</i> <input type="checkbox"/> Business Ownership (Company: _____) <input type="checkbox"/> Employment Income <input type="checkbox"/> Investments (Type: _____) <input type="checkbox"/> Inheritance <input type="checkbox"/> Property Portfolio <input type="checkbox"/> Others (please specify): _____	Supporting Documents (to attach) <input type="checkbox"/> Company Financial Statements <input type="checkbox"/> Employment Letter/Pay Slips <input type="checkbox"/> Tax Returns <input type="checkbox"/> Investment Certificates <input type="checkbox"/> Property Ownership Documents <input type="checkbox"/> Others: _____
<i>Note: To consider terminating the transaction if unable to establish source of income and lodging an STR.</i>	

Section D: Prior Approval from Designated Officer

RES must obtain approval from a designated officer of estate agent before continuing to facilitate the entering of an agreement by the client with a higher-risk unrepresented counterparty.

RES's Recommendation⁴**RES's Assessment of High-Risk Rating**

Basis for High-Risk Rating: _____

Recommendation For Proceeding with High-Risk Transaction⁵

☐ Recommended to proceed ☐ Not recommended⁶ to proceed

Reasons for proceeding with high-risk transaction: _____

Estate Agent's Assessment & Approval

The estate agent has assessed the ML/PF/TF risk of the unrepresented counterparty and transaction, and ☐ **approved** ☐ **not approved** for the RES to proceed with the high-risk transaction.

Name of Approving Officer: _____ Signature: _____

Designation: _____ Date: _____

Does the approval align with the RES's recommendation?

☐ Yes ☐ No (Please specify reason(s): _____)

⁴ Please note that separation of duties is a good practice with regard to having separate persons conducting risk assessments of unrepresented counterparties and approving the acceptance of proceeding with the transaction.

⁶ You should consider escalating to the compliance officer or designated officer and/or filing a Suspicious Transaction Report where necessary.