



TABLE 3: PARTNERSHIPS

INFORMATION REQUIRED	METHOD OF OBTAINING INFORMATION	METHOD OF VERIFICATION	
		LOW-RISK CLIENT	HIGH-RISK CLIENT
Identifying name of partnership (e.g. trading name)	Questionnaire completed by Representative	Copy of letter from managing partner, accounting officer, auditor or legal officer	Original or certified copy of letter from managing partner, accounting officer, auditor or legal officer
Name of Principal ¹	Questionnaire completed by Representative	Copy of Principal's ID	Original or certified copy of Principal's ID
Partnership's authority to act on behalf of Principal	Questionnaire completed by Representative	Copy of authorising letter	Original or certified copy of authorising letter
Name of Representative	Questionnaire completed by Representative	Copy of Representative's ID	Original or certified copy of Representative's ID
Representative's authority to act on behalf of partnership	Questionnaire completed by Representative	Copy of authorising letter	Original or certified copy of authorising letter
Nature and purpose of, and source of funding for Business Relationship	Questionnaire completed by Representative		

¹ Note: this row applies when the partnership is acting for another person.





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INFORMATION REQUIRED	METHOD OF OBTAINING INFORMATION	METHOD OF VERIFICATION	
		LOW-RISK CLIENT	HIGH-RISK CLIENT
Nature of partnership's business	Questionnaire completed by Representative	Copy of letter from managing partner, accounting officer, auditor or legal officer	Original or certified copy of letter from managing partner, accounting officer, auditor or legal officer
Partnership's ownership and control structure	Questionnaire completed by Representative	Copy of letter or organogram from managing partner, accounting officer, auditor or legal officer	Original or certified copy of letter or organogram from managing partner, accounting officer, auditor or legal officer
Name of every partner	Questionnaire completed by Representative	Copy of letter from managing partner, accounting officer, auditor or legal officer	Original or certified copy of letter from managing partner, accounting officer, auditor or legal officer
Name of partnership's executive controllers ²	Questionnaire completed by Representative	Copy of letter from managing partner, accounting officer, auditor or legal officer	Original or certified copy of letter from managing partner, accounting officer, auditor or legal officer

² Note: these are the partners who control the day-to-day operations of the partnership.