ACTIVITY ESCALATION REPORT

This report must be completed and forwarded to the AML Compliance Officer for KCD, in the event customers exhibit characteristics or activities of a suspicious nature. Complete as much information as possible.

Information reported to KCD must remain confidential and cannot be discussed with anyone, including the customer or potential customer involved. You must coordinate closely with our AML Compliance Officer to insure accurate oversight and review of suspicious activity.

CUSTOMER NAME(S):_____

REPRESENTATIVE NAME: _____ REP NO: _____

DATE REPORT SUBMITTED TO KCD: _____

☐ **EXISTING CUSTOMER WITH KCD NAF**

Please indicate if the contact and employment information on the original KCD NAF has materially changed, and specify what has changed below:

____ No Changes

____ Changes listed below:

_____

_____

_____

☐ **POTENTIAL CUSTOMER WITH NO NAF**

Customer Address: _____

_____

_____

Customer Phone: _____

Employer Name: _____

Employer Phone: _____

PROVIDE DETAILS OF THE SUSPICIOUS ACTIVITY AND ATTACH ANY SUPPORTING DOCUMENTATION:

Date of Occurrence: _____

Details: _____

_____

_____

_____

FOR KCD OFFICE USE:

Follow up procedures followed: _____

_____

_____

_____ _____

AML Compliance Officer Date