

Know Your Customer (KYC) Form – Individuals

(Requirement in terms of Financial Transactions Reporting Act No 06 of 2006)

Please tick (✓) appropriate boxes.

Personal Details									
<input type="checkbox"/> Rev. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss. <input type="checkbox"/> Dr.									
Full name (Please underline surname)									
National Identity Card No (NIC) (In the absence of National Identity Card No, please indicate Passport No/ Driving License No)									
Date of Birth	<table border="1"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y		
Nationality	<input type="checkbox"/> Sri Lankan <input type="checkbox"/> Resident <input type="checkbox"/> Non Resident - Country of Residence <input type="checkbox"/> Sri Lankan with Dual Citizenship Country <input type="checkbox"/> Foreign National with dual citizenship / resident in or employed in Sri Lanka Country VISA Expiry Date								

Contact Information	
Permanent Address	
Mailing Address	
Contact No	Res: Mobile: Office: Fax:
E-mail	

Employment Information			
Employment Status	Self employed	Part-time employed	Retired
	Full-time employed	Not currently employed	Others (Specify)
Occupation/ Position held			
Name of the Employer			
Address of the Employer			
Nature of Business	Manufacturing	Import/ Export	
	Finance/Insurance	Wholesale	
	Construction	Communications	
	Retail	Business Services	
	Transport	Real Estate	
	Restaurants	Public Services	
	Hotel/ Boarding house	Gem and Jewelry	
	Casino / Gambling house / Night Clubs	Others (Specify)	
	Personal & Household Services		

Family Information	
Marital Status	Married <input type="checkbox"/> Single <input type="checkbox"/> Other <input type="checkbox"/>
Name of Spouse	
Spouse's Occupation/ Position Held	
Spouse's Employer	
No. of Children (Dependents)	

Other Information		
Ownership of wealth (If property is on rent/ lease, please indicate)	Residential property	Financial assets
	Business premises	Investments
	Motor Vehicles	Other (Specify)
Source of Wealth: Wealth generated from	Business/ Ownership	Inheritance
	Investments	Other (Specify)
	Profession/ Employment
Other connected Business/ Professional activities and Interest		
Are you or any of your immediate family is a politically exposed person (PEP)? (Refer definition below)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes please specify		

FIU Definition

PEP's (Politically Exposed Persons) - Individuals in Sri Lanka or abroad who are or have been entrusted with prominent public functions. E.g. Head of State or government, Senior politicians, Senior government, Judicial or military officials, senior executives of state owned corporations, important political party officials.

Immediate Family Member - Includes the spouse, children and their spouses or partners, parents, siblings and their spouses and grandchildren and their spouses.

Expected Mode of Transactions

Cash Cheque Electronic Fund Transfer Other (Please Specify)

Purpose for opening, maintaining and the account usage

Savings Utility Bill Payment Loan Repayment
 Investment Purpose Business Transactions Share Transactions
 Employment/ Professional Income Family Remittance Other

Foreign Passport holders (Dual Citizens / Resident in or Employed in Sri Lanka)
(Please give the reason for opening the account in Sri Lanka)

Source of Funds Expected Source and nature of credits into the account (As appropriate)

Family Remittances Commission Income Contract Proceeds Sale/ Business Turnover
 Investment Proceeds Sale of property/assets Gift Salary/ Profit Income
 Others (Please specify).....

Average Monthly Income

Less than 50,000 100,001 to 250,000 500,001 to 1,000,000
 50,001 to 100,000 250,001 to 500,000 More than 1,000,000

Anticipated Volumes : Expected/Usual average volumes of deposits into the account in Rupees per month

* Expected / Usual average volumes of deposits into the account in rupees per month
 Less than 100,000 500,001 to 1,000,000 5,000,001 to 10,000,000
 100,001 to 500,000 1,000,001 to 5,000,000 More than 10,000,000

Declaration of the Customer

I confirm that the details given above are true and correct.

.....
Signature Date

Mandatory Checks (For Office use Only)

1. Name, Date of Birth and Nationality Verification: To be supported by one of the following.

National Identity Card Passport (Unexpired)
 Driving License Marriage Certificate (Name Change)

2. Address Verification: Residential address to be supported by one of the following accepted documents
(N.B - Mobile phone bills are not accepted)

National Identity Card Bank Statement Letter from a public authority
 Tenancy agreement Utility bill (Specify) Income Tax Receipt/ Assessment Notice
 Driving License Employment Contract Other (Specify)
 Passport Any Other Identification Document

(Photocopies of the above documents should be obtained and certified by the Company Officer as 'Original Seen')

3. Does the customer appear in a Suspected Terrorist List (Sanction List – UNSCR 1373 / 1267) or any other Alert List:

Yes No If yes (Specify):

For Office use Only

Adviser Details / Check by

Name EMP No..... NIC No..... Signature

Entered by

Name Signature EMP No.....

Authorized by 1

Name Signature EMP No.....

Authorized by 2

Name Signature EMP No.....