

Citizens Development Business Finance PLC



No. 123, Orabipasha Mawatha, Colombo 10.

Tel - 0117388388 Fax - 0112429888 E-mail - cdb@cdb.lk
Co Reg No - PB 232 PQ

CORPORATE KYC (KNOW YOUR CUSTOMER) FORM

This information is sought under the Prevention of Money Laundering Act No. 5 of 2006, Financial Transactions Reporting Act No. 6 of 2006 and the convention on the suppression of Terrorist Financing Act No. 25 of 2005.

<input type="checkbox"/> Savings	Date	/ /	Branch	
<input type="checkbox"/> Fixed Deposit	Recommended Officer		Authorized Officer	
<input type="checkbox"/> Auto Finance				
<input type="checkbox"/> Other Lease			Client Code	

PLEASE FILL IN BLOCK LETTERS & USE "X" SYMBOL FOR SELECTION

Section A – CORPORATE INFORMATION

1.Name of the Institution

(Please write the full name as per the Certificate of Incorporation/Registration. Leaving the one box blank between 2 words. Do not abbreviate the name)

2.Date of Incorporation/Registration

		/			/						
D	D		M	M		Y	Y	Y	Y		

3.Annual Income Rs.

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4.Registration number issued by Registering Authority

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5.Registered office address

6.Nature of the Business

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7.Contact Person

Name	
Designation	
Contact number	

8.Details of Ownership

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9.Name of Owners / Directors

No	Full name of the Office Bearers	Designation	NIC Number

10.Purpose for opening the account and usage

Business Transactions Investment Purpose Savings Employment / Professional Income
 Family inwards remittance Any credit repayment Social & charity work Other

11.Anticipated volumes – Expected / Usual average volumes of deposits into the account in rupees per month

Less than Rs. 250,000 Rs. 250,001 to Rs. 500,000 Rs. 500,001 to Rs. 1,000,000
 Rs. 1,000,001 to Rs. 3,000,000 Rs. 3,000,001 to Rs. 5,000,000 Over Rs. 5,000,000

12.Expected Mode of Transactions / Delivery Channels

Cash Cheque Fund Transfers All mode of forms

13.Source of Funds (Expected source and nature of Credits in to the account)

Sales and Business Turnover	<input type="checkbox"/>	Family Remittance	<input type="checkbox"/>	Investment Proceeds	<input type="checkbox"/>	Salary/Profit/Professional income	<input type="checkbox"/>
Rent / Lease Income	<input type="checkbox"/>	Export Proceeds	<input type="checkbox"/>	Contract Proceeds	<input type="checkbox"/>	Donations /Charities (Local /Foreign)	<input type="checkbox"/>
Commission Income	<input type="checkbox"/>	Gift	<input type="checkbox"/>			Sales of Property /Assets	<input type="checkbox"/>
Membership Contribution	<input type="checkbox"/>	Other	<input type="checkbox"/>				

14.Assets owned by the Business and their estimated values (Approx.)

Property Premises	<input type="checkbox"/>	Motor Vehicle	<input type="checkbox"/>	Business Premises	<input type="checkbox"/>	Financial Assets	<input type="checkbox"/>
Investments	<input type="checkbox"/>	Other	<input type="checkbox"/>				

15.Source of Wealth

Business Ownership/ income	<input type="checkbox"/>	Investment	<input type="checkbox"/>	Profession	<input type="checkbox"/>	Other	<input type="checkbox"/>
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16.If request for a lending Facility, Purpose for obtaining the facility

Private use	<input type="checkbox"/>	Housing purpose	<input type="checkbox"/>	Tourism	<input type="checkbox"/>	Hiring	<input type="checkbox"/>	Business purpose	<input type="checkbox"/>
Consumption	<input type="checkbox"/>	Rent a car	<input type="checkbox"/>	Other	<input type="checkbox"/>				

17.Source of Funding to make the down payment

Sale of Movable Assets	<input type="checkbox"/>	Sale of Immovable Assets	<input type="checkbox"/>			Foreign Remittance	<input type="checkbox"/>
Savings / FD	<input type="checkbox"/>	Business Income	<input type="checkbox"/>	Other	<input type="checkbox"/>		

18.Source of Funds to service rental

Sales and Business Turnover	<input type="checkbox"/>	Family Remittance	<input type="checkbox"/>	Investment Proceeds	<input type="checkbox"/>	Salary /Profit/ Professional income	<input type="checkbox"/>		
Rent / Lease Income	<input type="checkbox"/>	Export Proceeds	<input type="checkbox"/>	Contract Proceeds	<input type="checkbox"/>	Gift	<input type="checkbox"/>	Sale of Property /Assets	<input type="checkbox"/>
Donations /Charities (Local /Foreign)	<input type="checkbox"/>	Commission Income	<input type="checkbox"/>	Membership Contribution	<input type="checkbox"/>	Other	<input type="checkbox"/>		

19.Is the client or any member of his immediate family is a Politically Exposed Person (PEP) ?

Yes No If yes, please specify _____

We hereby authorize the institute to utilize these information in the event of executing Savings Account /Fixed Deposit and other Loan as request by the company. Further you may confirm the information given in the application/form from any source you may deem it.

I /We do hereby confirm that I/we received the translation copy of this application contain in my / our preferred language and therefore the information furnished above in this application and attached annexure/s are true and accurate.

මෙම අයදුම්පතේ සහ අමතුවූ අන්තර්ගත කරුණුවල අනුපිටත් මම/අපි ප්‍රියකරන ආකාරයේ මා/අප වෙත ලැබූ බවත්, එකී කරුණු සත්‍ය සහ නිවැරදි බවත් මම/අපි ප්‍රකාශ කර සිටිමි/සිටිමු.

இந்த விண்ணப்ப படிவம் மற்றும் இத்துடன் இணைக்கப்பட்டுள்ள ஏனைய ஆவணங்களின் தமிழ் பிரதி கிடைக்கப் பெற்றது என்பதை உறுதிப்படுத்திக் கொள்வதுடன், இவ் விபரங்கள் யாவும் சரியானவை எனவும் உண்மையானவை எனவும் தெரிவித்துக் கொள்கின்றோம்/ளேன்.

Authorized Signatories (With the official stamp)	01. _____	02. _____
	03. _____	04. _____

List of Signatories				
No	Full name of the Office Bearers	Designation	NIC Number	Signature

20.Mandatory check (For office use only)

<p>1. Does the customer appears in the Suspected Terrorist List (Sanction List – UNSCR 1373/1267) or any other Alert List.</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> If yes (Specify) _____</p>	<p>Recommended By</p> <p>I hereby confirm that the above details provided by customer are true & correct, Further he/she placed the signature at my presence</p> <p>Signature _____</p> <p>HRIS _____</p>	<p>Checked By</p> <p>.....</p> <p>.....</p> <p>Signature _____</p> <p>HRIS _____</p>
<p>2. Overall risk grading of the customer, as per the risk grading received from the initial risk screening of the customer.</p> <p>Low <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/></p>		
<p>3. CRIB verified? Yes <input type="checkbox"/> No <input type="checkbox"/></p>		