

INDIVIDUAL 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.

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

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

Section A - PERSONAL INFORMATION

1.Name of the Applicant

(Please write name as per the NIC)

2.Type of Identification Document NIC Passport Driving Licence Elders ID Card

3.NIC Number

4.Date of Birth / / **5.Date of NIC issued** / /

6.Permanent Address

7.Communication Address
(If differs)

8.Contact Numbers

Landline - Residence Landline - Office

Mobile - Personal Mobile - Office

9.E-mail

10.Indicate valid passport number in the case of foreign national

11.Nationality

Sri Lankan - Resident Sri Lankan - Non Resident Country

Sri Lankan with dual citizenship Country

Foreign National with dual citizenship / resident in or employed in Sri Lanka

Country Visa Expiry Date / / DD/MM/YYYY

12.Occupation

13.Employer Name

14.Purpose for opening the account usage

Business Transactions Investment Purpose Savings Employment / Professional Income

Family inwards remittance Any credit repayment Social & charity work Other

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

Sales and Business Turnover Family Remittance Investment Proceeds Salary / Professional income

Rent / Lease Income Export Proceeds Contract Proceeds Donations / Charities (Local / Foreign)

Commission Income Membership Contribution Gift Sale / Profit / Property / Assets Other

BO/EXT/03-02 2645509290262 Signature :

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

Less than Rs. 50,000	<input type="checkbox"/>	Rs. 50,001 to Rs. 100,000	<input type="checkbox"/>	Rs. 100,001 to Rs. 250,000	<input type="checkbox"/>
Rs. 250,001 to Rs. 500,000	<input type="checkbox"/>	Rs. 500,001 to Rs. 1,000,000	<input type="checkbox"/>	Over Rs. 1,000,000	<input type="checkbox"/>

17. Annual Income

Less than Rs. 120,000	<input type="checkbox"/>	Rs. 120,001 to Rs. 240,000	<input type="checkbox"/>	Rs. 240,001 to Rs. 360,000	<input type="checkbox"/>
Rs. 360,001 to Rs. 600,000	<input type="checkbox"/>	Rs. 600,001 to Rs. 1,200,000	<input type="checkbox"/>	Above Rs. 1,200,000	<input type="checkbox"/>

18. If request for lending Facility, Purpose for obtaining the facility

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

19. Source of Funding to make the down payment

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

20. Source of Funds to service rental

Sales and Business Turnover	<input type="checkbox"/>	Family Remittance	<input type="checkbox"/>	Investment Proceeds	<input type="checkbox"/>	Salary / 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"/>
Donations / Charities (Local / Foreign)	<input type="checkbox"/>	Commission Income	<input type="checkbox"/>	Membership Contribution	<input type="checkbox"/>	Other	<input type="checkbox"/>

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

Yes No If yes, please specify _____

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.

මම අයදුම්පතේ සහ අමතුවීමට අත්කරගත කරුණුවල ආවේණික මම/අපි ප්‍රියකරන භාෂාවේ මා/අප වෙත ලැබූ බවත්, එකී කරුණු සත්‍ය සහ තවදුරටත් මම/අපි ප්‍රකාශකර සිටීම/සිටීම.

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

I hereby authorize the institute to utilize these information in the event of executing savings account / Fixed Deposit / Debit Card / I-net Facility / Credit Card / and other Finance facilities as request by me. Further you may confirm the information given in the application/form from any source you may deem it.

Customer's Signature

Mandatory Checks (For Office use Only) (Use "X" symbol as appropriate)

- Name, Date of Birth and Nationality verification: To be supported by one of the following.**

<input type="checkbox"/> National Identity Card	<input type="checkbox"/> Passport (Unexpired)	<input type="checkbox"/> Driving License	<input type="checkbox"/> Marriage certificate (Name change)
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- Address verification: Residential address to be supported by one of the Following accepted Documents.**

<input type="checkbox"/> National Identity Card	<input type="checkbox"/> Employment Contract	<input type="checkbox"/> Bank Statements	<input type="checkbox"/> Letter from a Public Authority
<input type="checkbox"/> Tenancy Agreement	<input type="checkbox"/> Passport	<input type="checkbox"/> Driving License	<input type="checkbox"/> Utility Bill (Specify) _____
<input type="checkbox"/> Income tax receipt / Assessment Notice	<input type="checkbox"/> Any other Identification Document	<input type="checkbox"/> Other (Specify) _____	

(Photocopies of the above documents should be obtained and certificated by the company officers as "Original Seen")
- Does the customer appears in a suspected Terrorist List (Sanction List – UNSCR 1373/1267) or any other Alert List.**

Yes No If yes (Specify) _____
- Overall risk grading of the customer, as per the risk grading received from the initial risk screening of the customer.**

Low Medium High

Checked by

I hereby confirm that the above details provided by customer are true & correct, Further he/she placed the signature at my presence

Signature

HRIS

Authorized by

Signature

HRIS

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