



Know Your Customer (KYC) Profile Form

(Requirement in terms of Financial Transaction Reporting Act No. 6 of 2006)

Individual Accounts

Please tick (✓) appropriate boxes.

All joint deposit holders should furnish separate KYC forms.

For Office Use Only

Account Type	Fixed Deposit <input type="checkbox"/>	Saving <input type="checkbox"/>	Account No :
BSP Code	Branch	Date	D D M M Y Y Y Y

Personal Details

Full Name (Rev/Ven/Dr/Mr/Mrs/Miss/.....) Please underline surname	
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National Identity Card No (NIC) / Passport No (Passport Number in the case of Resident Foreign Nationals only)	Date of Birth D D M M Y Y Y Y
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Nationality and Citizenship	<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 in Sri Lanka <input type="checkbox"/> Foreign National Resident in or Employed in Sri Lanka Nationality : Type of Visa : Visa Expiry Date : Country :
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In the case of foreign passport holders, please give the purpose of opening the account in Sri Lanka (If applicable)	
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Contact Information

Permanent Address	
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Foreign Address (If applicable)	
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Status of Residence	Owner <input type="checkbox"/>	Owned by Parents <input type="checkbox"/>	Owned by Spouse <input type="checkbox"/>	On Rent / Lease <input type="checkbox"/>	
	Official <input type="checkbox"/>	Owned by Friend/Relative <input type="checkbox"/>	Boarding / Lodging <input type="checkbox"/>	Other (Specify)	

Contact No.	Residence	Mobile No.	Fax No.
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E-mail Address	
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Employment Information

Employment Status	Self employed <input type="checkbox"/>	Part-time employed <input type="checkbox"/>	Retired <input type="checkbox"/>	
	Full time employed <input type="checkbox"/>	Not currently employed <input type="checkbox"/>	Other (Specify)	

Occupation / Position Held	
Name of the Employer	
Address of the Employer	

Industry/Sector	Agricultural, Forestry & Fishing <input type="checkbox"/>	Information Technology & Communication <input type="checkbox"/>	Arts, Entertainment & Recreation <input type="checkbox"/>	
	Manufacturing <input type="checkbox"/>	Professional, Scientific & Technical Activities <input type="checkbox"/>	Education <input type="checkbox"/>	
	Transportation & Storage <input type="checkbox"/>	Health Care, Social Services & Support Services <input type="checkbox"/>	Tourism <input type="checkbox"/>	
	Wholesale & Retail Trade <input type="checkbox"/>	Construction & Infrastructure Development <input type="checkbox"/>	Financial Services <input type="checkbox"/>	
	Export / Import <input type="checkbox"/>			

Nature of Business (Please specify)	
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Other Information

Source of Wealth: Wealth generated from	Business / Ownership <input type="checkbox"/>	Inheritance <input type="checkbox"/>	
	Investments <input type="checkbox"/>	Other (Specify)	
	Profession/ Employment <input type="checkbox"/>		

Other connected business / Professional activities and interest	
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Are you or any of your immediate family member a Politically Exposed Person (PEP)? (Refer definition below)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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If yes, please specify	
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FIU Definition

Politically Exposed Person - PEPs - an individual who is entrusted with prominent public functions either domestically or by a foreign country, or in an international organization and includes a Head of a State or a Government, a politician, a senior government officer, judicial officer or military officer, a senior executive of a State owned Corporation, Government or autonomous body but does not include middle rank or junior rank individuals.

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

Close Associate - Individuals who are closely connected to PEP, either socially or professionally.

Family Information			
Marital Status	Married <input type="checkbox"/>	Single <input type="checkbox"/>	Other (Specify)
Name of Spouse			
Spouse's Employer			
Spouse's Occupation / Position held			No. of Children (Dependants)
Purpose for opening, maintaining and the account usage			
<input type="checkbox"/> Savings <input type="checkbox"/> Family Remittance <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Donation <input type="checkbox"/> Investment Purpose <input type="checkbox"/> Business Transactions <input type="checkbox"/> Share Transactions <input type="checkbox"/> Employment/ Professional Income <input type="checkbox"/> Other (Please specify)			
Source of Funds: Expected source and nature of credits into the account			
<input type="checkbox"/> Family Remittances <input type="checkbox"/> Commission Income <input type="checkbox"/> Contract Proceeds <input type="checkbox"/> Sale / Business Turnover <input type="checkbox"/> Investment Proceeds <input type="checkbox"/> Sale of property/assets <input type="checkbox"/> Gift / Donations <input type="checkbox"/> Salary/ Profit Income <input type="checkbox"/> Export Proceeds <input type="checkbox"/> Rent Income <input type="checkbox"/> Others (Please specify)			
Anticipated Volumes : Expected/Usual average volumes of deposits into the account in Rupees per month			
<input type="checkbox"/> Less than 100,000 <input type="checkbox"/> 100,001 to 500,000 <input type="checkbox"/> 500,001 to 1,000,000 <input type="checkbox"/> 1,000,001 to 5,000,000 <input type="checkbox"/> 5,000,001 to 10,000,000 <input type="checkbox"/> More than 10,000,000			
Expected Mode of Transactions			
<input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Fund Transfers <input type="checkbox"/> Remittances <input type="checkbox"/> All			
Other Details/Remarks/Notes (if any):			
Declaration of the Customer			
I confirm that the details given above are true and correct.			
..... Signature of Depositor	 Date	
Mandatory Checks (For office use only)			
1. 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"/> Birth Certificate (Minor) <input type="checkbox"/> Driving License <input type="checkbox"/> Marriage Certificate (Name Change)			
Are Passport copy and valid visa/permit available in the case of Non-National Customers?			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable			
2. Address Verification: Residential address to be supported by one of the following accepted documents			
(Note - Mobile phone bills are not accepted)			
<input type="checkbox"/> National Identity Card <input type="checkbox"/> Bank Statement <input type="checkbox"/> Letter from a Public Authority <input type="checkbox"/> Tenancy Agreement <input type="checkbox"/> Utility Bill not over three months old (Electricity/Water/Fixed Phone) <input type="checkbox"/> Income Tax Receipt / Assessment Notice <input type="checkbox"/> Driving License <input type="checkbox"/> Employment Contract <input type="checkbox"/> Other (Please specify) <input type="checkbox"/> Passport <input type="checkbox"/> Any Other Identification Document			
(Photocopies of the above documents should be obtained and certified by the Company Officer as 'Original Seen')			
3. Geographical Area:			
Is customer residing within a reasonable distance to the branch? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If the permanent address is not within the branch service area, mention the reason for opening an account at the branch?			
4. Industry/ Sector codes relating to the Customer: Main Sector Code <input style="width: 100px;" type="text"/> Sub Sector Code <input style="width: 100px;" type="text"/>			
5. Does the customer appear in a Suspected Terrorist List (Sanction List – UNSCR 1373 / 1267) or any other Alert List:			
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes (Specify):			
6. Overall risk category according to Risk Profile Form:			
<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low Senior Manager's approval (If required)			
7. Other Remarks:			
Name of Officer and Employment No:			
..... Signature	 Date	