



## Know Your Customer (KYC) Profile Form

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

### Individual Accounts

All joint holders should furnish separate KYC forms.

Please tick(✓) appropriate boxes.

#### For Office Use Only

Account Type	Gold Loan <input type="checkbox"/> Lease <input type="checkbox"/> Other Loan <input type="checkbox"/>	Facility No .....								
BSP Code	Branch	Date <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			

#### Personal Details

Full Name (Rev/Ven/Dr/Mr/Mrs/Miss/.....) Please underline surname											
National Identity Card No (NIC) / Passport No (Passport Number in the case of Resident Foreign Nationals only)	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 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 : .....										
In the case of foreign passport holders, please give the purpose of opening the account in Sri Lanka (If applicable)											

#### Contact Information

Permanent Address*			
*Permanent address as appearing on the identification document. If permanent address differs from the identification document, the given address to be supported by a utility bill not over three months old or any other reliable proof of residence. No mobile phone bills are accepted.			
Correspondence Address			
Foreign Address (If applicable)			
Status of Residence	Owner <input type="checkbox"/>	Owned by Parents <input type="checkbox"/>	Owned by Spouse <input type="checkbox"/>
	Official <input type="checkbox"/>	Owned by Friend/Relative <input type="checkbox"/>	Boarding / Lodging <input type="checkbox"/>
			On Rent / Lease <input type="checkbox"/>
			Other (Specify) .....
Contact No.	Residence	Mobile No.	Fax No.
E-mail Address			

#### 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"/> Manufacturing <input type="checkbox"/> Transportation & Storage <input type="checkbox"/> Wholesale & Retail Trade <input type="checkbox"/> Export / Import <input type="checkbox"/>	Information Technology & Communication <input type="checkbox"/> Professional, Scientific & Technical Activities <input type="checkbox"/> Health Care, Social Services & Support Services <input type="checkbox"/> Construction & Infrastructure Development <input type="checkbox"/>	Arts, Entertainment & Recreation <input type="checkbox"/> Education <input type="checkbox"/> Tourism <input type="checkbox"/> Financial Services <input type="checkbox"/>
Nature of Business (Please specify)			

#### Other Information

Source of Wealth: Wealth generated from	Business / Ownership <input type="checkbox"/> Investments <input type="checkbox"/> Profession/ Employment <input type="checkbox"/>	Inheritance <input type="checkbox"/> Other (Specify) .....
Other connected business / Professional activities and interest		
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"/>
If yes, please specify		

#### 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"/> Personal Use <input type="checkbox"/> Business Use <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 income 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			
Other Details/Remarks/Notes (if any):			
Declaration of the Customer			
I confirm that the details given above are true and correct.  <div style="display: flex; justify-content: space-between;"> <span>..... Signature</span> <span>..... Date</span> </div>			
Mandatory Checks (For office use only)			
<b>1. Name, Date of Birth and Nationality Verification:</b> To be supported by one of the following. <div style="display: flex; justify-content: space-between;"> <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)         </div> <b>Are Passport copy and valid visa/permit available in the case of Non-National Customers?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>2. Address Verification:</b> Residential address to be supported by one of the following accepted documents (Note - Mobile phone bills are not accepted) <div style="display: flex; justify-content: space-between;"> <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         </div> (Photocopies of the above documents should be obtained and certified by the Company Officer as 'Original Seen')			
<b>3. Geographical Area:</b> 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? .....			
<b>4. Industry/ Sector codes relating to the Customer:</b> Main Sector Code <input style="width: 100px;" type="text"/> Sub Sector Code <input style="width: 100px;" type="text"/>			
<b>5. Does the customer appear in a Suspected Terrorist List (Sanction List – UNSCR 1373 / 1267) or any other Alert List:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes (Specify): .....			
<b>6. Overall risk category according to Risk Profile Form:</b> <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low    Senior Manager's approval (If required) .....			
<b>7. Other Remarks:</b>  Name of Officer and Employment No:  <div style="display: flex; justify-content: space-between;"> <span>..... Signature</span> <span>..... Date</span> </div>			