



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	D <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> M <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/>

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 D <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> M <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/>
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"/> Official <input type="checkbox"/>	Owned by Parents <input type="checkbox"/> Owned by Friend/Relative <input type="checkbox"/>	Owned by Spouse <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"/> Full time employed <input type="checkbox"/>	Part-time employed <input type="checkbox"/> Not currently employed <input type="checkbox"/>	Retired <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)
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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 No

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. Signature			
..... 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			
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			
<i>(Photocopies of the above documents should be obtained and certified by the Company Officer as 'Original Seen')</i>			
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 type="text"/> Sub Sector Code <input 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			