



මිලේ ගනුදෙනුකරු හඳුනාගන්න (KYC) දළ සටහන් ආකෘති පත්‍රය

உங்கள் வாடிக்கையாளரை அறிந்து கொள்ளும் படிவம்

Know Your Customer (KYC) Profile Form

(2006 අංක 6 දරණ මුදල් ගනුදෙනු වාර්තා කිරීමේ පනත අනුව අවශ්‍යතාවයකි)

(நிதி பரிமாற்றம் அறிக்கையில் சட்டம் இல. 6 ஆண்டு 2006 தேவைப்பாட்டுக்கமைய)

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

As required under the Financial Institutions (Customer Due Diligence) Rules, No. 01 of 2016 issued by the Financial Intelligence Unit of Central Bank of Sri Lanka in terms of Section 02 of the Financial Transactions Reporting Act, No 06 of 2006.

Sole Proprietorships / Partnerships

For Office Use Only											
Facility No(s)											
BSP Code		Branch		Date	D	D	M	M	Y	Y	Y

Details of the Institution	
Name of Institution	
Registered Address	
Business Registration No	
Total No. of Partners (In the case of a Partnership)	

Purpose for opening the account and the usage	
Personal Use <input type="checkbox"/>	Business Use <input type="checkbox"/> Other (Please Specify) <input type="checkbox"/>

Source of Funds: Expected source and nature of credits into the account	
<input type="checkbox"/> Sale/ Business Turnover	<input type="checkbox"/> Commission Income <input type="checkbox"/> Interest/ Investment Income <input type="checkbox"/> Business Profits
<input type="checkbox"/> Sale of property/assets	<input type="checkbox"/> Others (Please specify) .....

Anticipated Volumes : Expected /Usual average income in Rupees per month	
<input type="checkbox"/> Less than Rs. 500,000	<input type="checkbox"/> Rs. 500,001 to Rs. 1,000,000 <input type="checkbox"/> Rs. 1,000,001 to Rs.5,000,000
<input type="checkbox"/> Rs. 5,000,001 to Rs. 10,000,000	<input type="checkbox"/> Rs. 10,000,001 to Rs. 25,000,000 <input type="checkbox"/> Rs. 25,000,001 and above

Assets owned by the Sole Proprietorship/ Partnership	
<input type="checkbox"/> Property/Premises	<input type="checkbox"/> Investments <input type="checkbox"/> Motor Vehicles <input type="checkbox"/> Financial Assets <input type="checkbox"/> Others (specify) .....

Details of Sole Proprietor/ Partners (as mentioned in the Business Registration Document)	
<b>01</b>	
Name (Mr/Mrs/Ms/.....)	
Address	
NIC No	
Position	
Ownership as a percentage (%)	
<b>02</b>	
Name (Mr/Mrs/Ms/.....)	
Address	
NIC No	
Position	
Ownership as a percentage (%)	
<b>03</b>	
Name (Mr/Mrs/Ms/.....)	
Address	
NIC No	
Position	
Ownership as a percentage (%)	
<b>04</b>	
Name (Mr/Mrs/Ms/.....)	
Address	
NIC No	
Position	
Ownership as a percentage (%)	

Documents required		
We forward herewith the following documents relevant to the account opening request (Tick ' ' as appropriate)	Enclosed	Not Applicable
Certified copy of Business Registration		
Certified copy of Partnership Agreement/ Deed		
National Identity Card / Driving License / Valid Passport copies of Proprietor / all Partners and Authorized Signatories		
Address verification document		
Institution KYC Form		
Individual KYC Form of Proprietor / all Partners / Authorized Signatories		
Declaration of Beneficial Ownership		

Declaration		
I/ We confirm that the information provided above is correct and accurate. I/we further undertake to keep Vallibel Finance PLC duly informed, as soon as possible, of change to the information provided above.		
Full Name of Proprietor/ Partners	NIC/ Passport No	Full Signature
1.		
2.		
3.		
4.		
5.		
<p>.....</p> <p>Date</p>		

For Office Use Only	
1. Does the customer or any of its Directors appear in a Sanction List (UNSCR 1373 / 1267) or any other Alert List: <input type="checkbox"/> Yes <input type="checkbox"/> No      If yes (Specify): .....	
2. Overall risk rating according to Risk Profile Form: <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low Senior Manager's approval (If required) .....	
3. Other Remarks:	
Name of Officer and Employment No:	
<p>.....</p> <p>Signature</p>	<p>.....</p> <p>Date</p>