



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"/>	Lease <input type="checkbox"/>	Other Loan <input type="checkbox"/>	Account No./Facility 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							
National Identity Card No (NIC) / Passport No (Passport Number in the case of Resident Foreign Nationals only)						Date of Birth	
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							
Foreign Address (If applicable)							
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 <input type="text"/>	Mobile No. <input type="text"/>	Fax No. <input type="text"/>				
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"/>	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)			

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		
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

Savings Family Remittance Loan Repayment Donation Investment Purpose Business Transactions
 Share Transactions Employment/ Professional Income Other (Please specify)

Source of Funds: Expected source and nature of credits into the account

Family Remittances Commission Income Contract Proceeds Sale / Business Turnover Investment Proceeds
 Sale of property/assets Gift / Donations Salary/ Profit Income Export Proceeds Rent Income
 Others (Please specify)

Anticipated Volumes : Expected/Usual average volumes of deposits into the account in Rupees per month

Less than 100,000 100,001 to 500,000 500,001 to 1,000,000 1,000,001 to 5,000,000 5,000,001 to 10,000,000
 More than 10,000,000

Expected Mode of Transactions

Cash Cheque Fund Transfers Remittances 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.

National Identity Card Passport (Unexpired) Birth Certificate (Minor) Driving License
 Marriage Certificate (Name Change)

Are Passport copy and valid visa/permit available in the case of Non-National Customers?

Yes No Not Applicable

2. Address Verification: Residential address to be supported by one of the following accepted documents

(Note - Mobile phone bills are not accepted)

National Identity Card Bank Statement Letter from a Public Authority
 Tenancy Agreement Utility Bill not over three months old (Electricity/Water/Fixed Phone)
 Income Tax Receipt / Assessment Notice
 Driving License Employment Contract Other (Please specify)
 Passport 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? Yes No
If the permanent address is not within the branch service area, mention the reason for opening an account at the branch?
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4. Industry/ Sector codes relating to the Customer: Main Sector Code Sub Sector Code

5. Overall risk category according to Risk Profile Form:

High Medium Low Senior Manager's approval (If required)

6. Other Remarks:

Name of Officer and Employment No:

.....
Signature

.....
Date