## RDB பிர6ேத்ச அபிவிருத்தி வங்கி ACCOUNT OPENING MANDATE AND KNOW YOUR CUSTOMER

## **BUSSINESS/LEGAL ENTITY/NGO/CHARITY**

Office use only																					
Branch									1												
Client No																					
Account No									1												
Account Title									1												
Entered by Signature & Service No Aut  Date  Please tick relevant cage  APPLICANT PURTICULARS	horize M	ed by	y Sign	natu Y	r <b>e w</b> i	th Se	ervice	e No													
1 Type of Account:								_	1					Ī					ı		i
Normal Savings AC	١	Inve	stme	nt A	ccou	nt						FD				Oth	er sp	ecify	′		
Partnership Club	lic Lim				-			Trus Prov	st vincia	ıl Cou	uncil				orieto	orshi <sub>l</sub>	0			Othe	er
3 Client Name :																					
4 Location of Counter Parties:		With	in Sr	ri Lar	nka				Out	side S	Sri La	ınka			High	n Risk	Cou	ntrie	S		
5 Registered Business Address:																					
Retailing Charity Distributer/ Transport Consultancy Manufacturing Society Development Brokerage Wholesale Agriculture/ Live Stock/Fisheries Import/Export Constructions Other Service (Eg.Tourism,Infrastructure development,Financial,Education,Communication etc.)																					
7 Business Registration Number:	Γ																				
	L																				
8 a) Date of Incorporation:					D	D	M	M	Υ	Υ	Υ	Υ									
b) Date of commencement of bus	iness:				D	D	M	M	Υ	Υ	Υ	Υ									
9 a) VAT/Income TAX Number:								<u> </u>	<u> </u>			l				1					
b) Date of Registration:					D	D	M	M	Υ	Υ	Υ	Υ				J					
10 Employee Size:																					
Country/Place of Incorporation:												Resi	dent		Non	-Resi	ident				
12 a) Correspondence Address:	Γ	1																			
b) Staying Since:	F	Υ	Υ	Υ	Υ		l	<u> </u>	<u> </u>	l			l		l	<u> </u>	l				
						i															
	L															-					,
13 Web Site:																					
<del></del>																					
13 Web Site:											2										

17	Contact Person:																							
18	Initial Deposit Amount : Rs.				T	T					l	1												
											<u>.                                    </u>	J								<u>-</u>				
19	Initial Deposit Mode:		Cash			C	Chec	que			Rer	nitano	ce/A	cour	nts Tra	anfer					Othe	er		
															Г	_		ı						
20	a) Do you have maintained and	other a	accou	nt/s w	ith 1	the F	Prad	eshi	ya S	anw	ardh I	ana B	ank?	) 	L		Yes			No				
	b) If yes, Account No. :																							
KN	IOW YOUR CUSTOMER (KYC) IN	FORM.	ATION	V																				
1	Purpose of Account:																							_
	Payment for customers			In	vest	tmen	ıt				Pay	ment	of si	upplie	ers/Ve	endo	rs				Othe	er		
	payroll payments			G	ener	ral Ex	pen	ises			Inte	er com	npan	у рау	ment	ts			Į.					
		1	<u>-</u>			-				1	- 1													
2	Authorized Capital: Rs.										4													
3	Issued Capital: Rs.										4													
4	Paid up Capital: Rs.																							
5	Chairman/CEO/Director/Partn	or/Tri	ıstoo	/Drong	ioto	·r.																		
,	Name	ei/iii	istee/	гіорі		erma	nen	hΔ t	dres	s		l	NIC	:/PP	I	Sha	res	Citiz	ens	PEPs	*	Mot	her's	$\neg$
									u. co					,		(%		hip				maio		
																						Nam	е	_
	1																			Yes	-			_
	2																			Yes				
	3											-								Yes				$\dashv$
	(Attached additional paper, if p	rovido	d sna	ra is r	ot s	uffic	iont	and	if ch	are (	anit	al con	tribi	ıtion	ic 1∩º	% or	over	take	a har	Yes		wner	chin	
	declaration )* Please refer end										Japit	ai con	111100	1011	13 107	.001	OVCI	, take	. DCI	iiiicia	1,9 0	WIICI	Jinp	
•	Commons Constant dataile																							
6	Company Secretary details:				Pe	erma	nen	t Δd	dres	c			NIC	:/PP		Sha	res	Citiz	ens	PEPs	*	M	other'	'c
	Nume					ciiiia	iicii	t Au	uics	5			1410	,,		(%		hip	CIIS				aider	
																					<b>.</b>		lame	
	1																			Yes	/No			
7	Is/Are any of the Director/s m	ention	ed ab	ove a	so E	Direc	tor/	CEO	of a	noth	ner C	ompa	ny:						Yes	I		No		
	(If yes, complete	below	)																					
	Name		l	Name	of C	omp	any						ire o			Posit		/CEO	V/Ch	Posit Dura			Share	<u>;</u> s(
												Com	pany	y		airm		/CEO	/CII	since			%)	
	1																							
	(Attached additional paper if sp	ace pr	ovide	d is no	t su	ıfficie	ent 8	& tha	at sh	ould	be c	ertifie	d by	the A	Autho	rized	l per	son)						
	er at part to the																							
8 a)	Size of Business/ Entity : Assets	Asse	ets Ow	ned b					rgan	ızatıc	on			ı										
a)	Property/ Premises			$\overline{\top}$	اعدد	: Valu	اک (L	)																
	Financial Assets																							
	Motor Vehicle				-																			
	Investment Other				-																			
b)	Year A	nnual	Turno	ver-R	5						Gros	ss pro	fit-R	5										
	YYYYY																							
9	Financial Information and Tran	sactio	n Pro	filing																				
9.1	Source of fund to the Account																							
	Business Income	Don	ation	(local/	Fore	eign)				Inve	estm	ent			Profe	essio	nal S	ervic	e	Ţ		Othe	er	
9.7	a) No of Transaction per Mont	<u>-</u> h						ļ		ь) <i>4</i>	lma-	ınt pe	r NA	nn+h	•					-				
3.2	Less than 15	"								UJ F	aniol	ını pe	: 141	i	than	0.51	/ln							
	15-25														∕In to									
	More than 25													Mor	e tha	n 1 N	/ln							

9.3	Type of Merchandi	se									
	1		2			] [	3				
9.4	Name of major sup	plies/Vendors	,								
	1		2			J L	3				
9.5	Name of Major cus	tomers	] ]			- F	2				
	1		2			_  L	3				
9.6	Location of Major S	Suppliers	2			<b>п</b>	3				
0.7	Location of Moior C	C ata	] [				<u> </u>				
9.7	Location of Major C	Lustomers	2			7 [	3				
F0	D FIVED DEDOCIT A	CCOLINIT	1								
1	Type of Account:	CCOUNT	Fixed Deposit		7 days call	deposit				Other (Pls.S	pecify)
2	Interest Rate @	%· Ter	m (In Months) :								
-			<u> </u>			_					
	Please Pay Interest	:	Monthly	Annu	ally		On I	Maturity			
3	Amount of Deposit	:: Rs									
						words)					
4	Automatic Renewa	ıl: Yes	No If yo	es, with inte	rest		with	out inter	est	Ш	
5	Interest Payment N	Mode: Cre	dit to own Account		Credit to B	eneficia	ry		By the	e Pay Order	
6	If credit to own acc	count; Acc	ount Number								
	If credit to benefici	arv: Nar	ne								
		•	ount Number								
	If the pay order;	Pav	Order Instructions				•				
	ii tile pay order,	1 dy	Order matructions								
7 	Terms & Condition	ns:									
			by the depositor to the		-			-		' <del>-</del> '	_
			of deposit , the bank sha ted by the customer fo		=		-	_			·=·
	-		rate of interest) as may	•	•					ood that th	
			the lower rate prescribe		•		-	-			
	=	_	to deduct whatever in from the principal amo	=		-		_			-
	withdrawal.	apon for the fun term	nom the principal and	ount of the	ueposit or	arry Dare	ance me	erest pay	abic a	t the time t	oi sucii
		•	immediately to the bar	_		. :	ation al	مطامانیمد			طفنيي باسمط
	immediate effect.	ie depositor being fail	en into the categogy of	tax payers	iately, sucr	ı imiorm	ation sr	iouia be	passeo	i on to the	Dank With
	5.The relevant bran	nch should be immedi	ately informed in the e	vent of any	changes in	your po	ostal/ ei	mail addr	ess.		
	OPERATING INSTRU	UCTIONS									
	We hereby request	•	sit/ an savings account	'c) with PDI	l I/Ma bar	oby aut	hariza t	ho hank	act on	onorating	
			olution. I/We represen								y other
			ank is true , accurate a	=							=
			ne in connection with o y apply for and /or utili			/we ne	геру ад	ree to th	e taciin	ties , produ	ict and or
	Customer Signature	2	Customer Signature				Custome	r Signatu	re		
	Name:		Name:			-	lame:	lan:			
	Designation:		Designation:	<u> </u>			Designat	ion:	Щ_		

F	ollo	ing Documents should be Submitted										
		rtified copies of NIC/PP of the Directors/Major share holders/Office Bearer/Authorised										
s	ign	atories/Administrators/members of the governing body or Comm										
_		Board Resolution										
3	. B	Business Registration and Certification of Incorporation (form 2A,2B,2C,2D or 2E as appropriate under the new										
4	. A	ticles of Association										
5	. Fo	orm 20 - Notice of change Director/ Secretary and particulars of Di	rectors/Secretary									
_		I Agreement (If BOI approved company)										
7	. Ex	port Development Board Approval letter (If approved by the EDB)										
		ertificate of Commencement of Business (If public quoted business	5)									
_		udited financials ( If available)										
_		Constitution/Charters etc. ( If Club, Society, Charity, Association or N	,									
		ndividual KYC form should be completed by all Directors/Major sh										
		norised signatories/Administrators/members of the governing boo										
	Settlers/Guarantors and beneficiaries (In addition to providing the above information as required by Rules prescribed in											
	erms of section 2(3) of financial transactions Reporting act No.06 of 2002)											
1	2 .	Trust Deed (if trust )										
_	_	f share contribution is 10% or over, obtain beneficiary ownership	declaration									
-		f PEP, Submit the related documents to confirm the relationship	deciaration									
Ľ	7.	True, Submit the related documents to commit the relationship										
Revie	w	and Comments (Office use only)										
1 (	on	pliance clearance obtained to verify whether client appears in kno	own Terrorist list/Proscri	bed Entity list:								
		Yes No (If "Yes"	account shall not be op-	ened)								
		<u>—</u>										
2 C	hai	rman/CEO/Director/Partner/Trustee/Proprietor of the entity is ap			als list:							
		YesNo (If "Yes"	account shall not be op-	ened)								
3 (	`on	cerns closely related to PEP:										
Ĺ	.011		annlicable on DED acco	ounts shall be complied wit	·h)							
L		Tes Culdinit	applicable off Er acci	ouries shall be complica with	,							
4 R	isk	Assessment (Complete According to the Internal Circular No.04 of	f 2020 - Customer Due D	iligence (CDD), Know Your	Customer(KYC))							
			Low (Marks 01)	Medium(Marks -2)	High -(Marks 3)							
e		Sole proprietorship										
Category - Nature of the Customer		Partnership										
ture		Government Institution										
gory - Nati Customer		Private Limited Company										
egon) Cus		Limited Liability Company										
ğ		Society /Club/Associate										
01st		Charity/NGO										
		BOI Company with Foreign shares										
		Retailing										
		Manufacturing										
4		Agriculture/Live-stocks/Fisheries										
ines		Government service										
2nd Category - Uses of Business		Society Development/Welfare/Religious Activity										
ses o		Wholesale										
ñ '		Personalised Service										
egor		Consultancy/Professional Service										
ğ		Distributors										
2 Z		Import/Export										
		Brokerage/ Real State										
		Banking/ Insurance/ Securities										
1 .		Finance Business/Pyramid Business/Trustee										
3rd Category - Daily Income		Below Rs.0.5Mn per day										
Cate ly Inc		Rs.0.5Mn to Rs.3Mn per day										
3rd Dai		Above Rs.3Mn per day										
		O and Bridge of										
		Overall Risk Level	L High	Medium	Low							
		(Risk categorization should be done according to the AML System	•									
Т	his	KYC forms has been reviewed by										
Ν	lan	ne e	Signature	Service	Number							
D	)efi	nition of "PEP" - Not Printed	·		<b>_</b>							
li	ndi	viduals in Sri Lanka or abroad who are;	f State owned Corporations	Government or Autonomous boo	1v							

- ◆ Politicians
  ◆ Senior Government, Judicial or Military Officials

- Important political party officials
   All relations and close associates of the above stated persons