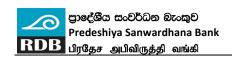
					64	



Bank use only						
Branch						
Account No.						
CID No						

## **Know Your Customer-KYC**

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

Mandatory to present acceptable documents as a proof of identity.

Individual KYC form should be completed by all joint holders.

If th	ne account is a minor saving, the	e guar	dian	's K	YC (	details	shou	ld be	com	plete	d as	min	or's KY	C det	tail													
Α.	Basic Information of the Indi	vidual	Cu	ston	ner.																							
1	Name in Full																											
2	Permanent Address																											
3	Correspondence Address							<u> </u>	<u> </u>						<u> </u>													
4	Identification Number & Ty	ype of	Ide	entit	ty Ca	ard								Б		cD.	d			D	D	1	3.4	3.7	1 1	X.7	3.7	X7 X7
	National Identity Card Passport						6 Date of Birth D D M M Y Y 7 Civil Status Married/Unmarried													Y	Y Y							
												8	Na	tion	ality	& (	Citiz	ensl	nip									
	Driving Licence						a. Sri Lankan Resident																					
_	Other - Pl. Specify						Non- resident																					
5	Contact Number and E-mai	l Add	ress	3				b. Sri Lankan with dual citizenship c. Foreign National with dual citizenship in Sri Lanka																				
	Mobile						d. Foreign National resident in or employed in Sri Lanka																					
	E-mail						_							e.	Otl	her -	Pl. S	Spec	ify									
9	Occupation / Profession					_		11	7	stom		egn	nent				7								ī			
10								Tourism Wholesale Retail Trade  Agriculture, Forestry & Fishing Financial Services														)						
10	Sector Code of Occupation  Commercial Tourism							Agriculture, Forestry & Fishing Financial Services  Manufacturing Arts, Entertainment & Recreation																				
	Financial Con	nsump	otio	n				Transportation & Storage Education																				
		vices							=	nstru			\1		_		7								Supp			
Industrial Others  Housing & Property Development								Infrastructure Development Information Technology & Communication  Professional, Scientific & Consumption  Technical Activities												iicai	1011	Services						
12 Name & Address of the employer / Business																						T.P						
13	Mother's maiden Name																											
14	Purpose of the account open	ning &	& us	sage	s																							
	Business Transactions			Prof	fessi	onal/	Emp	loyn	nent	Inco	me			Fa	mily	Inw	ard 1	Ren	ittaı	nce			Up	keep	of l	am	ily/P	ersonal
	Utility bills payments		;	Sav	ings			_		Repay				Inv	vestr	nent	Purj	ose					Soc	ial &	& W	elfaı	e W	ork
	Share Transactions	L			natio		L			Pl.S												]						
15	Sources of funds (Expected	T						_	7							T <sub>C</sub>		-a:	, T						T	.at	· o == 4	Duo 1
Salary Sales & Business Turno Gifts Family Remittance					10Ve	r <u></u>	_	ofit II les of			ty/Ass	ets		_	mmi: mbe					on					ent . Proc	Proceed eed		
	Contract Proceed	Dona	-						7	nt In			J0			_	ner -					•			,P			
16	Anticipated Transaction Vo	lumes	S																									
	Expected / Usual average volume Less than Rs.100,000	olume	es o	f de	posi					in ruj 00,00	_	pei	mont	1		Rs.	.500,	001	- 1,	000,	000							
	Rs.1,000,001 - 5,000,00	00				R	s.5,0	00,0	01-	10,00	0,00	00				Ab	ove 1	the 1	0,0	00,0	01							

17 Expected Transaction Mode
Cash Electronic Fund Transfer Cheque All mode of forms (cash, cheque, fund transfer)
Other- Pls Specify
18 Delivery Channel
Face-to-Face Payment received through known or associated third parties
Non-Face-to-Face Payment received through unknown or un-associated third parties
Face-to-Face & Non - Face-to-Face
19 Applicant's ownership of wealth and estimated value (approx.)
Residential Property - Rs. Financial Assets - Rs.
Business - Rs. Investment - Rs.
Motor Vehicles - Rs. Others (specify) - Rs.
20 Source of wealth (Wealth generated from)
Business Ownership/Income Investment Profession/Employment Inheritance As gift
Others (specify)
I confirm that the given information is true & correct and, if required I hereby consent the bank to access the Department of Registrations of Person (DRP) system to validate my NIC information and agree to debit my/our Savings Account for the cost of DRP charges.
Customer Signature Date
Office Use only
B. Mandatory Check.  Tick ☑ the Appropriate Boxes
1 Identity Verification (Name, Date of Birth, Nationality, Occupation)
National Identity Passport Driving Licence
Birth Certificate for Minor Other Documents
2 Address Verification
National Identity Utility Bills Lease Agreement Driving Licence
Bank Statement Receipt of Income tax Other Documents (specify)
3 Does the client or any member of his immediate family is a Politically Exposed Person * (PEP)? Yes/No
If "Yes"-please specify
Please forward relevant formats along with supporting documents to Head Office for approval.
4 Does the client appear on the known suspected Terrorist List / UN Sanction List or any other alert list ? Yes/No
(Confirmation should be done through screening the AML system)  If "Yes"-please specify
If "yes", the account shall not be opened & inform to the Compliance Officer
5 More information about the customer ( if necessary )
6 Risk Categorization Low Medium High
1 Risk categorization should be done according to the result of the AML system 2 If the account is a minor saving, the guardian's risk category should be considered as the minor's risk category.
Authorized Officer Signature & Service No.  Date
Note All photocopies obtained for the above 1 & 2 must be certified by the bank Officer as "True Copy".
*"Politically Exposed Person" means 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, a Judicial Officer or Military Officer, a Senior Executive of a State Owned Corporation, Government or Autonomous Body but does not include a middle rank or junior rank individuals;