



මගේ ගනුදෙනුකරු තදනාගන්ත (KYC) දළ සටහන් ආකෘති පත්‍රය
உங்கள் வாடிக்கையாளரை அறிந்து கொள்ளும் படிவம்

Know Your Customer (KYC) Profile Form

(2006 අංක 6 දරණ මූල්‍ය 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.

**Clubs/Societies/Charities/Associations/NGO/
Trusts and Miscellaneous**

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Fixed Deposit No(s)												
BSP Code		Branch		Date	D	D	M	M	Y	Y	Y	Y

Type of Business

- | | | |
|--------------------------------------|--|--|
| <input type="checkbox"/> Club | <input type="checkbox"/> School | <input type="checkbox"/> Non-Government Organization |
| <input type="checkbox"/> Society | <input type="checkbox"/> Religious Place | <input type="checkbox"/> Trust |
| <input type="checkbox"/> Association | <input type="checkbox"/> Government Organization | <input type="checkbox"/> Others (Specify) |
| <input type="checkbox"/> Charity | | |

Details of Entity

Name of Entity	
Registered Address appearing in Charter, Constitution etc.	
Country of Incorporation	
Correspondence Address (if differs to the Registered Address)	
Nature and Purpose of Business (details of the objectives, scope, and area of activities of Club/ Society/ Charity/ Association/ NPO/ NGO etc.)	

Purpose for opening the account and the usage

- Business Transactions Investment Other Special Purpose (Specify)

Details of Office Bearers / Members of the Governing Body / Committee Members / Administrator(s) / Executor(s) / Trust(ies) / Beneficiary(ies)

01	
Name (Mr/Mrs/Ms/.....)	
Address	
NIC No	
Position Held	
02	
Name (Mr/Mrs/Ms/.....)	
Address	
NIC No	
Position Held	
03	
Name (Mr/Mrs/Ms/.....)	
Address	
NIC No	
Position Held	
04	
Name (Mr/Mrs/Ms/.....)	
Address	
NIC No	
Position Held	
05	
Name (Mr/Mrs/Ms/.....)	
Address	
NIC No	
Position Held	

Other connected Institutions/ Associations/ Organizations/ Professional Activities and Interest:

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

- | | | |
|--|---|--|
| <input type="checkbox"/> Less than Rs. 100,000 | <input type="checkbox"/> Rs. 100,000-500,000 | <input type="checkbox"/> Rs. 500,001-1,000,000 |
| <input type="checkbox"/> Rs. 1,000,001-2,000,000 | <input type="checkbox"/> Rs. 2,000,001-3,000,000 | <input type="checkbox"/> Rs. 3,000,001-5,000,000 |
| <input type="checkbox"/> Rs. 5,000,001-7,000,000 | <input type="checkbox"/> Rs. 7,000,001-10,000,000 | <input type="checkbox"/> Over Rs. 10,000,000 |

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

- | | | | |
|--|--|--------------------------------------|--|
| <input type="checkbox"/> Foreign Donations | <input type="checkbox"/> Local Donations | <input type="checkbox"/> Collections | <input type="checkbox"/> Membership Fees |
| <input type="checkbox"/> Return on Investments | <input type="checkbox"/> Others (Please specify) | | |

Assets Owned by the Club/ Society/ Charity/ Association/ NPO/ NGO etc.

- | | | | | |
|--|--------------------------------------|---|---|---|
| <input type="checkbox"/> Property/Premises | <input type="checkbox"/> Investments | <input type="checkbox"/> Motor Vehicles | <input type="checkbox"/> Financial Assets | <input type="checkbox"/> Others (specify) |
| <input type="checkbox"/> None | | | | |

Financial Information

Are the Audited Financial Statements for last two years available?	Yes	No
Description (Rs)	Current Year (Y/E	Previous Year (Y/E
Annual Turnover		
Surplus		
Paid-up Capital and Accumulated Surplus		

Documents Required

We forward herewith the following documents relevant to the account opening request (Tick '✓' as appropriate)	Enclosed	Not Applicable
Account opening mandate		
Board/ Committee resolution authorizing the account opening and name of authorized persons to give instructions for transactions		
Certified copy of the Registration Document		
Certified copy of the Constitution, Charter etc (In the case of Club/ Society/ Charity/ Association or NGO)		
Know Your Customer (KYC) Form (Entity)		
Individual Know Your Customer (KYC) Form of all members of Governing Bodies and Individuals who are authorized to operate the accounts		
Copies of NIC/ Identification document of members of governing bodies and individuals who are authorized to operate the account		
Minutes of the Annual General Meeting		
Court orders/ Gazette Notification		
Trust Deed (In the case of Trust Account)		
Registration from the NGO Secretariat of the relevant Ministry and the written approval		
Copies of the documents relating to the establishment and management of the fund (ex: Trust Deed/Management Agreement/Bankers Agreement /Auditors Agreement)		
Latest Audited Accounts if available		
Authorized Signatory List		
Declaration of Beneficial Ownership		
Others (Please specify)		

Declaration

We confirm that the information provided above is correct and accurate and we are duly authorized to provide the information referred to above on behalf of the Organization. We further undertake to keep Vallibel Finance PLC duly informed, as soon as possible, of change to the information provided above.

Name		Name	
Position		Position	
Signature		Signature	
Date	D D M M Y Y Y Y	Date	D D M M Y Y Y Y

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1. Does the customer or any of its Directors appear in a Sanction List (UNSCR 1373 / 1267) or any other Alert List:

Yes

No

If yes (Specify):

2. Overall risk rating according to Risk Profile Form:

High

Medium

Low

Senior Manager's approval (If required)

3. Other Remarks:

Name of Officer and Employment No:

.....
Signature

.....
Date