



## Know Your Customer (KYC) Profile Form

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

### Individual Accounts

All joint deposit holders should furnish separate KYC forms.

Please tick (✓) appropriate boxes.

For Office Use Only													
Account Type	Fixed Deposit <input type="checkbox"/>	Saving <input type="checkbox"/>	Account No : .....										
BSP Code	Branch			Date	D	D	M	M	Y	Y	Y	Y	
Personal Details													
Full Name (Rev/Ven/Dr/Mr/Mrs/Miss/.....) <small>Please underline surname</small>													
National Identity Card No (NIC) / Passport No (Passport Number in the case of Resident Foreign Nationals only)			Date of Birth			D	D	M	M	Y	Y	Y	Y
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*													
* Permanent address as appearing on the identification document. If permanent address differs from the identification document, the given address to be supported by a utility bill not over three months old or any other reliable proof of residence. No mobile phone bills are accepted.													
Correspondence 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	Mobile No.			Fax No.								
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													
<b>FIU Definition</b> <b>Politically Exposed Person - PEPs</b> - 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. <b>Immediate Family Member</b> - includes the spouse, children and their spouses or partners, parents, siblings and their spouses and grandchildren and their spouses. <b>Close Associate</b> - 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)
<b>Purpose for opening, maintaining and the account usage</b>			
<input type="checkbox"/> Savings <input type="checkbox"/> Family Remittance <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Donation <input type="checkbox"/> Investment Purpose <input type="checkbox"/> Business Transactions <input type="checkbox"/> Share Transactions <input type="checkbox"/> Employment/ Professional Income <input type="checkbox"/> Other (Please specify) .....			
<b>Source of Funds: Expected source and nature of credits into the account</b>			
<input type="checkbox"/> Family Remittances <input type="checkbox"/> Commission Income <input type="checkbox"/> Contract Proceeds <input type="checkbox"/> Sale / Business Turnover <input type="checkbox"/> Investment Proceeds <input type="checkbox"/> Sale of property/assets <input type="checkbox"/> Gift / Donations <input type="checkbox"/> Salary/ Profit Income <input type="checkbox"/> Export Proceeds <input type="checkbox"/> Rent Income <input type="checkbox"/> Others (Please specify) .....			
<b>Anticipated Volumes : Expected/Usual average volumes of deposits into the account in Rupees per month</b>			
<input type="checkbox"/> Less than 100,000 <input type="checkbox"/> 100,001 to 500,000 <input type="checkbox"/> 500,001 to 1,000,000 <input type="checkbox"/> 1,000,001 to 5,000,000 <input type="checkbox"/> 5,000,001 to 10,000,000 <input type="checkbox"/> More than 10,000,000			
<b>Expected Mode of Transactions</b>			
<input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Fund Transfers <input type="checkbox"/> Remittances			
<b>Other Details/Remarks/Notes (if any):</b>			
<b>Declaration of the Customer</b>			
I confirm that the details given above are true and correct.			
..... Signature of Depositor		..... Date	
<b>Mandatory Checks (For office use only)</b>			
1. Name, Date of Birth and Nationality Verification: To be supported by one of the following.			
<input type="checkbox"/> National Identity Card <input type="checkbox"/> Passport (Unexpired) <input type="checkbox"/> Birth Certificate (Minor) <input type="checkbox"/> Driving License <input type="checkbox"/> Marriage Certificate (Name Change)			
Are Passport copy and valid visa/permit available in the case of Non-National Customers?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
2. Address Verification: Residential address to be supported by one of the following accepted documents			
(Note - Mobile phone bills are not accepted)			
<input type="checkbox"/> National Identity Card <input type="checkbox"/> Bank Statement <input type="checkbox"/> Letter from a Public Authority <input type="checkbox"/> Tenancy Agreement <input type="checkbox"/> Utility Bill not over three months old (Electricity/Water/Fixed Phone) <input type="checkbox"/> Income Tax Receipt / Assessment Notice <input type="checkbox"/> Driving License <input type="checkbox"/> Employment Contract <input type="checkbox"/> Other (Please specify) ..... <input type="checkbox"/> Passport <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If the permanent address is not within the branch service area, mention the reason for opening an account at the branch?			
.....			
4. Industry/ Sector codes relating to the Customer:    Main Sector Code <input style="width: 100px;" type="text"/> Sub Sector Code <input style="width: 100px;" type="text"/>			
5. Does the customer appear in a Suspected Terrorist List (Sanction List – UNSCR 1373 / 1267) or any other Alert List:			
<input type="checkbox"/> Yes <input type="checkbox"/> No    If yes (Specify): .....			
6. Overall risk category according to Risk Profile Form:			
<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low    Senior Manager's approval (If required) .....			
7. Other Remarks:			
Name of Officer and Employment No:			
..... Signature		..... Date	