

## Know Your Customer (KYC) Application Form For Non Individuals Only

This information is sought under the Prevention of Money Laundering Act No:6 of 2005, Financial Transaction Reporting Act No.6 of 2006 and the Rules for the Securities Industry issued by the Financial Intelligence Unit of the Central Bank Of Sri Lanka. All the information as applicable in sections A,B,C, below is **mandatory for the Applicant** and Section D should be completed by the authorized person(s) if applicable and the Section E should be filled by the Participant.

Name of Participant	
Name of the Applicant	
Date	

### Section A - Basic Account Information

1. Nature of the entity : Please tick ( √ )

- |  |  |
|--|--|
| <input type="checkbox"/> Limited Liability Company                     | <input type="checkbox"/> Public Limited Company                        |
| <input type="checkbox"/> Global & Regional Fund                        | <input type="checkbox"/> Local Fund                                    |
| <input type="checkbox"/> Statutory Body                                | <input type="checkbox"/> A Body established under An Act of Parliament |
| <input type="checkbox"/> A Body established under An Act of Parliament | <input type="checkbox"/> Other:(please specify) .....                  |

2. Status: : Please tick ( √ )

- Local                       Foreign

3. a) Whether Listed on CSE :Please Tick ( √ )                       Yes                       No  
 b) Whether Listed on other :Please Tick ( √ )                       Yes                       No

Stock Exchange  
 If Listed Please specify: .....

### Section B - Address & Contact Details of the Applicant:

**Contact Details:**

- a) Name of the Key Contact Person:
- b) Telephone no. (office)
- c) Telephone no. (res)
- d) Mobile number
- e) Fax number
- f) E-mail address

**Section C - Other Details**

1. Nature of business (Product / service provide):

2. Expected Value of Investment per annum :Please tick ( √ )

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Less than Rs.100,000         | <input type="checkbox"/> Rs.100,000 to Rs500,000        | <input type="checkbox"/> Rs.500,000 to Rs1,000,000   |
| <input type="checkbox"/> Rs.1,000,000 to Rs.2,000,000 | <input type="checkbox"/> Rs.2,000,000 to Rs.3,000,000   | <input type="checkbox"/> Rs3,000,000 to Rs.4,000,000 |
| <input type="checkbox"/> Rs.4,000,000 to Rs.5,000,000 | <input type="checkbox"/> Rs. 5,000,000 to Rs.10,000,000 | <input type="checkbox"/> Over Rs10,000,000           |

3. Source of funds: Please tick ( √ )

- |  |  |
|--|--|
| <input type="checkbox"/> Business ownership                  | <input type="checkbox"/> Investments       |
| <input type="checkbox"/> Sales and business turnover         | <input type="checkbox"/> Contract proceeds |
| <input type="checkbox"/> Sale of Property/Assets             | <input type="checkbox"/> Gift              |
| <input type="checkbox"/> Commission income                   | <input type="checkbox"/> Export proceeds   |
| <input type="checkbox"/> Investment Proceeds/savings         | <input type="checkbox"/> Profits/Revenue   |
| <input type="checkbox"/> Donations/Charities (Local/Foreign) |  |
| <input type="checkbox"/> Others (Specify) .....              |  |

4. Other Connected Business/Professional activities & interests

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5. Other Details/Remarks/Notes: (if any)

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**Section D - Authorized Signatories Details**

Name Of The Person	Capacity
1.	
2.	
3.	

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Signature /s of the Authorised Signatory/signatories