

Know Your Customer (KYC) Application Form For 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, and C below is **mandatory for the Primary Applicant only**.

Name of Participant	
Name of the Applicant	
Date	

Section A - Basic Account information:

Client Type : (please tick)

- Individual Joint

Section B - Address & Contact Details of the Applicant :

1. Proof of Residency document provided by the applicant:

(Please submit any one of the following documents and tick (√) against the Document attached.)

- | | |
|--|---|
| <input type="checkbox"/> *Telephone Bill | <input type="checkbox"/> * Electricity Bill |
| <input type="checkbox"/> * Bank Account Statement /Credit card statement | <input type="checkbox"/> * Mobile Phone Bill |
| <input type="checkbox"/> Valid Tenancy Agreement | <input type="checkbox"/> * Income Tax Receipt/Assessment Notice |
| <input type="checkbox"/> Registered Lease or Sale Agreement of Residency | <input type="checkbox"/> *Grama Sewaka Certificate |
| <input type="checkbox"/> *Letter issued by the superintendent of a plantation estate in respect of Estate workers who have no other documentary proof. | |
| <input type="checkbox"/> * Other notices/letters issued by Government authorities and institutions which will be deemed as acceptable to the CDS.
(Please specify:) | |
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**These documents should not be more than three months old as on the date of submission of the CDS account opening forms.*

2. Status of Residency Address: (Premises)

- | | | |
|--|-------------------------------------|--|
| <input type="checkbox"/> Owner | <input type="checkbox"/> Lease/Rent | <input type="checkbox"/> Friends/Relatives |
| <input type="checkbox"/> Parent's | <input type="checkbox"/> Official | <input type="checkbox"/> Board/Lodging |
| <input type="checkbox"/> Other Place - Please Specify..... | | |

3. Contact Details:

Telephone No. (Office) :	Mobile Number :
Telephone No. (Res) :	Fax Number :
E-Mail Address :	

Section C - Other Details

1. Employees:

- Occupation:
- Name of the Organisation:
- Address of the Organisation:

2. Self Employees/ Professionals:

- Nature of business /Profession:
- Registered Address:

3. 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 |

4. Source of funds: Please tick (√)

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|--|---|--|
| <input type="checkbox"/> Sales and business turnover | <input type="checkbox"/> Contract proceeds | <input type="checkbox"/> Investment Proceeds/Savings |
| <input type="checkbox"/> Sale of Property/Assets | <input type="checkbox"/> Gift | <input type="checkbox"/> Membership Contribution |
| <input type="checkbox"/> Commission income | <input type="checkbox"/> Family remittances | <input type="checkbox"/> Export proceeds |
| <input type="checkbox"/> Salary/Profit Income | <input type="checkbox"/> Donations/Charities(local/Foreign) | |
| <input type="checkbox"/> Others (Specify) | | |

5. Other Connected Business/Professional activities & interests

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

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Signature of the applicant/Authorised person