



# Know Your Customer (KYC) Profile Form

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

SECTION (A) – CLIENT INFORMATION		
Please (✓) the boxes as appropriate.		<b>Customer Code:</b> (for Office Use)
<b>1. Client Type:</b>		
<input type="checkbox"/> Individual/Joint	<input type="checkbox"/> Proprietorship/Partnership	<input type="checkbox"/> Corporate (Ltd Liability)
<input type="checkbox"/> Clubs/Societies/Charities/Associations	<input type="checkbox"/> Others (Specify).....	
<b>2. Name of Client:</b>		
<b>3. Name/s with initials: (Owner/s, Partner/s, Director/s, Official/s)</b>		
i. ....		
ii. ....		
iii. ....		
iv. ....		
v. ....		
<b>4. (a) Occupation / Public Position:</b>		<b>5. Name &amp; Address of the Employer:</b>
<b>(b) Nature of Business:</b>		
<b>6. Nationality &amp; Citizenship:</b>		
<b>7. Are You, Owner/s, Partner/s, Director/s, Official/s a Tax payer/ Residents of the United States?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
NB: if 'Yes', please complete the attached form with relevant details.		
SECTION (B) – ACCOUNT INFORMATION		
<b>1. Account Type:</b>		
<input type="checkbox"/> LKR Savings Account (specify category).....	<input type="checkbox"/> FCY Savings Account (specify category).....	
<input type="checkbox"/> LKR Fixed Deposit (specify category) .....	<input type="checkbox"/> FCY Fixed Deposit (specify category) .....	
<b>2. Purpose for opening an account:</b>		
<input type="checkbox"/> Business Income	<input type="checkbox"/> Family Inward Remittance	<input type="checkbox"/> Loan Payment
<input type="checkbox"/> Employment / Professional Income	<input type="checkbox"/> Savings / Investments	<input type="checkbox"/> Others (Specify)
<b>3. Source of funds and/or nature of credits into the account:</b>		
<input type="checkbox"/> Business Income	<input type="checkbox"/> Salary / Profit Income	<input type="checkbox"/> Sale of Property / Assets
<input type="checkbox"/> Family Inward Remittance	<input type="checkbox"/> Donations Charities (Local / Foreign)	<input type="checkbox"/> Others (Specify)
<b>4. Deposit value /expected value of credits to Savings Account: (Equivalent Rupee value)</b>		
<b>(a) Individuals:</b>		
<input type="checkbox"/> Less than 100,000/-	<input type="checkbox"/> 100,000/- to 1,000,000/-	<input type="checkbox"/> Above 1,000,000/-
<b>(b) Others:</b>		
<input type="checkbox"/> Less than 1,000,000/-	<input type="checkbox"/> 1,000,000/- to 3,000,000/-	<input type="checkbox"/> Above 3,000,000/-

**SECTION (C) - OTHER INFORMATION****1. Other connected business / professional relationships & interests:****2. Reason to open a Savings Account / invest in a Fixed Deposit:**

(a) at a location distant from the permanent address: (if applicable)

(b) if an additional savings account is opened at LOFC: (if applicable)

(c) in a Foreign jurisdiction in the case of foreign passport holder (if applicable)

**3. Are You /Owner/s, Partner/s, Director/s, Official/s or any family member a Politically Exposed Person (PEP)?** Yes  No

If 'Yes' please specify the relationship:

**The above contents explained, read & understood.** / ඉහත අන්තර්ගතයන් පැහැදිලි කර, කියවා, අවබෝධ කර ගනිමි.

மேலுள்ள உள்ளடக்கங்கள் நன்கு வாசித்து விளக்கப்பட்டது

.....  
Customer Signature.....  
Date**OFFICE USE ONLY****SECTION (D) – VERIFICATION OF INFORMATION (MANDATORY CHECKS)****1. Verification of Name, Gender, Date & Place of Birth and Nationality:(for Individuals)***(To be supported by one of the following documents)* National Identity Card Driving License Passport Birth Certificate (for Minor) Others (Specify).....**2. Verification of Name, Registration / Incorporation No & the Legal Existence:(for others)***(To be supported by one of the following documents)* Business Registration /  
Certificate of Incorporation Formal Constitution Others (Specify).....**3. Verification applicable for relevant /foreign currency accounts:** Valid Visa / Permit Others (Specify).....**4. Permanent address verification:(To be supported by one of the following documents)** National Identity Card Driving License Employment Contract Tenancy Agreement Utility Bill (Specify)..... Passport Letter from a Public Authority Income Tax Receipt / Assessment Notice**5. Risk Category: (As per the duly completed Risk Profile Table)****6. Other details / remarks / notes: (If Any)**

Name &amp; Employee No of the Officer

Signature of the Officer &amp; Date