

Know Your Customer (KYC) Profile Form –(Individual)

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



Date	:
A/C No.	:
BRANCH No.	:
OFFICER'S S/No	:
MANAGER'S INTL:	

Section A - Basic information of the individual including of those with Power of Attorney

√ Tick the appropriate boxes

1. Full Name of the Customer:

Address of the Customer:

2. Nature of business (if any):

3. Occupation/Employment/Status:

4. Position held:

5. Name of employer:

6. Citizenship:

- Sri Lankan
- Sri Lankan with dual citizenship
- Sri Lankan with foreign citizenship
- Foreign national

Nationality

Type of Visa

Expiry date

7. Foreign Address (if any):

Section B – Mandatory Checks

√ Tick the appropriate boxes

1. **Name, Date of birth and Nationality verification:**

To be supported by one of the following accepted documents for each category (1& 2 below)

- | | |
|--|---|
| <input type="checkbox"/> National Identity Card | <input type="checkbox"/> Official Armed Forces Service Card |
| <input type="checkbox"/> Passport | <input type="checkbox"/> Others (specify) |
| <input type="checkbox"/> Birth Certificate for minor | |

2. **Address verification:**

Residential address verified and supported by one of the following accepted documents

- | | | |
|---|---|---|
| <input type="checkbox"/> National Identity Card | <input type="checkbox"/> Statement of other Banks | <input type="checkbox"/> Letter from a public authority |
| <input type="checkbox"/> Tenancy Agreement | <input type="checkbox"/> Utility Bill (specify) | <input type="checkbox"/> Income Tax Receipt/Assessment Notice |
| <input type="checkbox"/> Passport | <input type="checkbox"/> Employment Contract | <input type="checkbox"/> Others (Specify) |
| <input type="checkbox"/> Driving License | | |

*** N.B. Under item 1 & 2, a copy should be held & stamped "Original Seen"**

No Mobile phone bills are accepted

3. **Status of the Residential Address: Premises**

- | | | |
|---------------------------------------|---|--|
| <input type="checkbox"/> Owner (A) | <input type="checkbox"/> Lease/Rent (C) | <input type="checkbox"/> Friends/Relatives (E) |
| <input type="checkbox"/> Parent's (B) | <input type="checkbox"/> Official (D) | <input type="checkbox"/> Board/Lodging (F) |

Permanent Address: (In the case of C-F)

4. **Applicants' ownership of wealth**

- | | |
|---|---|
| <input type="checkbox"/> Residential property | <input type="checkbox"/> Financial assets |
| <input type="checkbox"/> Business premises | <input type="checkbox"/> Investments |
| <input type="checkbox"/> Motor vehicles | <input type="checkbox"/> Others (Specify) |

(if property is on rent/lease, please indicate)

5. **Source of wealth: Wealth generated from**

- | | |
|--|--|
| <input type="checkbox"/> Business ownership | <input type="checkbox"/> Inheritance |
| <input type="checkbox"/> Investments | <input type="checkbox"/> Other (Specify) |
| <input type="checkbox"/> Profession/employment | |

6. Other connected Business/Professional activities

Income Tax File No.

7. Introduced by - Name

- Address

- NIC

- Account No.

(Mandatory for Current Accounts for all other accounts at the discretion of the Branch Manager on a risk based Approach)

.....
Customer Signature

.....
Date

.....
Name of Bank Officer

.....
Signature of Bank Officer

.....
Date

8. Does the client appear in the known suspected terrorist list of any other alert list

Yes

No

9. Is the client or any member of his immediate family is a Politically Exposed Persons (PEP) Yes No

If "YES" - Please Specify

10. Other Details/Remarks/Notes (if any)