

TYPE OF COMPANY

| | | |
|---|--|--|
| Sole Proprietorship <input type="checkbox"/> | Partnership <input type="checkbox"/> | Private Limited Company <input type="checkbox"/> |
| Public Limited Company <input type="checkbox"/> | BOI Approved Company <input type="checkbox"/> | Off Shore Company <input type="checkbox"/> |
| Statutory Body <input type="checkbox"/> | Non-Profit Organization / Charity <input type="checkbox"/> | Local / Global Fund <input type="checkbox"/> |
| Others (Please specify) | | |

BASIC INFORMATION

| | | |
|--|-----------------------|--------------------------|
| Name of Business Entity | | |
| Registration No | Date of Incorporation | Country of Incorporation |
| Registered Address | | |
| Correspondence Address (If different to Registered Address) | | Telephone No: Fax No: |
| Date of Commencement of Business | Nature of Business | Purpose of Business |
| Are you a Subsidiary / Associate of another organization? Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| Subsidiary of (i.e. Owned more than 50%) | | |
| Associate of (i.e. Owned 20% - 50%) | | |
| Details of subsidiaries, affiliates or connected organizations: | | |

FINANCIAL INFORMATION

Note: If the Company is recently incorporated, please complete below with budgeted figures under 'Current Year'

Are the audited financial statements for the last two years available? Yes No

| Details | Current Year | Previous Year |
|---------------------------------------|--------------------|---------------------|
| Annual Sales Turnover | | |
| Net Profit / Loss | | |
| Paid-up Capital + Accumulated Profits | | |

Income Tax File No.

DIRECTOR / SHAREHOLDER / AUTHORIZED SIGNATORY INFORMATION

| Full Name and Capacity (Director / Major Shareholder (More than 10% Voting Shares) / Authorized Signatory) | National Identity Card No | % of Shares Held | Contact No. | Address |
|--|---------------------------|------------------|-------------|---------|
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Note: All Directors should complete a "Know Your Customer (KYC) Profile Form for Individuals" in addition to providing the above information as required by Rules Prescribed in terms of Section 2(3) of the Financial Transaction Reporting Act No.6 of 2006.

INFORMATION PERTAINING TO ACCOUNT USAGE

| | | | |
|---|--|---|--|
| Expected value of investments to be routed per month (in LKR) | Less than Rs.100,000 <input type="checkbox"/> | Rs.100,000 – Rs.500,000 <input type="checkbox"/> | Rs.500,000 - Rs.1,000,000 <input type="checkbox"/> |
| | Rs.1,000,000 – Rs.2,000,000 <input type="checkbox"/> | Rs.2,000,000 – Rs.3,000,000 <input type="checkbox"/> | Rs.3,000,000 – Rs.4,000,000 <input type="checkbox"/> |
| | Rs.4,000,000 – Rs.5,000,000 <input type="checkbox"/> | Rs.5,000,000 – Rs.10,000,000 <input type="checkbox"/> | Over Rs.10,000,000 <input type="checkbox"/> |

Source of funds (select one or more):

| | | |
|--|---|--|
| Business Turnover / Profits <input type="checkbox"/> | Membership subscriptions <input type="checkbox"/> | Investment Proceeds <input type="checkbox"/> |
| Sale of Property / Assets <input type="checkbox"/> | Export Proceeds <input type="checkbox"/> | Donations / Gifts <input type="checkbox"/> |
| Contract Proceeds <input type="checkbox"/> | Commission Income <input type="checkbox"/> | Others (Specify)..... |



**KNOW YOUR CUSTOMER (KYC) FORM
BUSINESS CUSTOMER INFORMATION**

Purpose of opening the account:

| | |
|-------------------------------------|---|
| <input type="checkbox"/> Investment | <input type="checkbox"/> Others (Specify)..... |
|-------------------------------------|---|

Expected mode of transactions (select one or more):

| | | |
|---------------------------------------|---|--|
| Cash Deposit <input type="checkbox"/> | Cheque Deposit <input type="checkbox"/> | Fund Transfer <input type="checkbox"/> |
| Others (Specify)..... | | |

Other details / disclosures / remarks:

.....

.....

We confirm that the above details are true and correct.

.....
Signature
Name
Designation

.....
Signature
Name
Designation