

## 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)**