

**KNOW YOUR CUSTOMER (KYC) PROFILE FORM FOR BUSINESSES/ORGANISATIONS
CHARITIES/NGO'S ETC.**

DATE
A/C No.
CURRENCY
BRANCH NO
OFFICER'S S/ NO
MANAGER'S INTL.

Type of Business Account

- Limited Liability Company
- Sole Proprietorship
- Partnership
- Non-governmental Organization/Charity
- BOI Approved Limited Liability Company
- Others

Currency of Account

- LKR
- USD
- Others

Type of Account Required

<ul style="list-style-type: none"> <input type="checkbox"/> Savings A/c <input type="checkbox"/> Current A/c <input type="checkbox"/> Fixed/Call Deposit A/c <input type="checkbox"/> Money Market A/c <input type="checkbox"/> Treasury Bill/Bonds <input type="checkbox"/> NRRA <input type="checkbox"/> SIERA 	<ul style="list-style-type: none"> <input type="checkbox"/> Non Resident Foreign Currency A/c <input type="checkbox"/> Resident Foreign Currency A/c <input type="checkbox"/> Resident Non National Foreign Currency A/c <input type="checkbox"/> Resident Guest Foreign Currency A/c <input type="checkbox"/> Resident Guest Rupee A/c <input type="checkbox"/> Exporters Foreign Currency A/c <input type="checkbox"/> Others (Specify).....
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PART A – Customer Information

Customer's Full Name :		Registered Address	
Registration Number	Nature of Business/Industry	Country of Incorporation	
Date of Incorporation		Date of Commencement of Business	
Nature and Purpose of Business		Please Specify "Nature and Purpose of Business" in detail	
<ul style="list-style-type: none"> <input type="checkbox"/> Manufacturing <input type="checkbox"/> Whole Sale Trading <input type="checkbox"/> Import/Export <input type="checkbox"/> Retailing <input type="checkbox"/> Professionals <input type="checkbox"/> Personal Services <input type="checkbox"/> Catering/Restaurant <input type="checkbox"/> Service Industry(Please specify) <input type="checkbox"/> Others (Please Specify) 		<p>(Clubs/Societies/Charities/Associations and Non Governmental Organizations should provide details of the objectives, scope and areas of activity)</p> <p>.....</p>	
<p>Factory Address (If applicable):</p> <p>Number of Employees:</p>			

Tax Declaration

The following is a mandatory declaration which is required to be completed by all under the Inland Revenue Act No.28 of 1979

Income Tax file No.	
Correspondence Name & Address	
Person to Contact	
Telephone Number	Facsimile Number E-mail
<i>Unless specified otherwise correspondence will be sent to you by mail</i>	
Registered Office/Factory/Principal Office Address (Complete only if different from correspondence Address)	Detail of Introducer Name Account Number Address Telephone Number

Please complete as appropriate

1. Do you maintain any other account(s) with the People's Bank in the above name? Yes/No
If yes, please complete

Bank/Branch	Account Number

2. Details of present Bankers

Bank/Branch	Account Number

3. Do you use a company or Corporate Credit Card issued by the People's Bank Yes/No
4. Existing facilities (with other financial institutions/bankers)
 Over Draft Loan Import/Export Others
5. Are you a Subsidiary/Associate of another organization? Yes/No

Subsidiary of
(i.e. Owned more than 50% _____ Customer No:

Associate of
(i.e. Owned 20 – 50%) _____ Customer No.

6. Is the principal/subsidiary listed in the local/foreign stock exchange? Yes/No (If yes please give details)

PART B Financial Information

Note: If a new company please complete below with proposed data under "Current Year"

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

Description (LKR'000)	Current Year	Previous Year
Annual sales turnover:		
Net Profit/Loss		
Paid-up capital + accumulated Profits		

PART C Director/Shareholder information

Directors and Major Share Holders (More than 10% Voting Shares) *	National Identity Card Number	% of Shares Held	Contact No.	Address

Note:

* In the case of Clubs/societies/Charities/Associations and Non governmental Organisations please provide details of Office bearers, signatories, administrators, members of the governing body or committee or any other person who has control or influence over the operations of the entity.

In the case of Trust, nominee and fiduciary accounts details of all trustees, settlers/grantors and beneficiaries should be provided

All Directors and Major Share Holders should complete KYC Individual Profile Form (Form No. PF 0300A) in addition to providing the above information as required by Rules Prescribed in terms of Section 2(3) of the Financial Transactions Reporting Act No.6 of 2006. In the case of Clubs/societies/Charities/Associations and Non governmental Organisations two Officers should fill out the KYC Individual Profile Form (Form No.PF 0300A)

PART D Business Information

1. Anticipated Volumes :	
Expected/Usual average volumes of deposits into the account in Rupees per month	
<input type="checkbox"/> Less than 100,000 (App. US\$ 1,000) <input type="checkbox"/> 100,000 to 500,000 (app. US\$ 1,000 to 5,000) <input type="checkbox"/> 500,000 to 1,000,000 (app. US\$ 5,000 to 10,000) <input type="checkbox"/> 1,000,000 to 2,000,000 (app. US\$ 10,000 to 20,000) <input type="checkbox"/> 2,000,000 to 3,000,000 (app. US\$ 20,000 to 30,000)	<input type="checkbox"/> 3,000,000 to 5,000,000 (app US\$ 30,000 to 50,000) <input type="checkbox"/> 5,000,000 to 7,000,000 (App US\$ 50,000 to 70,000) <input type="checkbox"/> 7,000,000 to 10,000,000(app US\$ 70,000 to 100,000) <input type="checkbox"/> Over 10,000,000 (app.US \$ 100,000)
2. Assets owned by the Business	
<input type="checkbox"/> Property/Premises <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Financial Assets	<input type="checkbox"/> Investments <input type="checkbox"/> Others (Specify)

3. Source of Assets – Assets Acquired from	
<input type="checkbox"/> Business income <input type="checkbox"/> Investments <input type="checkbox"/> Bank Facilities	<input type="checkbox"/> Donations (Local/Foreign) <input type="checkbox"/> Others (Specify)

PART E – Verification

We confirm that the above details are correct

Signature and Rubber stamp (A)

Signature and Rubber Stamp (B)

For Bank Use Only	Remarks
Documents Submitted <input type="checkbox"/> Mandate <input type="checkbox"/> Board Resolution/ <input type="checkbox"/> Business Registration and Certificate of Incorporation <i>(Form 2A, 2B, 2C, 2D or 2E as appropriate under the new Companies Act and Form 41 for Companies incorporated under the Old Act)</i> <input type="checkbox"/> Articles of Association <input type="checkbox"/> Form 20 <input type="checkbox"/> BOI Agreement <i>(If BOI approved Company)</i> <input type="checkbox"/> EDB approval Letter <i>(If approved by the EDB)</i> <input type="checkbox"/> Certificate to Commence Business <i>(If public quoted business)</i> <input type="checkbox"/> Latest Audited Accounts (If available) <input type="checkbox"/> Constitution/Charters etc <i>(If Club, Society, Charity, Association or NGO)</i> <input type="checkbox"/> Individual Customer information form completed by all Directors/Major Share Holders/Office bearers, signatories, administrators, members of the governing body or committee/Trustees, Settlers/Grantors and beneficiaries <input type="checkbox"/> Trust Deed <i>(if Trust)</i>	

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Name of Bank Officer

.....
Signature of Bank Officer

.....
Date