

PEOPLE'S LEASING & FINANCE PLC
Head Office

For Office Use Only									
Account No (s)									
Date	D	D	M	M	Y	Y	Y	Y	
Client Code									

As required under the Financial Institutions (Customer Due Diligence) Rules, No. 01 of 2016 issued by the Financial Intelligence Unit of Central Bank of Sri Lanka in terms of Section 02 of the Financial Transactions Reporting Act, No 06 of 2006.

Details of Company	
Name of Company	
Nature / Purpose of Business	
Registered Address	
Country of Incorporation	
Date of Incorporation	
Total No. of Directors	Company Registration No
Name of the Company Secretary	

Tax Declaration	
The following is a mandatory declaration which is required to be completed under the Inland Revenue Regulations	
Income Tax File No	VAT Tax File No

Purpose for opening the account and the usage	
<input type="checkbox"/> Business Transactions	<input type="checkbox"/> Investment
<input type="checkbox"/> Other Special Purpose (Specify)	

Details of all the Directors	
01	
Name (Mr/Mrs/Ms/.....)	
Address	
NIC No	
Position Held	
02	
Name (Mr/Mrs/Ms/.....)	
Address	
NIC No	
Position Held	
03	
Name (Mr/Mrs/Ms/.....)	
Address	
NIC No	
Position Held	
04	
Name (Mr/Mrs/Ms/.....)	
Address	
NIC No	
Position Held	
05	
Name (Mr/Mrs/Ms/.....)	
Address	
NIC No	
Position Held	
06	
Name (Mr/Mrs/Ms/.....)	
Address	
NIC No	
Position Held	

Details of Shareholders with 10% or More Voting Rights				
01				
Name				
Permanent / Registered Office Address				
NIC/ Business Registration No	Legal Nature	Individual	Legal Entity	
Nationality/ Country of Incorporation				
Number of Shares	Voting Rights as a percentage (%)			
02				
Name				
Permanent / Registered Office Address				
NIC/ Business Registration No	Legal Nature	Individual	Legal Entity	
Nationality/ Country of Incorporation				
Number of Shares	Voting Rights as a percentage (%)			
03				
Name				
Permanent / Registered Office Address				
NIC/ Business Registration No	Legal Nature	Individual	Legal Entity	
Nationality/ Country of Incorporation				
Number of Shares	Voting Rights as a percentage (%)			
04				
Name				
Permanent / Registered Office Address				
NIC/ Business Registration No	Legal Nature	Individual	Legal Entity	
Nationality/ Country of Incorporation				
Number of Shares	Voting Rights as a percentage (%)			

List of Subsidiaries/ Other Connected Business Associates			
01			
Name of Company			
Registered Address			
Nature of Business			
Business Registration No	Percentage (%) of Voting Rights held by the Company		
02			
Name of Company			
Registered Address			
Nature of Business			
Business Registration No	Percentage (%) of Voting Rights held by the Company		
03			
Name of Company			
Registered Address			
Nature of Business			
Business Registration No	Percentage (%) of Voting Rights held by the Company		

Financial Information			
Note: If a new establishment, the projected financial data should be completed under the caption "Current Year"			
Are the Audited Financial Statements for last two years available?		Yes	No
Description (Rs)	Current Year	Previous Year	
Annual Sales Turnover			
Net Profit/ Loss			
Paid-up Capital and Accumulated Profit			

Source of Funds Expected Source and Nature of Credits into the Account			
<input type="checkbox"/> Business Profits	<input type="checkbox"/> Commission Income	<input type="checkbox"/> Interest/ Investment Income	<input type="checkbox"/> Sale/ Business Turnover
<input type="checkbox"/> Sale of property/assets <input type="checkbox"/> Others (Please specify)			

Anticipated Monthly Cash Flows to the Account			
<input type="checkbox"/> Less than Rs. 500,000	<input type="checkbox"/> Rs. 500,001 to Rs. 1,000,000	<input type="checkbox"/> Rs. 1,000,001 to Rs. 5,000,000	
<input type="checkbox"/> Rs. 5,000,001 to Rs. 10,000,000	<input type="checkbox"/> Rs. 10,000,001 to Rs. 25,000,000	<input type="checkbox"/> Rs. 25,000,001 and above	

Assets Owned by the Company (Not required, if the Latest Audited Accounts are available)				
<input type="checkbox"/> Property/Premises	<input type="checkbox"/> Investments	<input type="checkbox"/> Motor Vehicles	<input type="checkbox"/> Financial Assets	<input type="checkbox"/> Others (specify)

Expected Mode of Transactions/ Delivery Channels

Cash Cheque Electronic Fund Transfer Other (Specify)

(tick '√' all that applicable)

We forward herewith the following documents relevant to the account opening request (Tick '√' as appropriate)	Enclosed	Not Applicable
Certified Copy of Certificate of Incorporation		
Certified Copy of Application for Registration of a Company (Form – 1) or Application for Registration of an Existing Company (Form – 40)		
Certified Copy of Form – 20 (Change of Directors / Secretary and Particulars of Directors / Secretary)		
Certified Copy of Form – 13 (Change of Registered Office Address, if any)		
Certified Copy of Articles of Association		
Certificate to commence business (for Public Quoted Companies)		
Certified Copy of Board Resolution authorizing the opening of the account and Authorized Signatories (as per the format provided)		
Certified Copy of National Identity Card / Driving License / Valid Passport copies of all Directors and Authorized Signatories		
Company KYC Form		
Individual KYC Forms of all Directors		
Latest Audited Accounts, if available		
Certified Copy of Form - 44 (Full address of the registered or principal office of a company incorporated outside Sri Lanka and its principal place of business established in Sri Lanka)		
Certified Copy of Form - 45 (List and particulars of the Directors of a company incorporated outside Sri Lanka with a place of business established in Sri Lanka)		
Copy of the Board of Investment Agreement if a Board of Investment approved company		
Copy of the Export Development Board (EDB) approved letter if EDB approved company		

We confirm that the information provided above is correct and accurate and we are duly authorized to provide the information referred to above on behalf of the company. We further undertake to keep People's Leasing & Finance PLC duly informed, as soon as possible, of change to the information provided above.

Name		Name	
Designation		Designation	
Signature on Rubber Stamp		Signature on Rubber Stamp	
Date	D D M M Y Y Y Y	Date	D D M M Y Y Y Y

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Documents Reviewed by..... (Signature) Emp No

Authorized by..... (Signature) Emp No

System Entry

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