

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.

Please tick (✓) appropriate boxes.

Customer Due Diligence (CDD) Form – Individuals

For Office Use Only

Client Code		Branch	
Introducer Code		Date	

Personal Details	
Full name : Mr/Mrs/Miss/Dr/Rev (Please underline the title)	
National Identity Card No (NIC)	
(Indicate valid Passport Number in the case of Foreign Nationals)	
Date of Birth	D D M M Y Y Y Y
Nationality	☐ Sri Lankan ☐ Resident ☐ Non Resident - Country of Residence ☐ Sri Lankan with Dual Citizenship - Country ☐ Foreign National with dual citizenship / resident in or employed in Sri Lanka Country VISA Expiry Date

Contact Information	
Permanent Address	
Residential address (If the residential address differs from the permanent address)	
Mailing Address	
Foreign address (If applicable)	
Contact No.	Res: Mobile: Office: Fax:
E-mail	

Employment Information			
Employment Status	Self employed	Part-time employed	Retired
	Full-time employed	Not currently employed	Others (Specify)
Occupation/ Position held			
Name of the Employer			
Address of the Employer			
Nature of Business	Manufacturing	Import/ Export	
	Finance/Insurance	Wholesale	
	Construction	Communications	
	Retail	Business Services	
	Transport	Real Estate	
	Restaurants	Public Services	
	Hotel/ Boarding house	Gem and Jewelry	
	Casino / Gambling house / Night Clubs	Others (Specify)	
	Personal & Household Services		

Family Information	
Marital Status	Married ☐ Single ☐ Other ☐
Name of Spouse	
Spouse's Occupation/ Position Held	
Spouse's Employer	
No. of Children (Dependent)	

Other Information			
Ownership of wealth (If property is on rent/ lease, please indicate)		Residential property	Financial assets
		Business premises	Investments
		Motor Vehicles	Other (Specify)
Source of Wealth: Wealth generated from		Business/ Ownership	Inheritance
		Investments	Other (Specify)
		Profession/ Employment	
Other connected Business/ Professional activities and Interest			
Are you or any of your immediate family or closed associate is a politically exposed person (PEP)? (Refer definition below)		Yes ☐ No ☐	
If yes please specify			
FIU Definition As per these CDD Rules, “ politically exposed person ” means an individual who is entrusted with prominent public functions either domestically or by a foreign country, or in an international organization and includes a head of a State or a Government, a politician, a senior government officer, judicial officer or military officer, a senior executive of a State. Immediate Family Member - Includes the spouse, children and their spouses or partners, parents, siblings and their spouses and grandchildren and their spouses.			

Expected Mode of Transactions
☐ Cash ☐ Cheque ☐ Electronic Fund Transfer ☐ Other (Please Specify)

Purpose for opening, maintaining and the account usage
☐ Savings ☐ Utility Bill Payment ☐ Loan Repayment
☐ Investment Purpose ☐ Business Transactions ☐ Share Transactions
☐ Employment/ Professional Income ☐ Family Remittance ☐ Other
Foreign Passport holders (Dual Citizens / Resident in or Employed in Sri Lanka) (Please give the reason for opening the account in Sri Lanka)

Source of Funds Expected Source and nature of credits into the account (As appropriate)
☐ Family Remittances ☐ Commission Income ☐ Contract Proceeds ☐ Sale/ Business Turnover
☐ Investment Proceeds ☐ Sale of property/assets ☐ Gift ☐ Salary/ Profit Income
☐ Others (Please specify)

Average Monthly Income
☐ Less than 50,000 ☐ 100,001 to 250,000 ☐ 500,001 to 1,000,000
☐ 50,001 to 100,000 ☐ 250,001 to 500,000 ☐ More than 1,000,000

Anticipated Volumes : Expected/Usual average volumes of deposits into the account in Rupees per month
* Expected / Usual average volumes of deposits into the account in rupees per month
☐ Less than 100,000 ☐ 500,001 to 1,000,000 ☐ 5,000,001 to 10,000,000
☐ 100,001 to 500,000 ☐ 1,000,001 to 5,000,000 ☐ More than 10,000,000

Declaration of the Customer

I confirm that the details given above are true and correct.

.....
Signature

.....
Date

Mandatory Checks (For Office use Only)

1. Name, Date of Birth and Nationality Verification: To be supported by one of the following.

☐ National Identity Card

☐ Passport (Unexpired)

☐ Driving License

☐ Marriage Certificate (Name Change)

2. Address Verification: Residential address to be supported by one of the following accepted documents
(N.B - Mobile phone bills are not accepted)

☐ National Identity Card

☐ Bank Statement

☐ Letter from a public authority

☐ Tenancy agreement

☐ Utility bill** (Specify)

☐ Income Tax Receipt/ Assessment Notice

☐ Driving License

☐ Employment Contract

☐ Other (Specify)

☐ Passport

☐ Any Other Identification Document

(Photocopies of the above documents should be obtained and certified by the Company Officer as 'Original Seen')

*** For Utility Bills, only fixed line, electricity and water bills are allowed, not over 3 month old.*

3. Does the customer appear in a Suspected Terrorist List (Sanction List – UNSCR 1373 / 1267) or any other Alert List:

☐ Yes

☐ No

If yes (Specify) :

4. If customer is opening an account at a branch that is away from their permanent address. Please mentioned the reason:

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Documents Reviewed by..... (Signature)

Emp No

Authorized by..... (Signature)

Emp No

System Entry

.....
Input by

.....
Checked by

.....
Activated by

.....
Scanned by