## **CUSTOMER DUE DILIGENCE FORM (Individual/Entity)** Branch Name: Date:..../..... **Account Opening Date** Account/Loan Number **Customer Name Title of Account Existing Customer Customer Profile New Customer Customer Resident Status** Resident Non-Resident Country :..... **Nationality:** Passport No. NIC No. **Passport Country** Date of Birth: **Country of Birth:** (DD/MM/YYYY) Incorporation No. Incorporation Incorporation /Reg. Number / Reg. Date Country **Purpose of Account** Remittances **Business transactions** ☐ Employment/Professional income Bill payment/ Loan repayment Social & Charity work ☐ Share transactions / Investment purposes **Address** 1. 2. Self Employed ☐ Club/Society/Association **Customer Type (Tick** Individual ..... the appropriate box) ☐ Salary Employed **Private Limited Company** {Customer Risk Factors} Entity □ PEP Charity ☐ Student/Housewife/Pensioner Business - Propriety/Partnership ..... ..... Real Estate Agent Money or Value Transfer Services ☐ Gem and Jewellery Dealer **Government Institution** Public Limited Company NGOs/NPOs..... Other, Please Specify......\_\_\_\_\_\_

Source of Funds: [Expected source and nature of credits into the account]  Expected Mode of Transactions/ Deliver Channels:	□ Sales and Business Turnover       □ Export Proceeds         □ Donations/Charities (Local/Foreign)       □ Investment Proceeds         □ Sale of Property/Assets Gifts       □
Anticipated Volumes: [Expected/Usual average volumes of deposits into the account in Rs per month]	Less than Rs. 50,000
Congression Aven	Contamon is usefuling within a massacrable distance to the Burnet 2
Geographical Area	Customer is residing within a reasonable distance to the Branch?
	☐ Yes ☐ No
If not the Reason for opening an accou	unt
Obtained FATCA declaration (if Yes, obt the related document)	tain
If Entitiy	
Financial Information	
	d financial data should be completed under the caption "Current Year"
Are the Audited Financial Statements for latwo years available?	last
Description	Current Year (LKR) Previous Year (LKR)
Annual Sales Turnover	
Net Profit/ Loss	
Paid-up Capital and Accumulated Profit	
Source of Funds Expected Source and Nature of Credits into the Account	☐ Business Profits ☐ Commission Income ☐ Interest/Investment Income
Nature of Credits into the Account	☐ Sale/ Business Turnover ☐ Sale of property/assets
	Others (Please specify)
Anticipated Monthly Cash Flows	Less than Rs. 500,000 Rs. 1,000,000
	Rs. 1,000,001 to Rs.5,000,000
	Rs. 10,000,001 to Rs. 25,000,000 Rs. 25,000,001 and above
Branch Manager/Assistant Manager to complete: Branch Comments for performing CDD in terms of satisfaction (Recommendation/Remarks)	

Documents To Be Submitted:													
Self-certification f	form		Form	1		F	Form 40			FATCA	A Decla	aration	
Certified Business	Registration copy												
			Form	20		I	Form 44	Ш		W-9			
Company Directors											г	_	
Copy of Company	Directors' IDs		Form 4	15		ŀ	KYC For	m		W-8 B	EN L		
Verified ID copy			Passport/Driving License or Visa copy page (for expats)										
Other			Bank	Stateme	ent 🗌					W-8]	BEN -	Е 🗌	
			Addr	ess verif	ication o	docun	nent						
For Company Us	se Only (Internal Us	se)											
Branch Manager	r/Assistant Manage	r to complet	te										
Client Central Bank Screening													
Client World Check / Sanction Screening													
Customer Risk Profile Updated (System)													
I Confirm that the details provided above are accurate													
Did you conduct the required due diligence on the customer?  Yes No													
Did you conduct any background screening on the custon			custom	er?		Yes			No				
	Prepared by			•	F	Revie	ved & ap	prove	d by (	Branch I	Manag	ger)	
Name				Name									
ID No				ID No									
Date				Date									
Signature	of this CDD Form (	duly filled on	nd sign:	Signatu		·iahlv	he retai	ned at	the P	ranch al	ong wi	ith KVC	<b>2</b> .
	g Form for Audit Tra	-	iu sigili		IIIVAI	iabiy	Se retai	neu at			ong w		

## Part II - Entity

Details of Entity					
Name of Company :					
Registered Address :					
Total No. of Directors:	Company Registration No.:				
Details of all Directors/Own	ers/Members				
Full Name					
ID No.(Passport No.)					
Address					
Position Held					
Full Name					
ID No.(Passport No.)					
Address					
Position Held					
Full Name					
ID No.(Passport No.)					
Address					
Position Held					
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