

**BASIC INFORMATION**

Client Type:    Individual             Joint

Full Name			
Residential Address			
Correspondence Address (If different to Registered Address)			
Citizenship			
Sri Lankan	<input type="checkbox"/>	Nationality	
Sri Lankan with dual citizenship	<input type="checkbox"/>	Type of Visa	
Sri Lankan with foreign citizenship	<input type="checkbox"/>	Visa Expiry Date	
Foreign National	<input type="checkbox"/>		
Foreign Address (If Any)			
ID Type	ID No.	Date of Birth	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Name and Address of Employer			
Designation / Occupation		Nature of Business (If Self Employed)	
Telephone No.	Fax No.	Email Address	

**MANDATORY CHECKS**

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

- |                           |                          |                                    |                          |
|---------------------------|--------------------------|------------------------------------|--------------------------|
| National Identity Card    | <input type="checkbox"/> | Valid Driving License              | <input type="checkbox"/> |
| Un-expired Passport       | <input type="checkbox"/> | Marriage Certificate (Name Change) | <input type="checkbox"/> |
| Birth Certificate (Minor) | <input type="checkbox"/> | Others (Please Specify) .....      |                          |

2. Address Verification: (Residential address should be verified and supported by one of the following accepted documents)

- |                                |                          |  |                          |
|--------------------------------|--------------------------|--|--------------------------|
| National Identity Card         | <input type="checkbox"/> | Driving License                        | <input type="checkbox"/> |
| Letter from a public authority | <input type="checkbox"/> | Tenancy Agreement                      | <input type="checkbox"/> |
| Statement of other banks       | <input type="checkbox"/> | Income Tax Receipt / Assessment Notice | <input type="checkbox"/> |
| Utility Bill                   | <input type="checkbox"/> | Others (Please Specify) .....          |                          |

3. Status of Residential Address:

- |          |                          |              |                          |                     |                          |
|----------|--------------------------|--------------|--------------------------|---------------------|--------------------------|
| Owner    | <input type="checkbox"/> | Lease / Rent | <input type="checkbox"/> | Friends / Relatives | <input type="checkbox"/> |
| Parent's | <input type="checkbox"/> | Official     | <input type="checkbox"/> | Board / Lodging     | <input type="checkbox"/> |

4. Are you or any member of your immediate family, a Politically Exposed Person (PEP)\*? Yes  No   
If Yes, please specify:

	Senior Politician / Senior Political Party Official
	Senior Executive of Government Corporation
	Senior Judicial / Military Officer
	Close relative of a person holding one of the above positions

FIU's Definition of PEP: Individuals in Sri Lanka or abroad who are or have been entrusted with prominent public functions.

5. Are you a U.S. resident, U.S. Citizen or holder of U.S. Permanent Resident Card (Green Card)? Yes  No   
If yes, please submit a FATCA Declaration form.

**INFORMATION PERTAINING TO ACCOUNT USAGE**

Expected value of investments to be routed per month (in LKR)	Less than Rs.100,000 <input type="checkbox"/>	Rs.100,000 – Rs.500,000 <input type="checkbox"/>	Rs.500,000 - Rs.1,000,000 <input type="checkbox"/>
	Rs.1,000,000 – Rs.2,000,000 <input type="checkbox"/>	Rs.2,000,000 – Rs.3,000,000 <input type="checkbox"/>	Rs.3,000,000 – Rs.4,000,000 <input type="checkbox"/>
	Rs.4,000,000 – Rs.5,000,000 <input type="checkbox"/>	Rs.5,000,000 – Rs.10,000,000 <input type="checkbox"/>	Over Rs.10,000,000 <input type="checkbox"/>

Source of funds (select one or more):

Salary / Professional Income <input type="checkbox"/>	Business Turnover / Profits <input type="checkbox"/>	Investment Proceeds <input type="checkbox"/>
Sale of Property / Assets <input type="checkbox"/>	Family Remittances <input type="checkbox"/>	Gifts <input type="checkbox"/>
Contract Proceeds <input type="checkbox"/>	Commission Income <input type="checkbox"/>	Others (Specify).....

Purpose of opening the account

Investment	Others (Specify).....
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Expected mode of transactions (select one or more):

Cash Deposit <input type="checkbox"/>	Cheque Deposit <input type="checkbox"/>	Fund Transfer <input type="checkbox"/>
Others (Specify).....		

Other details / disclosures / remarks: .....

.....

.....

I confirm that the above details are true and correct.

.....  
Signature

Name :

Date :