

Customer Due Diligence (CDD) Form – Individuals

For Office Use Only

Client Code		Branch	
Managers' Initial		Date	

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.

Personal Details									
Full name : Mr/Mrs/Miss/Dr/Rev (Please underline the title)									
National Identity Card No (NIC)									
<i>(Indicate valid Passport Number in the case of Foreign Nationals)</i>									
Date of Birth	<table style="display: inline-table; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; text-align: center;">D</td> <td style="border: 1px solid black; width: 20px; text-align: center;">D</td> <td style="border: 1px solid black; width: 20px; text-align: center;">M</td> <td style="border: 1px solid black; width: 20px; text-align: center;">M</td> <td style="border: 1px solid black; width: 20px; text-align: center;">Y</td> <td style="border: 1px solid black; width: 20px; text-align: center;">Y</td> <td style="border: 1px solid black; width: 20px; text-align: center;">Y</td> <td style="border: 1px solid black; width: 20px; text-align: center;">Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y		
Nationality	<input type="checkbox"/> Sri Lankan <input type="checkbox"/> Resident <input type="checkbox"/> Non Resident - Country of Residence <input type="checkbox"/> Sri Lankan with Dual Citizenship - Country <input type="checkbox"/> Foreign National with dual citizenship / resident in or employed in Sri Lanka Country VISA Expiry Date.....								

Contact Information	
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 <input type="checkbox"/> Single <input type="checkbox"/> Other <input type="checkbox"/>
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 <input type="checkbox"/>	No <input type="checkbox"/>
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
<input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Electronic Fund Transfer <input type="checkbox"/> Other (Please Specify)

Purpose for opening, maintaining and the account usage
<input type="checkbox"/> Savings <input type="checkbox"/> Utility Bill Payment <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Investment Purpose <input type="checkbox"/> Business Transactions <input type="checkbox"/> Share Transactions <input type="checkbox"/> Employment/ Professional Income <input type="checkbox"/> Family Remittance <input type="checkbox"/> 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)
<input type="checkbox"/> Family Remittances <input type="checkbox"/> Commission Income <input type="checkbox"/> Contract Proceeds <input type="checkbox"/> Sale/ Business Turnover <input type="checkbox"/> Investment Proceeds <input type="checkbox"/> Sale of property/assets <input type="checkbox"/> Gift <input type="checkbox"/> Salary/ Profit Income <input type="checkbox"/> Others (Please specify)

Average Monthly Income
<input type="checkbox"/> Less than 50,000 <input type="checkbox"/> 100,001 to 250,000 <input type="checkbox"/> 500,001 to 1,000,000 <input type="checkbox"/> 50,001 to 100,000 <input type="checkbox"/> 250,001 to 500,000 <input type="checkbox"/> 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
<input type="checkbox"/> Less than 100,000 <input type="checkbox"/> 500,001 to 1,000,000 <input type="checkbox"/> 5,000,001 to 10,000,000 <input type="checkbox"/> 100,001 to 500,000 <input type="checkbox"/> 1,000,001 to 5,000,000 <input type="checkbox"/> 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
- Driving License
- Passport (Unexpired)
- 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
- Tenancy agreement
- Driving License
- Passport
- Bank Statement
- Utility bill** (Specify)
- Employment Contract
- Any Other Identification Document
- Letter from a public authority
- Income Tax Receipt/ Assessment Notice
- Other (Specify)

(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:

.....

Documents Reviewed by..... (Signature)

Emp No

Authorized by..... (Signature)

Emp No

System Entry

.....

Input by

.....

Checked by

.....

Activated by

.....

Scanned by

Savings Account

A/C type

Individual A/C Joint A/C

If joint A/C, operating instructions :

Either Party Both Party Only 1st Applicant Only 2nd Applicant

Nominee Details

Full name : Mr/Mrs/Miss/Dr/Rev/Master
(Please underline the title)

National Identity Card No (NIC) / PP / DL / BC

NIC Issued Date

(Indicate valid Passport Number in the case of Foreign Nationals)

Contact No.

Ownership (%)

Date of Birth

D	D	M	M	Y	Y	Y	Y
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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.....

I / We confirm hereby that the details
given above are true and correct

.....
Signature of 1st Applicant

.....
Signature of 2nd Applicant

.....
Date

.....
Date

Office Use Only

Account No.

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System No.

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Application for PLC Visa International Debit Card / E-Commerce Facility

Do you require a debit card? Yes No

If Joint A/C, card obtain by 1st Applicant 2nd Applicant (Only one applicant can obtain a ATM debit card)

If Joint A/C, Obtained a no objection letter

Instant Card Name Printed Card

If Name Printed Card name to be appeared as (24 Characters including spaces)

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Mother's Maiden name

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Visa Card No.

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ATM Serial No.

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Do you required E-Commerce facility? Yes No

I declare that the above information is true and correct and confirm
the instructions given above. Further I confirm that I have read &
understood the rules governing debit card / electronic fund transfer cards

Signature of the Card Holder

PLC Online facility

Do you required a PLC online facility? Yes No

If joint facility obtain by 1st Applicant 2nd Applicant (Only one applicant can obtain online facility)

User ID

Signature of the Card Holder

Fixed Deposit

A/C type

Individual A/C Joint A/C

If joint A/C, operating instructions :

Either Party Both Party Only 1st Applicant Only 2nd Applicant

Nominee Details

Full name : Mr/Mrs/Miss/Dr/Rev/Master
(Please underline the title)

National Identity Card No (NIC) / PP / DL / BC NIC Issued Date

(Indicate valid Passport Number in the case of Foreign Nationals)

Contact No. Ownership (%)

Date of Birth

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.....

Deposit Details

Deposit Amount (Rs.)

Deposit Amount in words

Period (Months) Annual Interest Rate (%)

Interest Payable on Maturity Monthly

Will be renewed automatically with Interest Without Interest

If to Bank / PLC A/C No.

Bank Name

Branch Name

Payee Name

Self-e-cash ATM card Application / E-Commerce Facility

Do you require a debit card? Yes No

If Joint A/C, card obtain by 1st Applicant 2nd Applicant (Only one applicant can obtain a ATM debit card)

If Joint A/C, Obtained a no objection letter

Instant Card Name Printed Card

If Name Printed Card name to be appeared as (24 Characters including spaces)

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Mother's Maiden name

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Visa Card No.

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ATM Serial No.

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Do you required E-Commerce facility? Yes No

I declare that the above information is true and correct and confirm the instructions given above. Further I confirm that I have read & understood the rules governing debit card / electronic fund transfer cards

Signature of the Card Holder

Office Use Only

Self-e-cash No.

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Print Agreement: Yes

System Entry;

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Input by

.....
Checked by

.....
Activated by

.....
Scanned by