



PEOPLE'S LEASING & FINANCE PLC

..... **Branch**

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.

**Customer Due Diligence (CDD) Form
Sole Proprietorship / Partnership**

For Office Use Only							
Date	D	D	M	M	Y	Y	Y
Client Code							

Details of the Institution

Name of Institution	
Registered Address	
Business Registration No	
Nature of Business / Industry	
Total No. of Partners (In the case of a Partnership)	

Purpose for opening the account and the usage

Business Transactions
 Investment
 Other Special Purpose (Specify)

Source of Funds Expected Source and nature of Credits into the account

Sale/ Business Turnover
 Commission Income
 Interest/ Investment Income
 Business Profits
 Sale of property/assets
 Others (Please specify)

Expected Turnover of the Business per Month

Less than Rs. 500,000
 Rs. 500,001 to Rs. 1,000,000
 Rs. 1,000,001 to Rs.5,000,000
 Rs. 5,000,001 to Rs. 10,000,000
 Rs. 10,000,001 to Rs. 25,000,000
 Rs. 25,000,001 and above

Anticipated Monthly Cash Flows to the Account

Less than Rs. 500,000
 Rs. 500,001 to Rs. 1,000,000
 Rs. 1,000,001 to Rs.5,000,000
 Rs. 5,000,001 to Rs. 10,000,000
 Rs. 10,000,001 to Rs. 25,000,000
 Rs. 25,000,001 and above

Assets Owned by the Sole Proprietorship/ Partnership

Property/Premises
 Investments
 Motor Vehicles
 Financial Assets
 Others (specify)

Details of Sole Proprietor/ Partners

01	
Name (Mr/Mrs/Ms/.....)	
Address	
NIC No	
Position	
Ownership as a percentage (%)	
02	
Name (Mr/Mrs/Ms/.....)	
Address	
NIC No	
Position	
Ownership as a percentage (%)	
03	
Name (Mr/Mrs/Ms/.....)	
Address	
NIC No	
Position	
Ownership as a percentage (%)	

04	
Name (Mr/Mrs/Ms/.....)	
Address	
NIC No	
Position	
Ownership as a percentage (%)	

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	

Expected Mode of Transactions/ Delivery Channels			
<input type="checkbox"/> Cash	<input type="checkbox"/> Cheque	<input type="checkbox"/> Electronic Fund Transfer	<input type="checkbox"/> Other (Specify)
(tick '√' all that applicable)			

Documents required		
We forward herewith the following documents relevant to the account opening request (Tick '√' as appropriate)	Enclosed	Not Applicable
Certified copy of Business Registration		
Certified copy of Partnership Agreement/ Deed		
National Identity Card / Driving License / Valid Passport copies of Proprietor / all Partners and Authorized Signatories		
Institution KYC Form		
Individual KYC Form of Proprietor / all Partners		

I/ We confirm that the information provided above is correct and accurate. I/we further undertake to keep People's Leasing & Finance PLC duly informed, as soon as possible, of change to the information provided above.

Full Name of Proprietor/ Partners	NIC/ Passport No	Full Signature
1.		
2.		
3.		
4.		
5.		

For Office use Only			
Documents Reviewed by..... (Signature)	Emp No	<input type="text"/>	
Authorized by..... (Signature)	Emp No	<input type="text"/>	
System Entry			
..... Input by Checked by Activated by Scanned by

Savings Account

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
<i>(Indicate valid Passport Number in the case of Foreign Nationals)</i>	
Contact No.	Ownership (%)
Date of Birth	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.....

I / We confirm hereby that the details given above are true and correct	<p style="text-align: center;">..... Signature of Authorized Person (With Rubber Stamp)</p> <p style="text-align: center;">..... Date</p>	<p style="text-align: center;">..... Signature of Authorized Person (With Rubber Stamp)</p> <p style="text-align: center;">..... Date</p>
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Office Use Only

Account No.	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td> </tr> </table>																
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Fixed Deposit

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