

# Know Your Customer (KYC) Profile Form(For Personal Customers)

Mandatory "Know Your Customer" (KYC) information required by the FTR Act No. 6 of 2006.



Fully owned subsidiary of National Savings Bank  
No. 400, Galle Road, Colombo 03

## For Office Use Only

Date

A/C No

Division

Officer's Signature

Manager's Signature

## Section A – Basic information of the Individual including of those holding power of attorney( Please produce separate KYCs for joint applicants)

✓ Tick the appropriate boxes

1.Name in full:

2.NIC Number / Valid Passport Number:

3.Do you have an investment account at NSB FMC: ☐ Yes ☐ No

4.Employment Status : ☐ Self employed ☐ Part time employed  
☐ Full time employed ☐ Not currently employed  
☐ Retired ☐ Others (specify ).....

5.Occupation/Employment/ Position Held:

6.Name & Address of Employer:

7.Nature of Business ☐ Manufacturing ☐ Transport ☐ Import /Export  
☐ Finance/Insurance ☐ Restaurant ☐ Wholesale  
☐ Constructions ☐ Real State ☐ Communications  
☐ Retail ☐ Public service ☐ Gem and Jewelry  
☐ Hotel/Boarding House ☐ Casino/ Gambling house/Night Clubs  
☐ Personal & Household Services  
☐ Others (specify).....

## 8.Family Information

Marital Status ☐ Married /Single / Guardian  
Details

Name of Spouse / Guardian :

Spouse / Guardian Occupation Held :

## 9.Status of the Residential Address:

Ownership of premises ☐ Owner (A) ☐ Lease/Rent (C) ☐ Friends/Relatives (E)  
☐ Parent's (B) ☐ Official (D) ☐ Board/Lodging (F)

10. Permanent Address:

11. Foreign Address (if any):

## 12.Citizenship:

☐ Sri Lankan (A)  
☐ Sri Lankan with dual citizenship (B)  
☐ Foreign National with dual citizenship (C)  
☐ Foreign national (D)

☐ Resident in Sri Lanka  
☐ Non-Resident  
Country of Residence

.....  
( Non – Resident person  
should be submitted with  
IIA confirmation letter)

## For (B) (C) and (D)

Country of Birth:

Nationality:

Type of Visa ☐ Permanent Residence ☐ Green Card  
☐ Temporary Residence  
☐ .....(Specify)

Expiry Date:

<b>13. In case of Foreign Passport Holders, give the purpose of opening the account in the foreign jurisdiction:</b>			
<b>14. Purpose of Opening the Account:</b>			
<input type="checkbox"/> Employment/Professional income	<input type="checkbox"/> Remittances	<input type="checkbox"/> Social & Charity work	
<input type="checkbox"/> Savings	<input type="checkbox"/> Business transactions	<input type="checkbox"/> .....	
<input type="checkbox"/> Investment purposes			
<b>15. Source of Funds:</b> [source and nature of credits into the account]			
<input type="checkbox"/> Salary/Profit/Professional Income	<input type="checkbox"/> Export Proceeds	<input type="checkbox"/> Sale of Property/Assets	
<input type="checkbox"/> Sales and Business Turnover	<input type="checkbox"/> Donations/Charities	<input type="checkbox"/> Gifts	
<input type="checkbox"/> Rent Income	(Local/Foreign)	<input type="checkbox"/> Commission Income	
<input type="checkbox"/> Remittances			
<input type="checkbox"/> Details of .....			
<b>above:</b> .....			
<b>16. Expected Mode of Transactions/ Delivery Channels:</b>			
<input type="checkbox"/> Cash	<input type="checkbox"/> Standing Orders	<input type="checkbox"/> Foreign Remittance	
<input type="checkbox"/> Cheque	<input type="checkbox"/> SLIPS/ Wire Transfer /RTGS	<input type="checkbox"/> All mode of forms	
<b>17. Anticipated Volumes:</b> [Expected/Usual average volumes of deposits into the account in Rs per month]			
<input type="checkbox"/> Less than Rs.500,000 (or equivalent FC value)		<input type="checkbox"/> Rs.500,001 to Rs.2,000,000 (or equivalent FC value)	
<input type="checkbox"/> Rs.2,000,001 to Rs.5,000,000 (or equivalent FC value)		<input type="checkbox"/> Over Rs.5,000,000 (or equivalent FC value)	
<b>18. Other Connected Businesses /Professional Activities (if applicable):</b>			
<b>19. Expected Types of Counterparties (if applicable)</b>			
<b>Section B -Mandatory checks</b>			
<b>1. Name, Date of birth and Nationality verification:</b> To be supported by one of the following accepted documents.			
<input type="checkbox"/> National Identity Card		<input type="checkbox"/> Valid Driving License	
<input type="checkbox"/> Valid Passport		<input type="checkbox"/> Others (Specify)	
<b>2. Address verification:</b> Residential address to be supported by one of the following accepted documents (Photocopy of the above document should be obtained and certified by the Manager or relevant officer of NSBFMC as original seen ) For Utility Bills ,only fixed line ,electricity and water bills are allowed ,not over 3 months old.			
<input type="checkbox"/> National Identity Card	<input type="checkbox"/> Voting Card issued within one month	<input type="checkbox"/> Letter from a public Authority	
<input type="checkbox"/> Tenancy/Lease Agreement (with billing proof of owner)	<input type="checkbox"/> Current Utility Bill (Electricity / Water/ Fixed Phone/ Pay TV)	<input type="checkbox"/> Income Tax Receipt/ Assessment Notice	
<input type="checkbox"/> Valid Driving License	<input type="checkbox"/> Employment Contract	<input type="checkbox"/> A letter from Gramaniladhari (counter signed by Divisional Sec.)	
<b>3. Are you or any member of your family a Politically Exposed person (PEP)?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
Individuals in Sri Lanka or abroad who are or have been entrusted with prominent public function such as Head of State or of Government, Senior Politicians, Senior Government, Judicial or Military Officials, Senior Executives of State owned Corporations, important Political Party Officials, excluding middle ranking or junior officials in the foregoing categories.			
<b>4. Declaration of Beneficial Ownership – Myself</b> <input type="checkbox"/> <b>Other</b> <input type="checkbox"/>			
A Beneficial owner of the legal person means, a natural person who ultimately owns or controls a customer or the person on whose behalf a transaction is being conducted and includes the person who exercises ultimate effective control over a person.			
<b>National Identity Card No.</b>	<b>Name</b>	<b>Employment Details</b>	<b>Address</b>

5. Are you a U.S. Person? ☐ Yes ☐ No

If answer is "YES" have you filled FATCA Declaration form? ☐ Yes ☐ No

Under the Foreign Account Tax Compliance Act (FATCA) the following criteria may classify a customer as a "USA Person"

"A citizen of U.S.A. (including an individual born in the U.S. but resident in another country, who has not renounced U.S. citizenship). A lawful resident of the U.S. (including a U.S. Green Card Holder), A person residing in the U.S., A person who spends a certain number of days in the U.S. each year, A person spends approximately 180 days within 03 years (not continuously) in the USA

US corporates, estates, and trusts, U.S. corporations estates and trusts, any entity that has a linkage ownership to U.S. or to U.S territories Non-U.S. entities that have at least one U.S. person as a "substantial beneficial owner"

**6. Risk Disclosure**

We hereby declare that we understand that our investments are subject to market and/or interest rate risks and volatility and NSB Fund Management Co. Ltd shall not hold any responsibility or liability for the same

**Note: In the event of any changes to the above stated information must be duly notified to NSB Fund Management Company Limited, No. 400, Galle Road, Colombo 03.**

.....  
**Date**

.....  
**Customer's Signature**

**Does the customer appear in a Suspected Terrorist List (Sanction List -UNSCR 1373/1267 or any other Alert List : (Online Screening (Sanctioned lists issued under UNSCR )**

☐ Yes ☐ No ☐ If Yes (Specify )

To be completed by Customer Support Investment Assistant conducting the abovementioned checks

Signature :

Name :

Date:

Customer came in person to open the account ☐ Yes ☐ No

I hereby confirm that to the best of my knowledge and belief the information given herein by the applicant is true and correct, the applicant is financially stable to maintain a;

FMC Account ☐ Yes ☐ No

.....  
Investment Assistant

.....  
Date

Verified by

Approved by

System updated by

Signature .....

.....

.....

Name .....

.....

.....

Date .....

.....

.....

**Customer Risk Profile**

**NIC / Passport No / Business Registration No:**

**Special Remarks:**

**Final Risk Rating**

**Middle Office Review**

**Date**

**Risk Officer Approval**

**Date**

