

Note: This Application should be completed and retained by your Participant in accordance with FIU regulations.

Know Your Customer (KYC) Form For Non Individuals Only

This information is sought under the Prevention of Money Laundering Act No:6 of 2005,Financial Transaction Reporting Act No.6 of 2006 and the Rules for the Securities Industry issued by the Financial Intelligence Unit of the Central Bank Of Sri Lanka. All the information as applicable in sections A & B bellow is **mandatory for the Applicant** and Section C should be completed by the authorized person(s) if applicable.

Section A - Basic Account Information															
1. Nature of the entity : Please tick (√) <table style="width: 100%; margin-top: 10px;"> <tr> <td><input type="checkbox"/> Limited Liability Company</td> <td><input type="checkbox"/> Public Limited Company</td> </tr> <tr> <td><input type="checkbox"/> Global & Regional Fund</td> <td><input type="checkbox"/> Local Fund</td> </tr> <tr> <td><input type="checkbox"/> Statutory Body</td> <td><input type="checkbox"/> A Body established under An Act of Parliament</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Other:(Please specify).....</td> </tr> </table>		<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Public Limited Company	<input type="checkbox"/> Global & Regional Fund	<input type="checkbox"/> Local Fund	<input type="checkbox"/> Statutory Body	<input type="checkbox"/> A Body established under An Act of Parliament	<input type="checkbox"/> Other:(Please specify).....							
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<input type="checkbox"/> Other:(Please specify).....															
2. Status: : Please tick (√) <table style="width: 100%; margin-top: 5px;"> <tr> <td><input type="checkbox"/> Local</td> <td><input type="checkbox"/> Foreign</td> </tr> </table>		<input type="checkbox"/> Local	<input type="checkbox"/> Foreign												
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3. a) Whether Listed on CSE :Please Tick (√) <input type="checkbox"/> Yes <input type="checkbox"/> No b) Whether Listed on other Stock Exchange : Please Tick (√) <input type="checkbox"/> Yes <input type="checkbox"/> No If Listed Please specify:															
Section B - Other Details															
1. Expected Value of Investment per annum: Please tick (√) <table style="width: 100%; margin-top: 10px;"> <tr> <td><input type="checkbox"/> Less than Rs.100,000</td> <td><input type="checkbox"/> Rs.100,000 to Rs 500,000</td> <td><input type="checkbox"/> Rs.500,000 to Rs. 1,000,000</td> </tr> <tr> <td><input type="checkbox"/> Rs.1,000,000 to Rs.2,000,000</td> <td><input type="checkbox"/> Rs. 2,000,000 to Rs.3,000,000</td> <td><input type="checkbox"/> Rs.3,000,000 to Rs.4,000,000</td> </tr> <tr> <td><input type="checkbox"/> Rs.4,000,000 to Rs.5,000,000</td> <td><input type="checkbox"/> Rs. 5,000,000 to Rs.10,000,000</td> <td><input type="checkbox"/> Over Rs. 10,000,000</td> </tr> </table>		<input type="checkbox"/> Less than Rs.100,000	<input type="checkbox"/> Rs.100,000 to Rs 500,000	<input type="checkbox"/> Rs.500,000 to Rs. 1,000,000	<input type="checkbox"/> Rs.1,000,000 to Rs.2,000,000	<input type="checkbox"/> Rs. 2,000,000 to Rs.3,000,000	<input type="checkbox"/> Rs.3,000,000 to Rs.4,000,000	<input type="checkbox"/> Rs.4,000,000 to Rs.5,000,000	<input type="checkbox"/> Rs. 5,000,000 to Rs.10,000,000	<input type="checkbox"/> Over Rs. 10,000,000					
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2. Source of funds: Please tick (√) <table style="width: 100%; margin-top: 10px;"> <tr> <td><input type="checkbox"/> Business ownership</td> <td><input type="checkbox"/> Investments</td> </tr> <tr> <td><input type="checkbox"/> Sales and business turnover</td> <td><input type="checkbox"/> Contract proceeds</td> </tr> <tr> <td><input type="checkbox"/> Sale of Property/Assets</td> <td><input type="checkbox"/> Gift</td> </tr> <tr> <td><input type="checkbox"/> Commission income</td> <td><input type="checkbox"/> Export proceeds</td> </tr> <tr> <td><input type="checkbox"/> Investment Proceeds/savings</td> <td><input type="checkbox"/> Profits/Revenue</td> </tr> <tr> <td><input type="checkbox"/> Donations/Charities (Local/Foreign)</td> <td></td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Others (Specify)</td> </tr> </table>		<input type="checkbox"/> Business ownership	<input type="checkbox"/> Investments	<input type="checkbox"/> Sales and business turnover	<input type="checkbox"/> Contract proceeds	<input type="checkbox"/> Sale of Property/Assets	<input type="checkbox"/> Gift	<input type="checkbox"/> Commission income	<input type="checkbox"/> Export proceeds	<input type="checkbox"/> Investment Proceeds/savings	<input type="checkbox"/> Profits/Revenue	<input type="checkbox"/> Donations/Charities (Local/Foreign)		<input type="checkbox"/> Others (Specify)	
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3. Other Connected Business/Professional activities & business interests															
4. Other Details/Remarks/Notes: (if any)															
Section C - Authorized Signatories Details															
Name Of The Person	Capacity														
1.															
2.															
3.															

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Signature /s of the Authorised Signatory/signatories