

**Joint KYC Form** (Please fill in BLOCK letters)

Resident

5

Non-Resident

## 1. Customer Details – Joint Holder

Title	Mr	Mrs	Ms	Rev	Dr	Other
-------	----	-----	----	-----	----	-------

[illegible]

Initials

Names denoted by

[illegible][illegible][illegible]

(Permanent)

[illegible][illegible][illegible]

NIC/PP No.

Date of Issue

[illegible]

Date of Birth

[illegible][illegible]

(Optional)

Mobile No.

Email

## Employment Data

Please ✓

Employed ☐

Self Employed ☐

[illegible]

Name of the Business / Organization

[illegible]

Fax

[illegible]



2. Documents Provided

Please ✓

For KYC

National Identity Card

Passport

Driving License (An Affidavit is required confirming the fact that both NIC/ Passport are not available.)

For Proof of Residency

National Identity Card

Bank/ Credit card Statement

Telephone Bill

Electricity/Water Bill

Registered Lease Agreement

Gramasevaka Certificate certified by the Divisional Secretary

Letter issued by superintendent of a plantation estate in respect of estate workers who have no other documentary proof.

Any Other Document (Please Specify).....

These documents should be within (3) months as of the date of submission of the CDS Account opening form.

3. Status of Residency Address: (Premises)

Please ✓

Owner

With parents

Lease / Rent

Friend's / Relative's

Board / Lodging

Official

4. Dual citizenship Details

Please ✓

Country 1

Passport No.

Country 2

Passport No.

Country 3

Passport No.

5. Are you a US person under the Foreign Account Tax Compliance Act (FATCA) of the US?

Please ✓

Yes (If yes, FATCA declaration has to be submitted along with application form)

No (In the event if I/We become a US person under FATCA of US, I/ We do hereby undertake to inform the said fact to the Participant immediately)

6. Expected Value of Investment per annum

Please ✓

Less than Rs. 100,000

Rs 100,000 to Rs 500,000

Rs 500,000 to Rs 1,000,000

Rs 1,000,000 to Rs 2,000,000

Rs 2,000,000 to Rs 3,000,000

Rs 3,000,000 to Rs 4,000,000

Rs 4,000,000 to Rs 5,000,000

Rs 5,000,000 to Rs 10,000,000

Over Rs 10,000,000

7. Source of funds

Please ✓

Salary / Profit Income

Investment Proceeds / Savings

Sales and Business Turnover

Others (Specify)

Contract Proceeds

Sales of Property/Assets

Commission Income

Family Remittance

Export proceeds

Membership contribution



8. Politically Exposed Persons (PEPs) Please ✓

Are you individuals who are or have been entrusted domestically by a with prominent public functions? For example, Heads of State or of government, senior politicians, senior government, judicial or military officials, senior executives of state-owned corporations, important political party officials. If “Yes” please explain. ..... .....	<input type="checkbox"/>
Are you individuals who are or have been entrusted with prominent public functions by a foreign country? For example, Heads of State or of government, senior politicians, senior government, judicial or military officials, senior executives of state-owned corporations, important political party officials. If “Yes” please ..... .....	<input type="checkbox"/>
Are you individuals who are related to a PEP either directly (consanguinity) or through marriage or similar (civil) forms of partnership? If “Yes” please explain the relationship ..... .....	<input type="checkbox"/>
Are you individuals who are closely connected to a PEP, either socially or professionally? If “Yes” please explain the relationship ..... .....	<input type="checkbox"/>

9. Risk Categorization (Office use only) Please ✓

Low	<input type="checkbox"/>
Medium	<input type="checkbox"/>
High	<input type="checkbox"/>

10. Name of the person(s) authorized to give instructions to the # Participant

(Please Attach a duly certified copy of Power of Attorney – if applicable)

.....

.....

11. Other remarks / notes (if any)

.....

.....

I/We hereby declare that the information given is true and correct and agree to give notice in writing of any change of particulars given. I/We hereby give consent to open a CDS Account/FIS Account/PWM Account/UT Fund Account\*

\* Delete accordingly

.....  
Signature – Joint Holder

Date

D

D

M

M

Y

Y

Y

Y