



Client Code

Joint KYC Form (Please fill in BLOCK letters)

Resident Non-Resident

1. Customer Details – Joint Holder

Title	Mr	Mrs	Ms	Rev	Dr	Other		
Last Name								
Initials								
Names denoted by								
Initials								
Address								
(Permanent)								
Address								
(Correspondence)								
NIC/PP No.					Date of Issue			
Nationality					Date of Birth			
Telephone No.					Tax file No.			
Mobile No.					(Optional)			
Email								

Employment Data Please ✓

Employed	<input type="checkbox"/>
Self Employed	<input type="checkbox"/>
Occupation / Nature of Business	
Name of the Business / Organization	
Telephone	
Fax	
E-mail	

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 | <input type="checkbox"/> | With parents | <input type="checkbox"/> | Lease / Rent | <input type="checkbox"/> |
| Friend's / Relative's | <input type="checkbox"/> | Board / Lodging | <input type="checkbox"/> | Official | <input type="checkbox"/> |

4. Dual citizenship Details Please ✓

- | | | |
|--------------|---------|--------------------------|
| Country 1 | : | <input type="checkbox"/> |
| Passport No. | : | <input type="checkbox"/> |
| Country 2 | : | <input type="checkbox"/> |
| Passport No. | : | <input type="checkbox"/> |
| Country 3 | : | <input type="checkbox"/> |
| Passport No. | : | <input type="checkbox"/> |

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 | <input type="checkbox"/> | Rs 1,000,000 to Rs 2,000,000 | <input type="checkbox"/> | Rs 4,000,000 to Rs 5,000,000 | <input type="checkbox"/> |
| Rs 100,000 to Rs 500,000 | <input type="checkbox"/> | Rs 2,000,000 to Rs 3,000,000 | <input type="checkbox"/> | Rs 5,000,000 to Rs 10,000,000 | <input type="checkbox"/> |
| Rs 500,000 to Rs 1,000,000 | <input type="checkbox"/> | Rs 3,000,000 to Rs 4,000,000 | <input type="checkbox"/> | Over Rs 10,000,000 | <input type="checkbox"/> |

7. Source of funds Please ✓

- | | | | | | |
|-------------------------------|--------------------------|--------------------------|--------------------------|-------------------------|--------------------------|
| Salary / Profit Income | <input type="checkbox"/> | Contract Proceeds | <input type="checkbox"/> | Family Remittance | <input type="checkbox"/> |
| Investment Proceeds / Savings | <input type="checkbox"/> | Sales of Property/Assets | <input type="checkbox"/> | Export proceeds | <input type="checkbox"/> |
| Sales and Business Turnover | <input type="checkbox"/> | Commission Income | <input type="checkbox"/> | Membership contribution | <input type="checkbox"/> |
| Others (Specify) | | | | | |

8. Politically Exposed Persons (PEPs) Please ✓

<p>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.</p> <p>.....</p> <p>.....</p>	<input type="checkbox"/>
<p>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</p> <p>.....</p> <p>.....</p>	<input type="checkbox"/>
<p>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</p> <p>.....</p> <p>.....</p>	<input type="checkbox"/>
<p>Are you individuals who are closely connected to a PEP, either socially or professionally? If “Yes” please explain the relationship</p> <p>.....</p> <p>.....</p>	<input type="checkbox"/>

9. Risk Categorization (Office use only) Please ✓

- Low
- Medium
- High

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)

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11. Other remarks / notes (if any)

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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
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