



Company Reg. No. PQ 10

A Company Licensed by Monetary Board of Central Bank of Sri Lanka under the Finance Business Act, No. 42 of 2011

# Merchant Bank of Sri Lanka & Finance PLC

## Know Your Customer (KYC) Profile Form

Requirement in terms of Financial Transactions Reporting Act, No. 6 of 2006

D	D	M	M	Y	Y	Y	Y

### INFORMATION OF NON-INDIVIDUAL APPLICANT

Please (✓) the boxes as appropriate

#### Non Individual Type

<input type="checkbox"/> Limited Liability Company / Corporations	<input type="checkbox"/> BOI Approved Limited Liability Company
<input type="checkbox"/> Proprietorship / Sole Proprietorship	<input type="checkbox"/> Charity / Club / Association / NGO
<input type="checkbox"/> Partnership	<input type="checkbox"/> Pension Programme/Retirement Benefit Programme
<input type="checkbox"/> Society / Co-operative	<input type="checkbox"/> Trust / Nominee/Fiduciary Account
<input type="checkbox"/> Public Limited Liability Company	<input type="checkbox"/> Others(Specify)

#### Type of Account

<input type="checkbox"/> Savings A/c	<input type="checkbox"/> Fixed Deposit A/c	Account No.
<input type="checkbox"/> Others(Specify)		

### PART A - Customer Information

Name of Business Entity		Registered Address/ Principle Place of Business Operation /Activity	
Date of Registration and Registration Number	Registration Authority		
Correspondence Address (Business/Factory address, if different to Registered address)		Date of Commencement of Business	
Nature and Purpose of Business			
Income Tax File No.			

#### Contact Numbers

Tele. No.	Fax No.	E-mail Address
Address and Duration of previous areas / locations where the Business Operations / Activities carried out		

### PART B - Financial Information

Note: If the company is recently incorporated, please complete below with budgeted figures under "Current Year"

Are the audited financial statements for the last two years available?  Yes  No

Description (LKR,000)	Current Financial Year	Previous Financial Year
Annual sales turnover		
Net Profit/Loss		
Paid-up capital + accumulated profits / Reserves		
Total Assets		

### PART C - Stakeholders Information

Personal details of Partners / Proprietors / Directors / Members / Trustees	Name	NIC No / Registration No	Designation	Permanent address	Contact No.
Name of Major shareholders	NIC No/ Registration No	Ownership	Permanent address	Contact No	
Details of Subsidiaries /Associates	Registration No	Ownership			
Details of Parent Company	Registration No	Ownership	Listed in Foreign Exchange		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		

### PART D - Account usage

Expected deposits to be routed through the account per month(in LKR)

<input type="checkbox"/> Less than 100,000	<input type="checkbox"/> Above 1,000,000 up to 2,000,000	<input type="checkbox"/> Above 5,000,000 up to 7,000,000
<input type="checkbox"/> Above 100,000 up to 500,000	<input type="checkbox"/> Above 2,000,000 up to 3,000,000	<input type="checkbox"/> Above 7,000,000 up to 10,000,000
<input type="checkbox"/> Above 500,000 up to 1,000,000	<input type="checkbox"/> Above 3,000,000 up to 5,000,000	<input type="checkbox"/> Over 10,000,000 (Specify)

**Source of Funds to the Account**

<input type="checkbox"/> Business income <input type="checkbox"/> Investments <input type="checkbox"/> Bank Facilities	<input type="checkbox"/> Donations (Local/Foreign) <input type="checkbox"/> Others (Specify)
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Expected mode of transactions    Cash     Cheques     Fund transfers     Other .....

The entity or/and owners are subjects of the USA Taxes within the scope of Foreign Account Tax Compliance Act (FATCA)

Yes  No  / If 'Yes', Taxpayer Identification Numbers (TIN) of the entity or/and each substantial United States owners

Name: ..... Address: ..... TIN: .....

Name: ..... Address: ..... TIN: .....

Name of the Applicant ..... Signature .....

Name of the Applicant ..... Signature .....

Name of the Applicant ..... Signature .....

Name of the Applicant ..... Signature .....

Date .....

**PART E - Mandatory Verifications (Please tick the appropriate box(es))** **For Office use only**

Business name ,registration details,permanent address verification (to be Supported by the accepted documents)	<input type="checkbox"/> Certificate of incorporation <input type="checkbox"/> Articles of Association /constitution /charter/trust deed <input type="checkbox"/> Certified copy of Form 40/ Form 1/ Form 3 <input type="checkbox"/> Board resolution authorizing the opening of the account <input type="checkbox"/> Certified copy of Form 18 <input type="checkbox"/> Certified copy of Form 20 <input type="checkbox"/> Certified copy of Form 44(applicable for off shore companies) <input type="checkbox"/> Certified copy of Form 45(applicable for off shore companies) <input type="checkbox"/> Certified copy of Board of Investment agreement(in case of a BOI approved company) <input type="checkbox"/> Certified copy of Export Development Board(in case of a EDB approved company) <input type="checkbox"/> Certified copy of certificate to commence business(in case of a public quoted company) <input type="checkbox"/> Partnership Agreement <input type="checkbox"/> Business Registration <input type="checkbox"/> Government Authority Approval (Permit) <input type="checkbox"/> Gazette Notifications or Act <input type="checkbox"/> Billing Proof <input type="checkbox"/> Latest audited financial statements (if available) <input type="checkbox"/> Others
Additional verification	<input type="checkbox"/> Credit information Bureau <input type="checkbox"/> Business Information service/ undertaking from a reputable firm of lawyers /accountants <input type="checkbox"/> Prior reference regarding the applicant and applicant contact with MBSL <input type="checkbox"/> Visit to place of Business <input type="checkbox"/> Others
Purpose for which the account is opened objectives and the areas of activities of the business	
Source and level of income/funding	
Contact details varification	<input type="checkbox"/> By Telephone <input type="checkbox"/> By Letter <input type="checkbox"/> By E-mail <input type="checkbox"/> By Visit to place of Business

**Risk Profile of the Applicant**

Overall rating		Low - 01 point	Medium - 02 points	High - 03 points	
Low	1-3	Student/Housewife/Pensioner	Employee-Executive-Government	Government institution	
Medium	4-6	Employee Non executive - Government	Lawyer & Accountant	Charity/NGO	
High	7-9	Employee - Non executive - Private	Private Limited Liability Company	PEPs	
Client type		Public Limited Liability Company	Business-Proprietor/Partnership	Off Shore/Non Resident Company	
		Business - Individual		Foreign Citizen	
		Club/Society/Association		BOI/ Foreign collaboration	
		Educational Institution			
		Self Employed - Professional			
		Self Employed - Business			
		Other Individuals			
	Business/ Trade/ Usage		Professional/Family Use	Art/ Antique dealer	Dealer/trader in gem and jewellery
			Dealer in Petroleum Products	Travel Agent	Finance/Insurance companies
			Professional Services	Importer & distributor of commercial goods	Money changers/remitters
		Dealer in brand new vehicles	Entrepot trade	Buying and selling of real estate	
		Retail trader/Business	Exporter of local products	Share & stock brokers	
		Service provider	Telephone/Communication Providers	Investing/administering/ managing public funds	
		Printers & Publishers	Commission Agent	Restaurant/Bar/Casino/Gam Bling House/Night Club	
		Marketing & Advertising	Wholesale Trader	Importer/Dealer in 2 <sup>nd</sup> hand Motor Vehicles	
		Small/Medium work shop/repair shop	Shipping Airline and Freight Forwarding		
		Nursing Homes/Health Care Centres	Construction - Buildings/Roads		
	Manufacturing industry				
	Transport Operations				
	Social/Religious Activities				
	Turnover per month	Less than LKR 1,000,000	From LKR 1,000,000 - 3,000,000	Above LKR 3,000,000	
	Total				

I/We have carefully examined the above information together with the relevant original documents and copies of same submitted by the applicant and satisfied myself/ ourselves that the said information and documents are in conformity with the Rules made by Financial Intelligence Unit of Central Bank of Sri Lanka under subsection (3) of section 2 of Financial Transactions Reporting Act, No. 6 of 2006.

SIGNATURE/S VERIFIED BY ..... AUTHORIZED OFFICER'S SIGNATURE & DATE ..... BRANCH RUBBER STAMP .....