

**Know Your Client (KYC) Profile  
Application Form (For Directors)**

(This information is sought under the Prevention of Money laundry 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)

5<sup>th</sup> Floor, NDB Building  
40, Nawam Mawatha,  
Colombo 02.  
Tel (+94 1) 2 131000 (Hunting)  
Fax: 2314180

**Personal Details**

Full Name : ( Mr./Mrs./Miss./Rev.)					
Permanent Address :					
Address for Correspondence					
Date of Birth :	<input type="text"/>	<input type="text"/>	Nationality :	<input type="text"/>	NIC / Passport No. <input type="text"/>
Contact Details:	Residence	Mobile	Office	Fax	E mail
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Nationality/Multiple Nationality/Citizenship /Resident Status (Please include all relevant information)					
Proof of Residency	<input type="checkbox"/> * NIC Copy <input type="checkbox"/> *Telephone Bill <input type="checkbox"/> *Bank Account Statement / Credit card statement <input type="checkbox"/> *Valid Tenancy Agreement <input type="checkbox"/> *Registered Lease or Sale Agreement of Residency <input type="checkbox"/> *Letter issued by the superintendent of a plantation estate in respect of Estate workers who have no other documentary proof. <input type="checkbox"/> *Other notices/letters issued by Government authorities and institutions which will be deemed as acceptable to the CDS. (Please specify : )..... <input type="checkbox"/> * Electricity Bill <input type="checkbox"/> * Mobile Phone Bill <input type="checkbox"/> *Income Tax Receipt /Assessment Notice <input type="checkbox"/> *Grama Sewaka Certificate				
Status of Residency Address	<input type="checkbox"/> Owner <input type="checkbox"/> Lease/Rent <input type="checkbox"/> Friends/Relatives <input type="checkbox"/> Parent's <input type="checkbox"/> Official <input type="checkbox"/> Board/Lodging <input type="checkbox"/> Other Place-Specify .....				
Are you or any member of your immediate family, a Political Exposed Person (PEP)? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If " Yes" Please Specify :					

**Employment**

Employees	a) Occupation	<input type="text"/>
	b) Name of the Organization	<input type="text"/>
	c) Address of the Organization	<input type="text"/>
	d) Contact details	<input type="text"/>
Self Employed/ Professionals	a) Nature of Business / Profession	<input type="text"/>
	b) Registered Address	<input type="text"/>
	c) % of Shares Held	<input type="text"/>

Declaration		
I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.	Signature	
	Date	
	Place	