

# CUSTOMER DUE DILIGENCE FORM (Individual/Entity)



Branch Name : .....

Date : ...../...../.....

Account Opening Date		Account/Loan Number	
Customer Name			
Title of Account			
Customer Profile	<input type="checkbox"/> New Customer	<input type="checkbox"/> Existing Customer	
Customer Resident Status	<input type="checkbox"/> Resident	<input type="checkbox"/> Non-Resident Country : .....	
Nationality:		Passport No.	
NIC No.		Passport Country	
Country of Birth:		Date of Birth: (DD/MM/YYYY)	
Incorporation No. /Reg. Number		Incorporation / Reg. Date	Incorporation Country
Purpose of Account	<input type="checkbox"/> Business transactions <input type="checkbox"/> Employment/Professional income <input type="checkbox"/> Savings <input type="checkbox"/> Share transactions / Investment purposes <input type="checkbox"/> Remittances <input type="checkbox"/> Bill payment/ Loan repayment <input type="checkbox"/> Social & Charity work <input type="checkbox"/> .....		
Address	1. 2.		
Customer Type (Tick the appropriate box) {Customer Risk Factors}	<input type="checkbox"/> Individual <input type="checkbox"/> Entity	<input type="checkbox"/> Self Employed <input type="checkbox"/> Salary Employed <input type="checkbox"/> PEP <input type="checkbox"/> Student/Housewife/Pensioner ..... <input type="checkbox"/> Real Estate Agent <input type="checkbox"/> Gem and Jewellery Dealer <input type="checkbox"/> Public Limited Company <input type="checkbox"/> Other, Please Specify ..... <input type="checkbox"/> Club/Society/Association ..... <input type="checkbox"/> Private Limited Company <input type="checkbox"/> Charity <input type="checkbox"/> Business - Propriety/Partnership ..... <input type="checkbox"/> Money or Value Transfer Services <input type="checkbox"/> Government Institution <input type="checkbox"/> NGOs/NPOs .....	
Customer	<input type="checkbox"/> Connected Party <input type="checkbox"/> Related Party Relationship .....		

Source of Funds: [Expected source and nature of credits into the account]	<input type="checkbox"/> Salary/Profit/Professional Income <input type="checkbox"/> Sales and Business Turnover <input type="checkbox"/> Donations/Charities (Local/Foreign) <input type="checkbox"/> Sale of Property/Assets Gifts	<input type="checkbox"/> Rent Income <input type="checkbox"/> Export Proceeds <input type="checkbox"/> Investment Proceeds <input type="checkbox"/> .....
Expected Mode of Transactions/ Delivery Channels:	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Fund Transfers <input type="checkbox"/> All mode of forms	
Anticipated Volumes: [Expected/Usual average volumes of deposits into the account in Rs per month]	<input type="checkbox"/> Less than Rs. 50,000 <input type="checkbox"/> Rs. 100,000 to Rs. 500,000 <input type="checkbox"/> Rs. 1,000,000 to Rs. 5,000,000	<input type="checkbox"/> Rs. 50,000 to Rs. 100,000 <input type="checkbox"/> Rs. 500,000 to Rs. 1,000,000 <input type="checkbox"/> Above Rs. 5,000,000
Geographical Area	Customer is residing within a reasonable distance to the Branch?	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If not the Reason for opening an account at the branch		
Obtained FATCA declaration (if Yes, obtain the related document)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If Entity		
Financial Information		
Note: If a new establishment, the projected financial data should be completed under the caption "Current Year"		
Are the Audited Financial Statements for last two years available?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Description	Current Year (LKR)	Previous Year (LKR)
Annual Sales Turnover		
Net Profit/ Loss		
Paid-up Capital and Accumulated Profit		
Source of Funds Expected Source and Nature of Credits into the Account	<input type="checkbox"/> Business Profits <input type="checkbox"/> Interest/Investment Income <input type="checkbox"/> Sale of property/assets	<input type="checkbox"/> Commission Income <input type="checkbox"/> Sale/ Business Turnover <input type="checkbox"/> Others (Please specify) ..... .....
Anticipated Monthly Cash Flows	<input type="checkbox"/> Less than Rs. 500,000 <input type="checkbox"/> Rs. 1,000,001 to Rs.5,000,000 <input type="checkbox"/> Rs.10,000,001 to Rs. 25,000,000	<input type="checkbox"/> Rs. 500,001 to Rs. 1,000,000 <input type="checkbox"/> Rs. 5, 000,001 to Rs. 10,000,000 <input type="checkbox"/> Rs. 25,000,001 and above
Branch Manager/Assistant Manager to complete: Branch Comments for performing CDD in terms of satisfaction (Recommendation/Remarks)		

Documents To Be Submitted:				
Self-certification form	<input type="checkbox"/>	<input type="checkbox"/> Form 1	<input type="checkbox"/> Form 40	<input type="checkbox"/> FATCA Declaration
Certified Business Registration copy	<input type="checkbox"/>	<input type="checkbox"/> Form 20	<input type="checkbox"/> Form 44	<input type="checkbox"/> W-9
Company Directors Details	<input type="checkbox"/>	<input type="checkbox"/> Form 45	<input type="checkbox"/> KYC Form	<input type="checkbox"/> W-8 BEN
Copy of Company Directors' IDs	<input type="checkbox"/>	<input type="checkbox"/> Bank Statement	<input type="checkbox"/> W-8 BEN -E	
Verified ID copy	<input type="checkbox"/>	<input type="checkbox"/> Passport/Driving License or Visa copy page (for expats)		
Other	<input type="checkbox"/>	<input type="checkbox"/> Address verification document		
.....				
For Company Use Only (Internal Use)				
Branch Manager/Assistant Manager to complete				
<input type="checkbox"/> Client Central Bank Screening				
<input type="checkbox"/> Client World Check /Sanction Screening				
<input type="checkbox"/> Customer Risk Profile Updated (System)				
<input type="checkbox"/> I Confirm that the details provided above are accurate				
Did you conduct the required due diligence on the customer ?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Did you conduct any background screening on the customer ?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Prepared by		Reviewed & approved by (Branch Manager)		
Name		Name		
ID No		ID No		
Date		Date		
Signature		Signature		
Note: Hard copy of this CDD Form (duly filled and signed) should invariably be retained at the Branch along with KYC & Account opening Form for Audit Trail purpose				

## Part II - Entity

Details of Entity	
Name of Company	:
Registered Address	:
Total No. of Directors	Company Registration No. :
Details of all Directors/Owners/Members	
Full Name	
ID No. (Passport No.)	
Address	
Position Held	
Full Name	
ID No. (Passport No.)	
Address	
Position Held	
Full Name	
ID No. (Passport No.)	
Address	
Position Held	
Full Name	
ID No. (Passport No.)	
Address	
Position Held	
Full Name	
ID No. (Passport No.)	
Address	
Position Held	
Full Name	
ID No. (Passport No.)	
Address	
Position Held	
Full Name	
ID No. (Passport No.)	
Address	
Position Held	
Full Name	
ID No. (Passport No.)	
Address	
Position Held	