

CUSTOMER DUE DILIGENCE FORM (Individual/Entity)



Gold Auction ☐

Reprocess vehicle sale/Auction ☐

Branch Name:

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

Customer Name					
Customer Profile		New Customer <input type="checkbox"/>	Existing Customer <input type="checkbox"/>		
Customer Resident Status		Resident <input type="checkbox"/>	Non-Resident <input type="checkbox"/>		
		Country :			
Nationality:		Passport No.			
NIC No.		Passport Country			
Country of Birth:		Date of Birth: (DD/MM/YYYY)			
If Entity					
Incorporation No. /Reg. Number		Incorporation / Reg. Date (DD/MM/YYYY)		Incorporation Country	
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 payment]	<input type="checkbox"/> Salary/Profit/Professional Income <input type="checkbox"/> Rent Income <input type="checkbox"/> Sales and Business Turnover <input type="checkbox"/> Export Proceeds <input type="checkbox"/> Donations/Charities (Local/Foreign) <input type="checkbox"/> Investment Proceeds <input type="checkbox"/> Sale of Property/Assets Gifts <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	
Geographical Area	1. Is the customer residing within a reasonable distance to the branch? <input type="checkbox"/> Yes <input type="checkbox"/> No 2. Does the customer reside in or do their funds come from a country deemed high-risk? <input type="checkbox"/> Yes <input type="checkbox"/> No 3. Does the customer reside in or do their funds come from a country under international sanctions? <input type="checkbox"/> Yes <input type="checkbox"/> No	
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	<input type="checkbox"/> Business Profits <input type="checkbox"/> Commission Income <input type="checkbox"/> Interest/Investment Income <input type="checkbox"/> Sale/ Business Turnover <input type="checkbox"/> Sale of property/assets <input type="checkbox"/> Others (Please specify)	
Anticipated Monthly Cash Flows	<input type="checkbox"/> Less than Rs. 500,000 <input type="checkbox"/> Rs. 500,001 to Rs. 1,000,000 <input type="checkbox"/> Rs. 1,000,001 to Rs.5,000,000 <input type="checkbox"/> Rs. 5,000,001 to Rs. 10,000,000 <input type="checkbox"/> Rs.10,000,001 to Rs. 25,000,000 <input type="checkbox"/> Rs. 25,000,001 and above	
Head of Department/officer in charge 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)				
Head of Department/ Officer In Charge to be completed				
<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 (Head of Department/ Officer In Charge)		
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	
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Full Name	
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Address	
Position Held	

