

# CUSTOMER DUE DILIGENCE FORM (Suppliers/Service Providers) (To be Completed by the Admin/Operations department)



Branch/Department Name: .....

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

<b>Customer/Supplier Name</b>					
<b>Customer/Supplier Profile</b>	<b>New Customer /Supplier</b> <input type="checkbox"/>	<b>Existing Customer /Supplier</b> <input type="checkbox"/>			
<b>Customer/Supplier Resident Status</b>	<b>Resident</b> <input type="checkbox"/>	<b>Non-Resident</b> <input type="checkbox"/>			
		<b>Country :</b> .....			
<b>Nationality:</b>		<b>Passport No.</b>			
<b>NIC No.</b>		<b>Passport Country</b>			
<b>Country of Birth:</b>		<b>Date of Birth:</b> (DD/MM/YYYY)			
<b>If Entity</b>					
<b>Incorporation No. /Reg. Number</b>		<b>Incorporation / Reg. Date</b> (DD/MM/YYYY)		<b>Incorporation Country</b>	
<b>Address</b>	1. .... 2. ....				
<b>Customer/Supplier Type (Tick the appropriate box) {Customer Risk Factors}</b>	<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 .....		
<b>Customer</b>	<input type="checkbox"/> Connected Party <input type="checkbox"/> Related Party <b>Relationship</b> .....				

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(Customer/Supplier)		
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)		

<b>Customer/Supplier is PEP/s</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes,			
	Corporate management approval Obtained		<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Approval is Attached		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Customer/Supplier is Related or Connected party</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>If yes</b>	Related party review committee approval Obtained			
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Approval is Attached		<input type="checkbox"/> Yes	<input type="checkbox"/> No

**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		
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**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.)	
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Position Held	
Full Name	
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Position Held	
Full Name	
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Address	
Position Held	
Full Name	
ID No.(Passport No.)	
Address	
Position Held	