

BUSINESS CUSTOMER INFORMATION FORM

DATE	:
CID No.	:
BRANCH	:
OFFICER'S NAME	:
MANAGER'S SIGNATURE	:

Type of Business Account

- ☐ Sole Proprietorship
- ☐ Partnership
- ☐ Private Limited Company
- ☐ Public Limited Company - Unquoted
- ☐ Public Limited Company - Quoted
- ☐ Companies Limited by Guarantee
- ☐ BOI Approved Company
- ☐ Off Shore Company
- ☐ Non-Governmental Organisation
- ☐ Charity/Fund/Trust/Association
- ☐ Others

Currency of Account

- ☐ LKR
- ☐ USD
- ☐ Others (please specify ccy)
- ☐
- ☐
- ☐
- ☐
- ☐
- ☐
- ☐

Type of Account Required

- ☐ Savings Account
- ☐ Current Account
- ☐ Fixed / Call Deposit
- ☐ Others (Please Specify)
- ☐
- ☐
- ☐
- ☐
- ☐
- ☐

PART A - BASIC INFORMATION

Customer Name		
Registration Number	Nature of Business/Industry	Country of Incorporation
Date of Incorporation	Date of Commencement of Business	
Purpose of opening the account	% of account usage for Business operation	
☐ Manufacturing ☐ Whole Sale Trading ☐ Import / Export ☐ Retail ☐ Professionals ☐ Personal Services ☐ Catering / Restaurant ☐ Service Industry (Please specify) ☐ Others (Please specify)	☐ ≤ 25% ☐ 26% - 50% ☐ 51% - 75% ☐ >76%	

Please Specify "Nature of Business" in detail: (Clubs/Societies/Charities/Associations and Non Governmental Organizations should provide details of the objectives, scope and areas of activity)

Factory Address (If applicable) :

Number of Employees :

Income Tax File Number :

Person to Contact :

Telephone Number :

Facsimile Number :

E-mail :

Unless specified otherwise correspondence will be sent to you by mail

Registered Office/Principal Office Address (Complete only
if different from Correspondence Address)

Details of Introducer :

Name:

Account Number :

Address :

Telephone Number :

Bank Reference :

Telephone Number :

1. Do you maintain any other account(s) with the bank in the above name? Yes/No If yes, please complete :

[illegible][illegible]

3. Existing facilities (with other financial institutions/bankers)

☐ Over Draft ☐ Loan ☐ Import / Export ☐ Others

4. Are you a Subsidiary / Associate of another organization? Yes ☐ No. ☐

Subsidiary of

(ie. Owned more than 50%) _____

Associate of

(ie. Owned 20-50%) _____

5. Is the principal / subsidiary listed in the local/foreign stock exchange? Yes/No (If yes please give details)

PART B - FINANCIAL INFORMATION

Note : If a new company, please complete points 1, 2 & 3 with proposed data under " Current Year"

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

Description (LKR'000)	Current Year	Previous Year
1. Annual sales turnover :		
2. Net profit/Loss :		
3. Paid-up capital + accumulated profits :		

PART C - OTHER INFORMATION

Name of Directors/ Authorised signatories/major shareholders (> 10% voting rights)*	National Identity Card Number	% of Shares Held	Are the Directors/ Shareholders related? Yes/No	Contact Number	Residential Address

NOTE:

* In the case of Clubs/Societies/Charities/Associations and Non Governmental Organizations please provide details of Office bearers, signatories, administrators, members of the governing body or committee or any other person who has control or influence over the operations of the entity.

In the case of Trust, nominee and fiduciary accounts details of all Trustees, settlers/grantors and beneficiaries should be provided.

All Directors should complete a "Know Your Customer (KYC) Profile Form for Individuals" in addition to providing the above information as required by Rules Prescribed in terms of Section 2 (3) of the Financial Transactions Reporting Act No 6 of 2006.

PART D - DECLARATION

We confirm that the above details are correct.

Signature of Declarant

Signature of Declarant