

Know Your Customer (KYC) Profile Form



Date :	
Branch :	

Section A – Basic Account Information		<i>Tick the appropriate boxes</i>
(1) Name of the Customer :		2) Salutation (Specify) (Mr / Mrs / Miss / Other)
Surname	First Name	
<input type="text"/>	<input type="text"/>	
Last Name	Former Names	
<input type="text"/>	<input type="text"/>	
(3) Identification No. / Ref. No.:	(4) Occupation / Employment / Status :	
(5) Name & Address of Employer :		
(5) Citizenship : <input type="checkbox"/> Sri Lankan <input type="checkbox"/> Sri Lankan with Dual Citizenship <input type="checkbox"/> Sri Lankan with Foreign Citizenship <input type="checkbox"/> Foreign National	Nationality	<input type="text"/>
	Type of Visa	<input type="text"/>
	Expiry Date	<input type="text"/>
(6) Foreign Address (If Any) :		
Section B – Mandatory Checks		<i>Tick the appropriate boxes</i>
(1) Name, Date of Birth & Nationality verification : To be Supported by one of the following accepted		
<input type="checkbox"/> National Identity card	<input type="checkbox"/> Official Armed Forces Service Card	
<input type="checkbox"/> Passport	<input type="checkbox"/> Other (Specify).....	
<input type="checkbox"/> Birth Certificate for minor		
(2) Address Verification : Residential address verified & supported by one of the following accepted documents		
<input type="checkbox"/> National Identity Card	<input type="checkbox"/> Statement of other Banks	<input type="checkbox"/> Letter from Public Authority
<input type="checkbox"/> Tenancy Agreement	<input type="checkbox"/> Utility Bill (Specify).....	<input type="checkbox"/> Income Tax Receipt / Assessment Notice
<input type="checkbox"/> Passport	<input type="checkbox"/> Employment Contract	Others (Specify).....
<input type="checkbox"/> Driving License		
(3) Nature of Business (If any) :		
(4) Position Held :		
(5) Status of the Residential Address : (Premises)		
<input type="checkbox"/> Owner (A)	<input type="checkbox"/> Lease / Rent (C)	<input type="checkbox"/> Friends / Relatives (E)
<input type="checkbox"/> Parent's (B)	<input type="checkbox"/> Official (D)	<input type="checkbox"/> Boarder / Lodging (F)
(6) Permanent Address in case of C & F :		
(7) Applicants Ownership of Wealth & Estimated Value :		
<input type="checkbox"/> Residential Property	<input type="checkbox"/> Financial Assets	
<input type="checkbox"/> Business Premises	<input type="checkbox"/> Investments	
<input type="checkbox"/> Motor Vehicles	<input type="checkbox"/> Others (Specify).....	
	(If Property is on rent / lease, please indicate)	

(8) Source of Wealth : <input type="checkbox"/> Business (Generated from) <input type="checkbox"/> Investments <input type="checkbox"/> Profession / Employment	<input type="checkbox"/> Inheritance <input type="checkbox"/> Others (Specify).....
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(9) Anticipated Volumes : Expected/Usual average volumes of deposits into the account in Rupees per month

<input type="checkbox"/> Less than 100,000	<input type="checkbox"/> 500,000 to 1,000,000
<input type="checkbox"/> 100,000 to 500,000	<input type="checkbox"/> above 1,000,000 → Please specify

(10) Other Bank Details :				(11) Credit Card Details:			
Bank	Branch	Account Type	A/c No.	Issuer	Card Type	Card No	Limit

(12). Details of Spouse : Salutation (Specify) - (Mr / Mrs / Miss / Others) :

Name: <input style="width:90%;" type="text"/>	Occupation / Profession <input style="width:90%;" type="text"/>
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Customer No (if UBC client) <input style="width:90%;" type="text"/>	Date of Birth <input style="width:90%;" type="text"/>	Contact Details <input style="width:90%;" type="text"/>
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Name & Address of Employer

(13). Details of Children :

Name	Date of Birth	Gender

(14) Does the client appear in the Special Reference listing?	YES		NO	
(15) Is the client or any member of his immediate family is a Political Exposed Persons (PEP)?	YES		NO	

If "YES" Please specify :

(16) Other Details / Remarks / Notes (If any):

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 Customer's Signature Date

FOR BANK USE ONLY

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 Authorized Signature Authorised Signature of Manager Customer Number Date