

SINGER FINANCE (LANKA) PLC - PB 813 PQ

No: 498, R. A. De Mel Mawatha, Colombo 03, Sri Lanka.
Deposits Tel : 011-7789846-52 E-mail : singerdeposit@singersl.com

Know Your Customer (KYC) Form (Requirement in terms of Financial Transactions Reporting Act No. 06 of 2006)

Linked FD/Savings No. : Depositor Sequence : Ownership :

Personal Details

Full Name : Mr/Mrs/Miss/Dr/Rev (Please underline surname)									
Name with Initials									
National Identity Card No (NIC)									
Date of Birth	<table><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y		
Nationality	☐ Sri Lankan ☐ Resident ☐ Non Resident - Country of Residence ☐ Sri Lankan with Dual Citizenship - Country								
Are you residing within the geographical area of the current branch? Yes ☐ No ☐									
If No: Please mention reason									

Contact Information

Permanent Address	
Mailing Address	
Contact No	Res: Mobile: Office: Fax:
E-mail	
Marital Status	Married ☐ Single ☐ Other ☐

Employment Information

Employment Status	☐ Self employed	☐ Part-time employed	☐ Retired
	☐ Full-time employed	☐ Not currently employed	☐ Others (Specify)
Occupation / Position held			
Name of the Employer			
Address of the Employer			
Nature of Business	☐ Manufacturing	☐ Import / Export	
	☐ Finance / Insurance	☐ Wholesale	
	☐ Construction	☐ Communications	
	☐ Retail	☐ Business Services	
	☐ Transport	☐ Real State	
	☐ Restaurants	☐ Public Services	
	☐ Hotel / Boarding house	☐ Gem and Jewelry	
	☐ Casino / Gambling house / Night Clubs	☐ Others (Specify)	
	☐ Personal & Household Services	☐	

Average Monthly Income

☐ Less than 50,000	☐ 100,001 to 250,000	☐ 500,001 to 1,000,000
☐ 50,001 to 100,000	☐ 250,001 to 500,000	☐ More than 1,000,000

Purpose for opening, maintaining and the account usage

☐ Savings /Investment purpose ☐ Education Purpose ☐ Other

Source of Funds Expected Source and nature of credits into the account (As appropriate)

☐ Salary Income ☐ Savings/Investments ☐ Business Profit ☐ Family Remittances
☐ Donation/Charity/Gift ☐ Sale of property/assets ☐ Others (Please specify)

Expected Mode of Transactions

☐ Cash ☐ Cheque ☐ Electronic Fund Transfer ☐ Other (Please Specify)

Other Information

Source of Wealth:	Business / Ownership	Inheritance
Wealth generated from	Investments	Other (Specify)
	Profession / Employment	

Other connected Business / Professional activities and Interest

Are you or any of your immediate family member or close associate is a politically exposed person (PEP) (Refer definition below)

Yes ☐

No ☐

If yes, please specify the relationship

Are you a U.S Citizen, Resident, or Occupant through overseas assets, as defined by the Foreign Account Tax Compliance Act (FATCA)

Yes ☐

No ☐

FIU Definition

PEP's (Politically Exposed Persons) - an individual who is entrusted with prominent public functions. E.g. head of a State or a Government, a politician, a senior government officer, judicial officer or military officer, a senior executive of a State-owned corporation. important political party officials.

Immediate Family Member - Includes the spouse, children and their spouses or partners, parents, siblings and their spouses and grandchildren and their spouses.

Close Associates - Individuals who are closely connected to PEP, either socially or professionally.

Declaration of the Customer

.....
Signature

.....
Date

Mandatory Checks (For Office use Only)

1. Name, Date of Birth and Nationality Verification : To be supported by one of the following.

☐ National Identity Card

☐ Passport (Unexpired)

☐ Driving License

☐ Marriage Certificate (Name Change)

2. Address Verification : Residential address to be supported by one of the following accepted documents (N.B - Mobile phone bills are not accepted)

☐ National Identity Card

☐ Bank Statement

☐ Letter from a public authority

☐ Tenancy agreement

☐ Utility bill (Specify)

☐ Income Tax Receipt / Assessment Notice

☐ Driving License

☐ Employment Contract

☐ Other (Specify)

(Photocopies of the above documents should be obtained and certified by the Company Officer as 'Original Seen')

Authorized by (Name)

.....(Signature)