

**KYC UPDATE FORM****A. FOR ALL CUSTOMERS**

Branch: \_\_\_\_\_ Date: \_\_\_\_\_ CIF No.: \_\_\_\_\_

Full Name: \_\_\_\_\_

Permanent address: \_\_\_\_\_

Correspondent Address: \_\_\_\_\_

Citizenship: Sri Lankan/Sri Lankan with Dual Citizenship/Foreign Residency: Resident/Non Resident

If Foreign &amp; Sri Lankan Resident: Type of Visa: \_\_\_\_\_ Visa Expiry Date: \_\_\_\_\_

NIC/EIC: \_\_\_\_\_ PP No.: \_\_\_\_\_ Issue Date: \_\_\_\_\_ TIN: \_\_\_\_\_

Mobile No.: \_\_\_\_\_ Telephone No.: \_\_\_\_\_ Email: \_\_\_\_\_

Profession/Nature of business: \_\_\_\_\_ Employer/Business Name: \_\_\_\_\_

Are you or your close relative a Politically Exposed Person? (PEP) If "yes", please mention the name and / or designation:  
(Yes/No)

Account number	Annual Turnover	Source of funds	Anticipated volume
		Employment income/Investment proceeds/Gift/Inheritance/Family remittance/Donation/Sale of Property or asset/Commission income/ Other :	<100,000 100,001-500,000 501,000-1,000,000 1,000,001-5,000,000 Above 5,000,001
		Employment income/Investment proceeds/Gift/Inheritance/Family remittance/Donation/Sale of Property or asset/Commission income/ Other :	<100,000 100,001-500,000 501,000-1,000,000 1,000,001-5,000,000 Above 5,000,001
		Employment income/Investment proceeds/Gift/Inheritance/Family remittance/Donation/Sale of Property or asset/Commission income/ Other :	<100,000 100,001-500,000 501,000-1,000,000 1,000,001-5,000,000 Above 5,000,001

**NOTE: If any changes are made to previously submitted information or new information is added, proof must be provided in accordance with the bank's operational guidelines**

**KYC UPDATE FORM****B. FOR NON-INDIVIDUAL CUSTOMERS ONLY**

BR Number: \_\_\_\_\_

**Details of Ultimate Beneficial Owners**

Name of Beneficial Owner	EIC/NIC/PP No.	PEP (Yes/No)

*The above details should be obtained for Beneficial Owners holding more than 10% ownership, in accordance with Form 01/15*

*I hereby confirm that the details given above are true and correct and further agree to inform the Bank of any changes to the above details as and when such changes take place*

Date: \_\_\_\_\_

Signature/Seal: \_\_\_\_\_

**FOR BANK USE ONLY**

New Customer Manual Risk Class: \_\_\_\_\_ Employee No. and Signature \_\_\_\_\_

**NOTE: If any changes are made to previously submitted information or new information is added, proof must be provided in accordance with the bank's operational guidelines**