

DIRECTOR/ULTIMATE BENEFICIARY INFORMATION FORM

Date :	DD MM YYYY
CIF No. :	
Company / Institution Name :	

Instructions to complete the form

- Each Director and Ultimate Beneficiary to complete this form
- Please write in clear BLOCK letters and mark (✓) where applicable

SECTION A - BASIC INFORMATION OF THE INDIVIDUAL

Full Name :			
Residential Address : <small>*If Different from Identification document please provide an address verification document</small>		Telephone :	
			<i>Residence</i>
			<i>Mobile</i>
E-mail Address :			
Designation in Company / Institution :		Occupation :	
Name of Employer :		Nature of Business :	
Date and Place of Birth :	DD MM YYYY	Place	
Citizenship :	<input type="checkbox"/> Sri Lankan <input type="checkbox"/> Sri Lankan with Dual Citizenship <input type="checkbox"/> Sri Lankan origin with citizenship in another country <input type="checkbox"/> Sri Lankan with Permanent Residency / Green Card Holder <input type="checkbox"/> Foreign National	} Specify Country : _____	
	Visa Information (if Applicable)	Type of Visa :	Expiry Date: DD MM YYYY
Are you a Tax payer in Sri Lanka :	<input type="checkbox"/> Yes <input type="checkbox"/> No	If 'Yes' Tax Identification / File No. :	
Are you a Tax payer Outside Sri Lanka :	<input type="checkbox"/> Yes <input type="checkbox"/> No	If 'Yes' Tax Identification / File No. :	
Any Public Positions Held :	By Self :	<input type="checkbox"/> Yes <input type="checkbox"/> No	If 'Yes', specify position :
	By Any Close Relative / Associate :	<input type="checkbox"/> Yes <input type="checkbox"/> No	If 'Yes', specify position & relationship :

*Public position include individuals in Sri Lanka or abroad who are or have been entrusted with prominent public functions either domestically or by a foreign country, or in an international organization. Eg: Heads of State or of Government, a senior politician, a senior government officer, judicial or military official, a senior executive of a State owned Corporation, a senior executive of international/regional/economic/military organizations (UN and its affiliates, WTO, IMF, NATO etc.), important political party officials etc. This further applicable to family members and close/business associates of such persons.

SECTION B - MANDATORY CHECKS

Name, Date of Birth and Nationality Verification:
(Supported by one of the following accepted documents)

<input type="checkbox"/> National Identity Card	<input type="checkbox"/> Official Driving License
<input type="checkbox"/> Valid Passport (No.: _____ Country of Issue: _____)	<input type="checkbox"/> Marriage Certificate (If surname differs)
<input type="checkbox"/> Postal ID (for persons under 18 years of age)	<input type="checkbox"/> Other _____ (Specify)
<input type="checkbox"/> Official Armed Forces Service Card	

Note: The document must bear a photograph of the customer. The original should be sighted and a copy should be held & stamped and signed as 'Original Seen'.

Address Verification :
(Residential address verified and supported by one of the following accepted documents)

<input type="checkbox"/> Utility Bill (Specify : _____)	<input type="checkbox"/> Employment Contract
<input type="checkbox"/> Tenancy Agreement	<input type="checkbox"/> Letter from a Public Authority
<input type="checkbox"/> National Identity Card	<input type="checkbox"/> Income Tax Receipts / Assessment Notice
<input type="checkbox"/> Statement of Other Banks	<input type="checkbox"/> Other _____ (Specify)

Note: The original should be sighted and a copy should be held & stamped and signed as 'Original Seen'. Mobile phone bills are not accepted.

