

# SINGER FINANCE (LANKA) PLC – PQ 813

No: 498, R. A. De Mel Mawatha, Colombo 03, Sri Lanka.  
Deposits Tel : 0112 100731-4 E-mail : singerdeposit@singersl.com

## Know Your Customer (KYC) Form – Individuals

*(Requirement in terms of Financial Transactions Reporting Act No 06 of 2006)*

### Personal Details

Full name : Mr/Mrs/Miss/Dr/Rev (Please underline surname)									
National Identity Card No (NIC)									
Date of Birth	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">D</td> <td style="width: 20px; text-align: center;">D</td> <td style="width: 20px; text-align: center;">M</td> <td style="width: 20px; text-align: center;">M</td> <td style="width: 20px; text-align: center;">Y</td> <td style="width: 20px; text-align: center;">Y</td> <td style="width: 20px; text-align: center;">Y</td> <td style="width: 20px; text-align: center;">Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y		
Nationality	<input type="checkbox"/> Sri Lankan <input type="checkbox"/> Resident <input type="checkbox"/> Non Resident - Country of Residence .....  <input type="checkbox"/> Sri Lankan with Dual Citizenship - Country .....								

### Contact Information

Permanent Address	
Mailing Address	
Contact No	Res:                      Mobile:                      Office:                      Fax:
E-mail	
Marital Status	Married <input type="checkbox"/> Single <input type="checkbox"/> Other <input type="checkbox"/>

### 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 Estate	
	Restaurants	Public Services	
	Hotel/ Boarding house	Gem and Jewelry	
	Casino / Gambling house / Night Clubs	Others (Specify) .....	
	Personal & Household Services	.....	

### Average Monthly Income

<input type="checkbox"/> Less than 50,000	<input type="checkbox"/> 100,001 to 250,000	<input type="checkbox"/> 500,001 to 1,000,000
<input type="checkbox"/> 50,001 to 100,000	<input type="checkbox"/> 250,001 to 500,000	<input type="checkbox"/> 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 is a  
politically exposed person  
(PEP)? (Refer definition  
below)

Yes       No

If yes please specify

**FIU Definition**

**PEP's (Politically Exposed Persons)** - Individuals in Sri Lanka or abroad who are or have been entrusted with prominent public functions. E.g. Head of State or government, Senior politicians, Senior government, Judicial or military officials, senior executives of state owned corporations, 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.

**Declaration of the Customer**

**I confirm that the details given above are true and correct.**

.....  
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)