



Asset Trust Management (Pvt) Limited
 32, Dudley Senanayake Mawatha (Castle Street),
 Colombo 08, Sri Lanka
 Telephone: +94112680519 / +94112680536

Date	
Customer No.	
Business Unit	
Product Type(s)	
Compliance Officer verification	
Fund Manager	

KNOW — YOUR CUSTOMER (KYC) FORM

Please Fill in **BLOCK CAPITALS**

SECTION ONE - ACCOUNT DETAILS

Name of Account Holder <i>*Full name required</i>		
Client Type	Individual / Joint <input type="checkbox"/>	Proprietor / Partnership <input type="checkbox"/> Other <input type="checkbox"/>
	Private Limited Company <input type="checkbox"/>	Public Limited Company <input type="checkbox"/> Trust / NGOs <input type="checkbox"/>
Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/> Institutional <input type="checkbox"/>
Date of Birth / Incorporation	Place of Birth / Incorporation	Nationality
NIC/PP/Registration Number		
	<i>*Include Copy of NIC/PP/Certificate of Incorporation</i>	
Name & Address of Employer		
Occupation		
Average Monthly Income		
Purpose of Investment	Investment Management <input type="checkbox"/>	Unit Trust Operation <input type="checkbox"/>

Non-Individuals — Please indicate the principal nature of the business activity in brief

SECTION TWO - CONTACT DETAILS / AUTHORISED PERSONS

Name	Designation	NIC/PP/Valid Driver's License Number	Signature
1.			
2.			
3.			
4.			

**In case of insufficient space please include a separate annexure as per the table above. (Include copies of NIC/PP/Valid Driver's License)*

Marital Status: Single Married

Dependent Children (Below 18): Yes No

Residence Ownership: Rented Owned Other Company Provided Mortgaged

Permanent / Registered Address	
Address for Communication	

**If above two addresses are different Clients should provide verifications for both the above addresses*

Source of Address Verification Provided (Utility bills not more than 3 months old)	1.	2.
	General Telephone (TP):	Mobile / Direct TP:

General Email:	Other Authorized Email(s):
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Does the business have any foreign investors (i.e. Foreign citizen, Dual citizen, Non Resident): Yes No

If Yes has FACTA declaration been obtained: Yes No

SECTION THREE – SOURCE OF FUNDS / OWNERSHIP

Profits/ Dividend Income	<input type="checkbox"/>	Sales & Business Turnover	<input type="checkbox"/>	Sale of Property / Asset	<input type="checkbox"/>
Commission Income	<input type="checkbox"/>	Investments Proceeds/ Savings	<input type="checkbox"/>	Donations/ Charities	<input type="checkbox"/>
Investments	<input type="checkbox"/>	Contract Proceeds	<input type="checkbox"/>	Gifts	<input type="checkbox"/>
Export Proceeds	<input type="checkbox"/>	Salary	<input type="checkbox"/>	Family Remittances	<input type="checkbox"/>

Other:

Expected value of Investments per annum

Less than LKR 100,000	<input type="checkbox"/>	LKR 100,000 - 500,000	<input type="checkbox"/>	LKR 500,000 - 1,000,000	<input type="checkbox"/>
LKR 1,000,000 – 10,000,000	<input type="checkbox"/>	LKR 10,000,000 - 100,000,000	<input type="checkbox"/>	Over LKR 100,000,000	<input type="checkbox"/>

Are you or any member of your immediate family a Politically Exposed Person (PEP)?

Yes No If yes please specify

*PEP means an individual who is entrusted with prominent public functions either domestically or by a foreign country, or in an international organization and includes a 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, Government or autonomous body but does not include middle rank or junior rank individuals.

SECTION FOUR – CLIENT DECLARATION

Consent to verify details with Department for Registration of Persons:

I do hereby provide consent to and irrevocably permit Asset Trust Management (Pvt) Ltd to verify with the Department for Registration of Persons and/or any third party/authority, the Know Your Customer information concerning me including the particulars contained in my National Identity Card.

I / We hereby declare that the details furnished above are true and correct to the best of my / our knowledge and belief and I / We undertake to inform you of any changes therein, immediately. In case if the above information is found to be false or untrue or misleading or misrepresenting, I / We am aware that I / We may be held liable for it.

.....
 Client Signature Client Signature Date

.....
 Signature Witnessed

Client corporate seal (if applicable) :

For Office Use Only

Does the Client Appear in the Known Suspected Terrorist list or any other alert list?

Yes No If yes please specify

.....
 (Seal & Signature of Authorized Signatory)