CUSTOMER DUE DILIGENCE REVIEW CHECKLIST

Personal Customers

Bank of Ceylon, Male

CIF No.		Authorized by
Date Created		…… Signature of Officer

Personal Information

Title ☐ Mr ☐ Ms ☐ Mrs ☐ Dr ☐ Rev ☐ Other Gender ☐ Male ☐ Female

Full Name

NIC No [1] Passport No. [1]

Date of birth D D M M Y Y Y Y Nationality ☐ Maldivian ☐ Sri Lankan ☐ Other/Dual (Specify)

Civil Status ☐ Single ☐ Married ☐ Divorced ☐ Widowed No. of dependents

1 Provide original NIC/ Passport

Contact Information

Permanent Address [2]

Postal Code

Residential/ Foreign Address

☐ Same as above

Postal Code

Country of Residence ☐ Maldives ☐ Other (Specify)

Accommodation Type ☐ Own ☐ Lease/Rent ☐ Official ☐ Parent's ☐ Friends/Relatives ☐ Board/Lodgings

Residence Phone Mobile Phone

Office Phone Overseas Phone

Email

2. Provide documentary proof if address differs from NIC;

Employment/ Income Information

Occupation/ Business Type

Name of Employer/ Business

Official Address

Postal Code

Employment/ Business Start date D D M M Y Y Y Y Monthly income (MVR/USD)

Income Tax Payer? ☐ Yes ☐ No If Yes, Tax File No.

Continued Page 2 ☛

Other Information

Sources of Income
(Expected source & nature of credits in to accounts)

- ☐ Salary Income
- ☐ Business Profit
- ☐ Family Remittances
- ☐ Commission Income
- ☐ Export Proceeds
- ☐ Contract Proceeds
- ☐ Investment Proceeds
- ☐ Donations/Charities
- ☐ Sale of Property/Assets
- ☐ Member Contribution
- ☐ Gifts
- ☐ Other _____

Sources of Wealth

- ☐ Business ownership/income
- ☐ Investments
- ☐ Profession/ Employment
- ☐ Inheritance
- ☐ Other .....

Account Opening Purpose

Are you a US Person under the Foreign Account Tax Compliance Act (FATCA) of the US?[3] ☐ Yes ☐ No

3. *Submit FATCA declaration if applicable*

Do you have any third parties, acting on behalf of you? (E.g. Power of Attorney) ☐ Yes ☐ No

If Yes, Details of the Party:

Name _____

Address _____

NIC/PP No. _____ Phone No. _____

Power of Attorney No. _____

Declaration

I hereby request the bank to open accounts using the information declared above. I undertake to inform the bank immediately in the event of any change in any information provided by me.

In the event if I become a US Person under the Foreign Account Tax Compliance Act (FATCA) of the US, I do hereby undertake to inform the said fact to the bank immediately

Signature _____

Date D D M M Y Y Y Y

For Bank Use Only

Name, Date of Birth & Nationality Verification

- ☐ NIC
- ☐ Passport
- ☐ Driving License
- ☐ Birth Certificate (Minors)
- ☐ Other (Specify) _____

Address Verification

- ☐ NIC
- ☐ Other Bank Statement
- ☐ Letter – Public Authority
- ☐ Driving License
- ☐ Employment Contract
- ☐ Tenency/lease Agreement
- ☐ Income Tax Reciept/ Assesment Notice
- ☐ Utility Bill (Specify) _____
- ☐ Other (Specify) _____

Does the customer appear in Sanction Lists? ☐ Yes ☐ No ☐ Sanction Screening Done

Is the customer or any member of his immediate family, a Political Exposed Person (PEP)? ☐ Yes ☐ No

If Yes, indicate Source of wealth

- ☐ Business ownership/income
- ☐ Profession/ Employment
- ☐ Inheritance
- ☐ Investments
- ☐ Other _____

Does any third parties act on behalf of the customer: Yes/ No

If Yes,

Does he/she appear in sanction list? ☐ Yes ☐ No ☐ Sanction Screening Done

Is he/she a Politically Exposed Person (PEP)? ☐ Yes ☐ No ☐ PEP Screening Done

Any other Details/ Remarks/ Notes: _____

Declaration of the Authorized Officer

I have carefully examined the above information together with the relevant documents submitted by the customer and satisfied myself that the said information and documents are in conformity with the Internal Policies & circulars of the Bank. Further I have updated the CIF according to the information.

Date PF Number Seal & Signature