

BANK OF CEYLON CUSTOMER DUE DILIGENCE REVIEW CHECKLIST

Non Personal Customers

For Bank Use Only	y
-------------------	---

Date : Account No : Sign. of Officer :

PAI	RT I -	TO	BE FILL	ED BY	CUSTOMER
-----	--------	----	---------	-------	----------

	KII TO DE LIEEED DI							
1.	Name of the Entity:							
2.	Nature & Purpose of the E	ntity:						
3.	Names of Directors/Partne	rs/Tr	ustees/Office Bearers:					
4.	Registered Address:							
i.	Mailing Address (if defers	from	the registered address)	:				
í.	Names of Ultimate Benefic	ial ow	ners:					
<u>'.</u>	Purpose of Opening the Acc	ount:						
	Business transactions		Social & Charity work		Investment		Trust	
	Other (Specify)			_				
	Source of Funds (Expected s		and nature of credits into the	e accor	unt)			
•	Sales and Business Turnover	_	Export Proceeds				Investment Proceeds	Π
	Commission Income		Export Proceeds Donations/Charities	П	Profit/Professional Income		Membership Contribution	
	Other (Specify)			_		J		J
		_						

9. Anticipated Volumes :	10. Expected	l Mode of Transactions/ Delivery Cha	annels:
[Monthly expected/usual average volume of deposits into account in MVR]	Cash I	Deposits	\neg
Less than 500,000 (or equivalent FC value)		ne Deposits	
500,000 to 1,000,000 (or equivalent FC value)	Inward	d Remittances	
1,000,000 to 2,000,000 (or equivalent FC value)	Fund 7	Transfers	
2,000,000 to 5,000,000 (or equivalent FC value)			_
5,000,000 to 20,000,000 (or equivalent FC value)			
Over 20,000,000 (or equivalent FC value)			
11. Expected Counter Parties :			
11. Expected Counter Larties.			
12 Does the entity have any foreign investors : Yes / No	If "Yes" a) Name b) Perce	of the Country :	
13. TAX RELATED DETAILS	·		
Are you a Tax Payer in Maldives / Any Other Country?	No		
If Yes Please provide the following Details: Tax Number:	Cou	untry of Tax Registered:	
13. Entity have third party/ies, acting on behalf of it: Yes/No			
If "Yes" details of third party/ies (Name/Address/NIC or PP No/Contact Deta	ails/Other)		
I/We hereby declare that the information furnished above are true & correct and do	hereby undertake to inf	form the bank any changes in above informa-	ation in future.
Data Signature of Author		Company goal	•••
Date Signature of Author	rizeu Person	Company seal	
Part II – For office use			
1. Customer Type :			
Proprietorship Company	Π	Trust	Π
Partnership Clubs/ Societies/Chariti	es/Associations	NGOs/NPOs	Н
2. Required documents according to internal Circulars obtained			
3. Do the entity & related parties* appear in Sanction Lists: Yes / No (* Directors/Partners/Trustees/Office Bearers /Share holders/benefi	icial awners)	Sanction Screening	Done 🗌
(* Directors/1 artifers/ 11 ustees/ Office Dearers / Share holders/ benefit	iciai (wheis)		
4. Are there any Political Exposed Persons (PEP) related to the entity: Yes	/ No	PEP Screening Do	ne 🔲
(Directors/Partners/Trustees/Office Bearers /Share holders/benefic		Ç	О
5 TO 01 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
5. If any third parties acts on behalf of the entity a) Does he/she appear in sanction list: Yes / No		Sanction Screening	Done∏
b) Is he/she a Politicaly Exposed Person (PEP): Yes / No		PEP Screening Dor	_
** Any other details /Remarks/Notes :			
Any other details / Remarks/Notes:			
D 1 (1 64 A 4 1 1 1066)			
Declaration of the Authorized Officer Library corefully examined the above information together with the rele	want doguments art-	mitted by the quetomer and estick-1	mysalf that the said
I have carefully examined the above information together with the rele information and documents are in conformity with the regulatory requirem			
CIF according to the information.	ionts and the filternal	i oncies & circulais of the Dalik. Purtile	or r nave updated the
ch according to the information.			
Date		Signature & PF No. Authorized Office	