



CUSTOMER DUE DILIGENCE 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 No¹ Passport No. ¹

Date of birth 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

Residential/ Foreign Address

☐ Same as above

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

Employment/ Business Start date Monthly income (MVR/USD)

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

Country of Tax Registered:

Other Information

Sources of Income (Expected source & nature of credits in to accounts)	<input type="checkbox"/> Salary Income	<input type="checkbox"/> Business Profit	<input type="checkbox"/> Family Remittances	<input type="checkbox"/> Commission Income
	<input type="checkbox"/> Export Proceeds	<input type="checkbox"/> Contract Proceeds	<input type="checkbox"/> Investment Proceeds	<input type="checkbox"/> Donations/Charities
	<input type="checkbox"/> Sale of Property/Assets	<input type="checkbox"/> Member Contribution	<input type="checkbox"/> Gifts	<input type="checkbox"/> Other _____
Sources of Wealth	<input type="checkbox"/> Business ownership/income	<input type="checkbox"/> Investments	<input type="checkbox"/> Profession/ Employment	<input type="checkbox"/> Inheritance
	<input type="checkbox"/> 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.	<input type="text"/>	Phone No.	<input type="text"/>
Power of Attorney No.	<input type="text"/>		

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.

Signature

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

Date

For Bank Use Only

Name, Date of Birth & Nationality Verification	<input type="checkbox"/> NIC	<input type="checkbox"/> Passport	<input type="checkbox"/> Driving License	<input type="checkbox"/> Birth Certificate (Minors)
	<input type="checkbox"/> Other (Specify) _____			
Address Verification	<input type="checkbox"/> NIC	<input type="checkbox"/> Other Bank Statement	<input type="checkbox"/> Letter – Public Authority	<input type="checkbox"/> Driving License
	<input type="checkbox"/> Employment Contract	<input type="checkbox"/> Tenancy/lease Agreement	<input type="checkbox"/> Income Tax Receipt/ Assesment Notice	
	<input type="checkbox"/> Utility Bill (Specify) _____	<input type="checkbox"/> Other (Specify) _____		
Does the customer appear in Sanction Lists?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Sanction Screening Done		
Is the customer or any member of his immediate family, a Political Exposed Person (PEP)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> PEP Screening Done		
If Yes, indicate Source of wealth	<input type="checkbox"/> Business ownership/income	<input type="checkbox"/> Profession/ Employment	<input type="checkbox"/> Inheritance	
	<input type="checkbox"/> Investments	<input type="checkbox"/> Other _____		
Does any third parties act on behalf of the customer: Yes/ No				
If Yes,				
Does he/she appear in sanction list?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Sanction Screening Done		
Is he/she a Politically Exposed Person (PEP)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 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