



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 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

 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 Monthly income (MVR/USD)

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

Other Information

Sources of Income <i>(Expected source & nature of credits in to accounts)</i>	<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			
Purpose of using this account				

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.

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

Address Verification NIC Other Bank Statement Letter – Public Authority Driving License
 Employment Contract Tenancy/lease Agreement Income Tax Receipt/ 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