

For Office Use Only



Asset Trust Management (Pvt) Limited

Date	
Customer No.	
Business Unit	
Product Type(s) If Applicable	
Verification Confirmations:	
Fund Manager	
Compliance Officer	

KNOW-YOUR-CUSTOMER (KYC) FORM

Please fill in BLOCK CAPITALS

SECTION ONE – ACCOUNT DETAILS

Name(s) of Account Holder(s) <i>*Full Name required</i>		
Client Type	Individual/ Joint <input type="checkbox"/> Proprietor/ Partnership <input type="checkbox"/> Private Limited Company <input type="checkbox"/> Trust/ NGOs <input type="checkbox"/>	Public Limited Company <input type="checkbox"/> Other <input type="checkbox"/> <i>*Please specify</i> <input type="text"/>
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>*Copy of NIC/PP/Certificate of Incorporation enclosed (Tick if Yes)</i> <input type="checkbox"/>	
Occupation Name& Address of Employer		
Purpose of Investment	Investment Management <input type="checkbox"/>	Unit Trust Operation <input type="checkbox"/>
Non Individual/Joint Account Holders - Please indicate the principal nature of the business activity in brief		

SECTION TWO – CONTACT DETAILS/ AUTHORISED PERSONS

Name	Designation	NIC/PP Number	Signature
1.			
2.			
3.			
4.			
<i>* In case of insufficient space please include a separate annexure as per the table above. (Include copies of NIC/PP)</i>			
Permanent/ Registered Address			
Address for Communication			
<i>*If the above two addresses are different Clients should provide verifications for both the above addresses</i>			
Source of Address Verification Provided	1.	2.	
General Telephone (TP)	Mobile/ Direct TP	Fax	
General Email		Other Authorised Email(s)	

SECTION THREE – SOURCE OF FUNDS/OWNERSHIPS

Source of funds

Profits/ Dividend Income	<input type="checkbox"/>	Sales & Business Turnover	<input type="checkbox"/>	Sale of Property/ Assets	<input type="checkbox"/>
Commission Income	<input type="checkbox"/>	Investment 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 500,000 – 1,000,000	<input type="checkbox"/>	LKR 1,000,000 – 100,000,000	<input type="checkbox"/>
LKR 100,000,000 – 500,000,000	<input type="checkbox"/>	LKR 500,000,000 – 1,000,000,000	<input type="checkbox"/>	Over LKR 1,000,000,000	<input type="checkbox"/>

Other connected business/ professional activities & business interests

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Any other comments/ remarks (if any)

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SECTION FOUR – CLIENT DECLARATION

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 any of 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.

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Client Signature	Client Signature	Date

Client Corporate Seal (if applicable):

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

Yes No If Yes please specify

In the Client or any member of his immediate family/ board of directors a Political Exposed Person (PEP)?

Yes No If Yes please specify

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(Seal & Signature of Authorised Signatory)