



AMW Capital Leasing and Finance PLC.

(Company Registration No: PB 14 PQ)

Customer Profile Form (KYC)

(Requirement in terms of Financial Transactions Reporting Act No 6 of 2006)

Branch:

Account Type:

Account No / File No:

Please tick the appropriate box / boxes

01. Full Name of the Account Holder			
02. Permanent / Residential Address		(Please attach a copy of the recent utility bill certified by you to prove the residential address)	
03. Correspondence Address			
04. Profession / Vocation / Nature of Business			
05. Business / Office Address			
06. Contact details	Home		
	Office		
07. Date of birth	Date	Month	Year
	<input type="text"/>	<input type="text"/>	<input type="text"/>
09. Place of Birth		08. Citizenship <input type="checkbox"/> Sri Lankan <input type="checkbox"/> Sri Lankan with dual Citizenship <input type="checkbox"/> Sri Lankan with Foreign Citizenship <input type="checkbox"/> Foreign National	
10. NIC No / Passport No / DL / Business Registration			
(Please attach a NIC/PP/BL/BR Copy)			
11. Purpose of AC Opening (Tick all relevant boxes)	<input type="checkbox"/>	Business Transaction	
	<input type="checkbox"/>	Upkeep of Family / Person	
	<input type="checkbox"/>	Domestic Necessities	
	<input type="checkbox"/>	Savings	
	<input type="checkbox"/>	Loan Repayments	
	<input type="checkbox"/>	Security for Loan	
14. Average Monthly Income		12. If Non Sri Lankan National Type of Visa <input type="text"/> Date of Expiry <input type="text"/>	
<input type="checkbox"/> 0 – Rs.100,000 <input type="checkbox"/> Rs.100,001 – Rs.500,000 <input type="checkbox"/> Rs.500,001 – Rs.1,000,000 <input type="checkbox"/> Rs.1,000,000 & above		13. Source of Fund Expected Source and nature of credits into the Acc <input type="checkbox"/> Sale and Business Turnover <input type="checkbox"/> Family Remittance <input type="checkbox"/> Contract / Investment Proceeds <input type="checkbox"/> Commission Income <input type="checkbox"/> Salary <input type="checkbox"/> Sale of property / Assets <input type="checkbox"/> Other	
15. Name of Spouse			

➤ Signature of the Customer

16. Are you politically connected person or do you have any political connected relations?

Yes No

If so, Connection

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Company Use Only

Other Details / Remarks / Notes (if any):

➤ Risk Assessment:

Low	
Medium	
High	

➤ Is the client politically connected? Yes No
(If politically connected evidence of source of fund required)

Name of the Relationship Officer

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Signature of Officer

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Date