

**Customer Code:**



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**Know Your Customer (KYC) Form - Individual**

Name with Initials .....  
 NIC/PP No .....  
 Address .....  
 Occupation/Employment/Designation .....  
 Name of Employer .....  
 Name & Nature of the Business .....  
 Address of the Employer/Business .....

Joint Name 1 with Initials .....  
 NIC/PP No .....  
 Address .....  
 Occupation/Employment/Designation .....  
 Name of Employer .....  
 Name & Nature of the Business .....  
 Address of the Employer/Business .....

Joint Name 2 with Initials .....  
 NIC/PP No .....  
 Address .....  
 Occupation/Employment/Designation .....  
 Name of Employer .....  
 Name & Nature of the Business .....  
 Address of the Employer/Business .....

Joint Name 3 with Initials .....  
 NIC/PP No .....  
 Address .....  
 Occupation/Employment/Designation .....  
 Name of Employer .....  
 Name & Nature of the Business .....  
 Address of the Employer/Business .....

**Please tick (✓) appropriate box below**

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**1. Expected Value of Investment per Month**

Less than Rs.1,000,000	<input type="checkbox"/>	Rs. 1,000,000 to Rs. 5,000,000	<input type="checkbox"/>
Rs. 5,000,001 to Rs. 10,000,000	<input type="checkbox"/>	Rs. 10,000,001 to Rs. 50,000,000	<input type="checkbox"/>
Rs. 50,000,001 to Rs. 100,000,000	<input type="checkbox"/>	Over Rs. 100,000,000	<input type="checkbox"/>

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**2. Expected Mode of transaction**

Cash ☐ Cheque ☐ Fund Transfer ☐

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**3. Purpose of the Account**

Trading ☐ Investment ☐ Other (Specify) .....

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<b>4. Source of Funds</b>	<b>Primary Holder</b>	<b>1<sup>st</sup> Joint Holder</b>	<b>2<sup>nd</sup> Joint Holder</b>	<b>3<sup>rd</sup> Joint Holder</b>	<b>4<sup>th</sup> Joint Holder</b>
Business income	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Salary/Income	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Savings/Investments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Donations/Charities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sale of Property/Assets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Specify)					

<b>5. Citizenship</b>	<b>Primary Holder</b>	<b>1<sup>st</sup> Joint Holder</b>	<b>2<sup>nd</sup> Joint Holder</b>	<b>3<sup>rd</sup> Joint Holder</b>	<b>4<sup>th</sup> Joint Holder</b>
Sri Lankan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sri Lankan working overseas (work permit) Country .....	<input type="checkbox"/> .....	<input type="checkbox"/> .....	<input type="checkbox"/> .....	<input type="checkbox"/> .....	<input type="checkbox"/> .....
Permanent Resident of other country Country .....	<input type="checkbox"/> .....	<input type="checkbox"/> .....	<input type="checkbox"/> .....	<input type="checkbox"/> .....	<input type="checkbox"/> .....
Foreign National Nationality ..... <b>If Resident Foreign National</b> Type of residency/VISA..... Expiry date of residency/VISA.....	<input type="checkbox"/> ..... ..... .....	<input type="checkbox"/> ..... ..... .....	<input type="checkbox"/> ..... ..... .....	<input type="checkbox"/> ..... ..... .....	<input type="checkbox"/> ..... ..... .....
Dual citizen Country .....	<input type="checkbox"/> .....	<input type="checkbox"/> .....	<input type="checkbox"/> .....	<input type="checkbox"/> .....	<input type="checkbox"/> .....

<b>6. Are you a US person/s in terms of the Foreign Account Tax Compliance Act (FATCA)?</b>	<b>Primary Holder</b>	<b>1<sup>st</sup> Joint Holder</b>	<b>2<sup>nd</sup> Joint Holder</b>	<b>3<sup>rd</sup> Joint Holder</b>	<b>4<sup>th</sup> Joint Holder</b>
<b>Yes</b> If yes, FATCA declaration has to be submitted along with the application form.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>No</b> If no, in the event if I/we become a US person/s under FATCA, I/we do hereby undertake to inform the said fact to HNB Securities Ltd. immediately.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## 7. Politically Exposed Persons (PEPs)

Are you an individual/s who is/are or has/have been entrusted domestically/ internationally with prominent public function? For example, Heads of State or of government, senior politicians, senior government, judicial or military officials, senior executives of state-owned corporations, important political party officials.

Are you an individual/s who is/are related to a PEP either directly or through marriage or similar (civil) forms of partnership?

Are you an individual/s who is/are closely connected to a PEP, either socially or professionally?

	Primary Holder	1 <sup>st</sup> Joint Holder	2 <sup>nd</sup> Joint Holder	3 <sup>rd</sup> Joint Holder	4 <sup>th</sup> Joint Holder
<b>Yes</b> If yes, specify details .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>No</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I/We hereby confirm that the information given is true and correct and agree to give notice in writing of any change of particulars given.

Signature  
(Primary Holder)

Signature  
(1<sup>st</sup> Joint Holder)

Signature  
(2<sup>nd</sup> Joint Holder)

Signature  
(3<sup>rd</sup> Joint Holder)

Signature  
(4<sup>th</sup> Joint Holder)

Date.....

## For Official Use

Risk Category	Primary Holder	1 <sup>st</sup> Joint Holder	2 <sup>nd</sup> Joint Holder	3 <sup>rd</sup> Joint Holder	4 <sup>th</sup> Joint Holder
Low	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Overall Risk Category:

High ☐

Medium ☐

Low ☐

Signature

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Date