

# **COMMERCIAL CREDIT AND FINANCE PLC**

## **PROCEDURE ON ANTI MONEY LAUNDERING, TERRORIST FINANCING AND FINANCING OF WEAPONS OF MASS DESTRUCTION**

(This replaces all previous documents covering the operating metrics of the procedure on Anti-Money Laundering and Countering the Financing of Terrorism)

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## 1. INTRODUCTION

- 1.1.** The Financial Intelligence Unit of Sri Lanka (FIU) is vested with powers to combat Money Laundering (ML), Terrorist Financing (TF) , Proliferation Financing (PF) and related crimes in Sri Lanka in line with international standards and best practices in the industry. The FIU has issued Customer Due Diligence Rules applicable to institutions engaged in the “Finance Business” which include Non-Bank Financial Institutions such as Commercial Credit and Finance PLC.
- 1.2.** The Rules require that every Financial Institution should identify and analyse and design effective implementation of policies and procedures to mitigate identified risks related to ML/TF/PF. This procedure has been prepared to guide operational staff in key procedures enacted in the Company’s overall approach towards complying with AML & CFT rules and regulations in Sri Lanka.

## 2. VERSION CONTROL

This procedure will be reviewed once every Three (3) financial years or in the event of any changes in the regulatory or environmental requirements. The updates will be recorded in the “Version Control” with details of revisions and effective dates.

Version Code	Release Date	Prepared by
1.0	October 2018	Compliance Officer
2.0	December 2021	Compliance Officer
3.0	September 2024	Compliance Officer

## 3. OBJECTIVES

- 3.1 To ensure that the customers are adequately evaluated to identify risk of ML ,TF and PF, and, in addition, identification of PEPs, with the overall aim of mitigating identified ML & TF risks based on policies and procedures developed by the Company that are in line with FIU requirements and regulations.

3.2 To provide guidelines in carrying out AML/CFT/PF procedures to comply with FIU regulations and guidelines.

#### **4. RESPONSIBILITY**

4.1 All staff are responsible for the combating of ML,TF and PF activities in the institution.

4.2 The Executive Management , Location Heads, Product Head and Operation Heads, Customer Relationship Officers and Marketing Officers (Operational Staff) are particularly responsible for effective operation of this procedure.

4.3 AML Compliance officer is responsible to ensure the overall functioning of these procedures.

#### **5. DEFINITIONS**

##### **5.1 AML Coordinator**

The designated officer in the Branch who is mainly responsible for ensuring the compliance with AML / CTF/PF requirements. Presently all Location Head / Location in Charge are designated as the AML coordinator. This is included in the Location head Job Description

##### **5.2 Customer**

A customer for the purpose of these guidelines is defined as any of the following persons who enter into a business relationship with the Company:

- i. A person or an entity, maintaining an account with the company and/or partakes in business relationships with the company.
- ii. Person on whose behalf the account is maintained [i.e. the beneficial owner]
- iii. Signatory and Beneficiaries of transactions conducted by professional intermediaries, (e.g. stock brokers, chartered accountants, solicitors etc. as permitted under the law.)
- iv. Any person or entity connected with a financial transaction of the company

## 6. AML/CFT/PF PROCESS

### 6.1 On boarding

- a) CCFP should obtain the customer information and evaluate the customer risk at the time of on boarding a customer as required by the regulator. This includes,
  - I. Completion of product application forms, KYC forms
  - II. Carrying out initial Due Diligence on customers,
    - 1. Verification of documents provided by the customer
    - 2. Verification of information provided by the customer
    - 3. Identify the nature and the purpose of the transactions
    - 4. Verification of sources of funds
  - III. Assessing of Customer AML risk based on the information provided by the customer
- b) CCFP should Identify each customer , and verify identification as is reasonably capable of identifying a customer on the basis of any official document or other reliable and independent source documents.
- c) If evaluating officer believes that conducting the process of CDD measures would “tip-off” the customer , the officer shall terminate conducting the CDD measures and report a Suspicious Transaction Reporting (STR) to the compliance officer through AML compliance coordinator.

### 6.2 Information collection and KYC

- a) The CRO, Marketing Officer and Location Head should ensure that necessary forms are completed and ERP system is updated on timely manner and all the fields are filled up accurately.
- b) The application forms and other collected documents should be scanned and updated to the system
- c) CCFP should obtain following information from all the customers using the Product application forms/KYC forms designed for each product.

### 6.2.1 Required Information

CCFP should obtain following information from all the customers using the Product application forms/KYC forms designed for each product.

#### 1) Individual Customers

##### a) In the case of all individual customers following information should be obtained (Resident)

- i. Full name as appearing in the identification document;
- ii. Official personal identification national identity card, valid passport, or valid driving license.
- iii. Permanent address as appearing on the identification document. If residential address differs from the permanent address residential address shall be supported by a utility bill not over three months old or any other reliable proof of residence approved by the CCFP.  
  
Utility bills are to be specified as **Electricity bill, Water bill and fixed line telephone bill**. No post-box number shall be accepted except for State owned enterprises. In the case of 'C/o', property owner's consent or other relevant address verification documents such as a valid lease agreement are required to be obtained.
- iv. Telephone number, facsimile number, and e-mail address (if available)
- v. Date of Birth
- vi. Nationality
- vii. Occupation, business, public position held and the name of the employer and geographical areas involved (if available)
- viii. Purpose for which the account is opened
- ix. Expected turnover / volume of business
- x. Expected mode of transactions
- xi. Satisfactory reference, as applicable

##### b) In the case of non-resident individual customers

- I. The reason for opening the account in Sri Lanka
  - II. Name, address and the copy of passport of the person or persons authorized to give instructions
- c) Both Residential and Non-resident individuals, following documents shall be obtained and should be verified against the original)
- (i) Copy of identification document (NIC/Passport/Valid Driving License)
  - (ii) Copy of address verification document (Electricity bill, water bill, Fixed telephone bill, Lease agreement etc)
  - (iii) Copy of the valid visa/permit in the case of accounts for non-national customers.
- d) For each type of product, relevant Application form/ KYC form should be completed as applicable.
- I. Term Deposit - Term deposit Application form
  - II. Savings deposit – Savings deposit Application form
  - III. Loan Facilities – Applicable Credit Application form
  - IV. For joint holder/borrower - Individual KYC form

Refer Annexure 1 for the specimen forms

## **2) Proprietorship/Partnership Accounts**

- a) The following information should be obtained from Proprietorship/Partnership Accounts
- (i) Full names of the partners or proprietors as appearing in the business registration document
  - (ii) Nature of the business
  - (iii) Registered address or the principal place of business
  - (iv) Identification details of the proprietor/partners as in the case of individual accounts
  - (v) Contact telephone, fax numbers



- (vi) Income Tax file number
- (vii) The extent of the ownership controls
- (viii) Other connected business interests

**b)** The following documents shall be obtained and should be verified against the original,

- (i) Copy of the business registration documents
- (ii) Proprietors' information / Partnership agreement/ Deed
- (iii) Copy of identification and address verification documents ( of each proprietor/partner)

**c)** For each type of product, relevant Application form/ KYC form should be completed as applicable.

- I.** Term Deposit - Term deposit Application form
- II.** Savings deposit – Savings deposit Application form
- III.** Loan Facility – Applicable Credit Application form
- IV.** Pawning Facility – Applicable Pawning KYC form
- V.** For joint partner - Individual KYC form

Refer Annexure 1 for the specimen forms

### **3) Corporations/Limited Liability Company**

**a) The following information shall be obtained from Corporations/Limited Liability Company**

- (i) Registered name and the Business Registration Number of the institution
- (ii) Nature and purpose of business
- (iii) Registered address of the principal place of business
- (iv) Mailing address, if any
- (v) Telephone/Fax/E-mail
- (vi) Income Tax file number

- (vii) Bank references (if applicable)
- (viii) Identification of all Directors as in the case of individual customers
- (ix) List of major shareholders with equity interest of more than ten percent
- (x) Lists of subsidiaries and affiliates
- (xi) Details of names of the signatories

**b) The copies of the following documents shall be obtained and should be verified against the original**

- (i) Copy of the Certificate of Incorporation (BR)
- (ii) Certified Copy of Form 40 (Registration of an existing company) or certified copy of Form I (Registration of a company) under the Companies Act No. 7 of 2007
- (iii) Certified Articles of Association
- (iv) Certified Board Resolution authorizing the opening of the deposit and Loan facility
- (v) Certified Copy of Form 20 (Change of Directors/Secretary and Particulars of Directors/Secretary) under the Companies Act
- (vi) Certified Copy of Form 44 (Full address of the registered or principal office of a company incorporated outside Sri Lanka and its principal place of business established in Sri Lanka) under the Companies Act
- (vii) Certified Copy of Form 45 (List and particulars of the Directors of a company incorporated outside Sri Lanka with a place of business established in Sri Lanka) under the Companies Act
- (viii) Copy of the Board of Investment Agreement if a Board of Investment approved company
- (ix) Copy of the Export Development Board (EDB) approved letter if EDB approved company
- (x) Copy of the certificate to commence business if a public quoted company
- (xi) Name of the person or persons authorized to give instructions for transactions with a copy of the Power of Attorney or Board Resolution, as the case may be
- (xii) Latest audited accounts if available

**c) For each type of product, relevant Application form/ KYC form should be completed as applicable.**

- I. Term Deposit (Fixed Deposit) - Term (Fixed) deposit Application form
- II. Savings deposit – Savings deposit Application form
- III. Loan Facilities – Applicable Credit Application form
- IV. For each director - Individual KYC form
- V. For the Institution – Corporate KYC

Refer Annexure 1 for the specimen forms

**4) Clubs, Societies, Charities, Associations and Non-Governmental Organizations (NGO) / Not-for-Profit Organization (NPO)**

- The Company shall conduct enhanced CDD measures when entering into a relationship with a NGO or a NPO ,Charities, Clubs , Societies to ensure that their accounts are used for legitimate purposes and the transactions are commensurate with the declared objectives and purposes.
- The individuals who are authorized to operate the accounts and members of their governing bodies shall also be subject to enhanced CDD measures.
- CCFP shall not allow personal accounts of the members of the governing bodies of a NGO, NPO or Charity to be used for charity purposes or collection of donations.
- CCFP should consider Charities, NGO or NPO as High AML-CFT risk clients

**a) The following information shall be obtained,**

- (i) Registered Name and the Registration Number of the institution
- (ii) Registered address as appearing in the Charter, Constitution etc
- (iii) Identification of at least two office bearers, signatories, administrators, members of the governing body or committee or any other person who has control and influence over the operations of the entity as in the case of individual accounts
- (iv) Committee or Board Resolution authorizing the account opening
- (v) The source and level of income/funding

- (vi) Other connected institutions/associates/organizations
- (vii) Telephone/Facsimile numbers/E-mail address

**b) The following documents should be obtained and verified against the original**

- (i) Copy of the registration document/constitution charter etc
- (ii) Board Resolution authorizing the account opening
- (iii) Name of the persons authorized to give instructions for transactions with a copy of the Power of Attorney or Board/Committee Resolution

**c) For each type of product, relevant Application form/ KYC form should be completed as applicable.**

- I. Term Deposit - Term deposit Application form
- II. Savings deposit – Savings deposit Application form
- III. Loan Facilities – Applicable Credit Application form
- IV. For each office bearer - Individual KYC form
- V. For the Institution – Corporate KYC

Refer Annexure 1 for the specimen forms

**5) Trust nominees and Fiduciary accounts**

**a) The following information shall be obtained,**

- 1. Identification of all trustees, settlers/grantors and beneficiaries in case of trusts as in the case of individual accounts;
- 2. Whether the customer is acting as a 'front' or acting as a trustee, nominee, or other intermediary;

**b) The following documents should be obtained and verified against the original**

- (i) Copy of Trust deed, as applicable
- (ii) Particulars of all individuals

**c) For each type of product, relevant Application form/ KYC form should be completed as applicable.**

- I.** Term Deposit - Term deposit Application form
- II.** Savings deposit – Savings deposit Application form
- III.** Loan Facilities – Applicable Credit Application form
- IV.** For each trustee - Individual KYC form
- V.** For the trust – Corporate KYC

Refer Annexure 1 for the specimen forms

**d) Stocks and Securities Sector specific requirements**

The following information should be obtained from the Funds approved by the “Securities and Exchange Commission” of Sri Lanka (sec),

- (i) Name of the Fund
- (ii) Purpose of the Fund

**6) Occasional Customers, One-off Customers, Walk-in Customers and Third Party Customers**

With regard to all cash deposit exceeding rupees **two hundred thousand** or its equivalent in any foreign currency made into an account separately or in aggregate by a third party /one – off customer, CCFP shall conduct CDD and have on record

- (i) Name
- (ii) Address
- (iii) Identification number of valid identity document
- (iv) Signature of third party customer

Exception - clerks, accountants, employees, agents, or authorized persons of business places who are authorized to deal with the accounts shall not be considered as a third party.

If CCFP has reasonable grounds to suspect that the transaction or series of linked transactions are suspicious or unusual, CRO/Marketing officer/Location Head shall, obtain such information irrespective of the amount specified above.

### 6.3 Initial Due Diligence

CCFP should perform due diligence using the information obtained through KYC.

- Verification of copies of documents provided against the original documents
- Verification of sources of funds
- Identification of Ultimate beneficiaries (Refer 5.8 for more guidelines)
- Identification of Politically Exposed Persons (PEP) (Refer 5.9)

### 6.4 Customer Risk Rating

- CCFP should assess the ML/TF risk of all of its customers on an ongoing basis using the information collected through KYC process and continuous CDD process.
- Accordingly, the customers should be classified in to following risk levels based on the evaluation performed using the “Risk Categorisation of Accounts” form (refer Annexure 2).
- Company adopts an exceptional risk-based approach to evaluate ML/TF risk of credit facilities which is primarily based on the value of the facility. For the credit facilities of the customer below Rs. 750,000 will be treated as low risk products considering the nature, size and complexity of the business.
- The risk grid is developed based on the general factors that drives the ML/TF risk of customers. Based on the score of the grid, the customer is rated in to “High”, “Medium” or “Low” categories.

Risk Category	Risk Mark
High	14 and above
Medium	8 to 13
Low	7 or below

- The form should be duly completed and signed off by CRO or marketing officer accurately based on the information provided by the customer both manually and in the ERP system.

- f) The Location head/ Head of the department should verify and approve the completed document.
- g) Duly completed document should be filed along with the product application form

#### **6.4.1 Special considerations**

- a) Irrespective of other factors, if the individual customer is a Politically Exposed Person (PEP), such customer should be rated as high risk customer.
- b) If the Ultimate beneficiary of the Customer is difficult to identify, the **risk score of 10** should assign to the customer.
- c) For any following Unacceptable businesses, the relevant officers should consult the location head and take necessary steps to reject on-boarding.
  - I. Customer screening - with sanction lists such as UN regulations (Specially designated Nationals and blocked persons list - SDN) and others
  - II. Customer/Beneficial owner name appears in the list of specially designated nationals SDNs of OFAC
  - III. Unable/Doubtful as to the identity of the UBO/s
  - IV. Engage in narcotics & dealing in arms and ammunition
  - V. Unregistered financial institutions
- d) If CCFP identified any sanctioned party during this process, such information should be reported to FIU immediately. (refer section 6 of this procedure manual for more details)
- e) Geographical locations listed under section 5.5 should be considered as high risk jurisdictions.
- f) If the customer's residential address is more than 50 Km radius and whereas customer is unable to provide address proof, geographical risk should be rated as "Medium"
- g) If the customer is an off shore customer (other than sanctioned/high risk geographical areas), the geographical risk should be rated as "Medium"

## **6.5 Geographical Risk assessment**

- a) CCFP shall not conduct any transaction with customers from black listed countries by the Financial Action Task Force and updated list can be found in the link provided (<https://www.fatf-gafi.org/en/countries/black-and-grey-lists.html> )
- b) CCFP should extremely be vigilant if the transaction is with the high risk / Grey listed countries as highlighted by the Financial Action Task Force and updated list can be found in the link provided ( <https://www.fatf-gafi.org/en/countries/black-and-grey-lists.html> ) .
- c) In the case of a prospective customer whose permanent address given in the application is at a location far away from that of the branch which receives the account opening request, CRO/Marketing officer shall discourage or turn down the request to open the account and shall request the prospective customer to open the account at the closest branch to the customer's residence or business, unless an acceptable and a valid reason is given to keep in record.

## **6.6 Product Service Risk assessment**

- a) CCFP should carry out a Product/ Service Risk assessment prior to launching a new product or service.
- b) Chief Risk Officer and Compliance Officer should conduct a risk assessment for existing product/services on an annual basis and results should be reported to the BIRMC and to the Board of Directors.
- c) Following factors should considered when assessing the product risk
  - I. Nature of the product
  - II. Expected market segment/ target customer base
  - III. Average size of the facility/deposit/transaction
  - IV. Delivery channels to be used

## **6.7 Enhanced Due Diligence (EDD)**

- a) Based on the risk of the Customer, the Company should perform EDD regularly to monitor transactions in accounts in order to ensure that they are consistent with the customers'



profile and source of funds. The supervising officials are required to verify the reports of accounts opened and/or amendments made to customer profile.

b) Where the risks of ML/TF are higher, financial institutions should be required to conduct enhanced due diligence (EDD) measures for higher-risk business relationships which may include:

- Obtaining and verifying additional information on the customer (e.g. occupation, volume of assets, information available through public databases, internet search, etc.)
- Updating more regularly the identification data of customer and beneficial owner
- Obtaining and verifying additional information on the intended nature of the business relationship
- Obtaining and verifying information on the source of funds or source of wealth of the customer
- Obtaining and verifying information on the reasons for intended or performed transactions
- Obtaining and verifying the approval of senior management to commence or continue the business relationship
- Conducting enhanced monitoring of the business relationship, by increasing the number and timing of controls applied, and selecting patterns of transactions that need further examination
- Requiring the first payment to be carried out through an account in the customer's name with a bank subject to similar CDD standards.

## **6.8 Ongoing Customer Due Diligence**

- a) CCFP should carry out Customer Due Diligence on its existing customers to identify the purpose, nature of the transactions and the sources of funds of the customers on an ongoing basis.
- b) The Customer Relationship Officer/ Marketing Officer / Location Head must ensure that adequate information are obtained and verified prior to the transaction is processed.

- c) If it is unable to obtain such information CCFP shall,
  - I. In relation to a new customer, not to enter into a business relationship or perform the transaction
  - II. In relation to an existing customer, terminate the business relationship, with such customer and consider making a Suspicious Transaction Report (STR) in relation to the customer
- d) The CCFP should carry out Customer Due Diligence on an ongoing basis based on the initial risk assessment of the customer as follows,

Risk Category	Frequency of Testing
High	Annually
Medium	Once in three years
Low	Once in 5 years

- e) Based on the risk rating, Customer due diligence should be carried out and customer information provided at the time of accepting the customer should be verified and updated. Details of such verification should be updated in the Interact history of the ERP.
- f) Marketing officer/Customer Relationship officer/Location head should ensure that customer due diligence is carried out on timely manner

#### **6.9 Delayed verification for low risk customers**

- a) Delayed verification can be carried out by the CCFP for specified products if the customer risk is rated as low and delay shall be essential so as not to interrupt the CCFP's normal conduct of business.
- b) For each case where delayed verification is allowed, Location Head shall ensure that no suspicion of money laundering or terrorist financing risk is involved and prior approval shall be obtained from the Product Head for delayed verification.

- c) List of customers who are allowed for delayed verification shall be forwarded to the Compliance team within 3 days of such transactions.
- d) If the Delayed verification process is applied to a customer, the documents should be completed within 14 days of accepting the customer.
- e) However, the withdrawal of such account is not permitted until the full CDD is completed. The Location Head will be responsible to follow-up with the customer until the full CDD is completed.

#### **6.10 Identification of a Beneficial Ownership**

- a) CCFP should identify the beneficial owner of a Legal person.
- b) Legal person means “any entity other than a natural person that is able to establish a permanent customer relationship with a financial institution or otherwise owns a property and includes a company, a body corporate, a foundation, a partnership or an associate.
- c) CCFP should identify the ultimate beneficiary in one of the following methods,
  - I. Which natural person owns or controls more than 10% of the customer’s equity?
  - II. Which natural person has “effective control” of the legal person?
  - III. On behalf of which natural person the transactions being conducted?
- d) CCFP should obtain adequate information to identify and verify the identity of the beneficial owners of the customer using relevant information or data.
- e) For this purpose “Ultimate beneficiary form” should be filled by an Authorized officer of the customer and CRO/Marketing officer should verify and sign off the information provided. (Refer Appendix 3 )
- f) The Authorized officer of the customer should declare that he/she is the authorized officer and should certify the information provided as accurate with official stamp.
- g) Once the beneficial owner of the customer is identified, following information of each beneficial owner should be obtained,

- I. Full Name
  - II. Official personnel identification or any other identification number (NIC/Passport etc.)
  - III. Permanent/Residential address
- h) CCFP is required to verify the identity of the beneficial owner using reasonable measures depending on the risk and complexities of the ownership and control structure of the legal person or management.
- i) For the verification purpose, CCFP can rely on following documents,
  - I. Share register
  - II. Annual returns
  - III. Trust deed
  - IV. Partnership agreement
  - V. The constitution or certificate of incorporation for an incorporated association
  - VI. The constitution of a registered cooperative society
  - VII. Minutes of the meetings of Board of Directors
  - VIII. Information available through open source search or commercially available database.
- j) CCFP should review the beneficial ownership of the customer periodically based on the AML risk assessment of the customer using the “Risk categorization of Customer” form,
  - I. High risk Customers – Annually
  - II. Medium risk Customers – Every 3 years’ time
  - III. Low risk customers – Every 5 years’ time
- k) If it is unable to identify and verify the beneficial ownership of any customer, the company should not enter into the business relationship or perform the transactions with new customers and terminate the business relationship with existing customers and consider making a Suspicious Transaction Report (STR).

- l) The verification of beneficial ownership should be completed prior to establishing financial transaction with the customers and delayed verification of beneficial ownership is only allowed for low risk customers subject to procedures mentioned in this document.

#### **6.10.1 Effective control of a legal person**

- a) Effective control of a legal person can be direct or indirect, formal or informal.
- b) At a direct and formal level, it is essential to understand a legal person's governance structure to identify the natural persons that exercise effective control over the legal person.
- c) In deciding the effective controller(s) in relation to a customer that is a legal person, CCFP should consider,
  - I. A natural person who can hire or terminate a member of senior level management;
  - II. A natural person who can appoint or dismiss Directors;
  - III. Senior managers who have control over daily/regular operations of the legal person/arrangement (e.g. a CEO, CFO or a Managing Director).

#### **6.10.2 Beneficial owner of a legal arrangement (Trust/Fiduciary account or a nominee)**

- a) Company should take reasonable measures to obtain and verify the information about the beneficial ownership of a legal arrangements. A Legal arrangement includes trust, Fiduciary account or a nominee. In order to identify the beneficial ownership of a trust, the company should identify the,
  - I. The Identities of the Author /Settler of the trust
  - II. The Trustees
  - III. The beneficiary or class of beneficiaries
  - IV. Other natural persons exercising ultimate effective control over the trust
- b) The company shall take reasonable measures to verify trust documents through Legal department

## 6.11 Politically Exposed Person (PEP)

- a) "Politically Exposed Person" means an individual who is entrusted with prominent public functions either domestically or by a foreign country, or in an international organization and includes a, (refer **Appendix 4** for a list of PEPs identified by CCFP):
- I. Head of a State or a Government
  - II. A Politician
  - III. A senior government officer
  - IV. A judicial officer
  - V. A Military officer
  - VI. A senior executive of a State owned Corporation ,Government or autonomous body but does not include middle rank or junior rank individuals
  - VII. Family members and close associates of any of above
- b) Further, CCFP shall also check for and monitor customers that have relationships with PEPs as a business relationship with those parties involve reputational risks similar to those of the PEP; relationships include family members or close associates.
- c) Immediate family members include,
- I. Spouse (Current or past)
  - II. Siblings (including half siblings) and their spouses
  - III. children (including step-children and adopted children) and their spouses
  - IV. parents (including step-parents)
  - V. grand children and their spouses
- d) A close associate include,
- I. A natural person having joint beneficial ownership of legal entities and legal arrangements, or any other close business relationship with any person identified in

guidelines

- II. A legal person or legal arrangement whose beneficial owner is a natural person and is known to have been set up for the benefit of such person or his immediate family members identified
- III. A PEP's widely- and publicly-known close business colleagues or personal advisors, in particular, persons acting in a financial fiduciary capacity.

**e)** PEP is identified in following ways,

- I. Declaration by the customer
- II. Through the customer screening
- III. Identification by the CCFP employees

**f)** Identified PEPs should be flagged as PEP in the ERP system

**g)** Approval from Genius Operation Level -5 and above should be obtained when a customer has been identified as a PEP. Genius Operation Level -5 and above shall evaluate the PEP customer carefully before granting the approval

**h)** Customer Risk rating of a PEP should designate as high irrespective of the other factors. The source of funds, source of wealth, and/or the beneficial owner should be verified distinctly with documentary evidence

**i)** It is required to conduct EDD of the business relationships of any customer identified as a PEP

**j)** List of PEPs identified shall be available in the ERP system

## **6.12 Sanctions Screening**

- a) CCFP has acquired a screening solution from KPMG Technologies named "KTMS" and currently subscribed to "worldcheck" data base.
- b) Customers should be screened against "worldcheck" data base using the KTMS and should identify any sanctioned names.

- c) The KTMS / “worldcheck” is configured to identify any matches which are having the match percentage decided by the company.
- d) This should be carried out at the time of onboarding the customer.
- e) Compliance team is alerted on identified match by KTMS
- f) Compliance team should verify and clear the matches
- g) Further information should be obtained by the compliance officer from the branch if required to satisfy himself.
- h) Ongoing screening is enabled for existing customers where an existing customer become a sanctioned party.
- i) Any matches identified should be cleared by the Compliance officer or authorized officer
- j) CCFP should not onboard any party who is identified as a sanctioned party and periodic reviews should be conducted.
- k) Steps should be taken to inform FIU immediately on any identified sanctioned party.
- l) Updated Sanction lists need to be uploaded to the system and Identify the matches and any positive matches need to be immediately raised the STR and informed the FIU and Competent authority regarding the same.
- m) Latest United Nations Security Council Resolutions can be downloaded using following link (<https://competentauthority.gov.lk/> )

### **6.13 Transactions Monitoring**

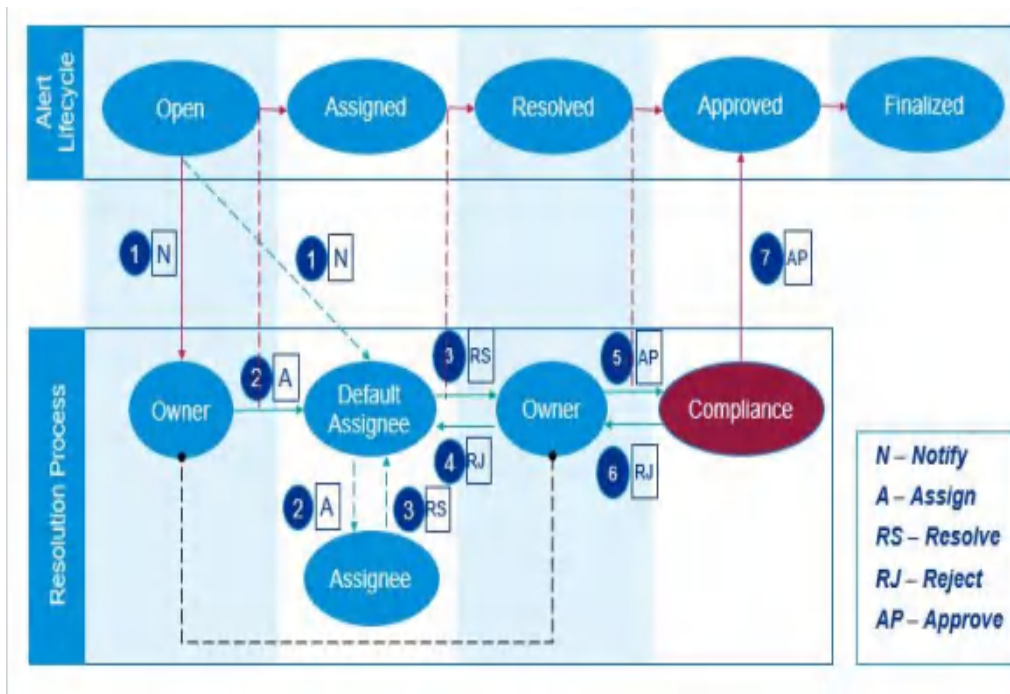
- a) Based on the risk sensitivity of the account, transactions should be monitored regularly. High risk customers must be monitored intensively. Branches must pay special attention to all complex, unusually large transactions and all unusual patterns, which have no apparent economic or visible lawful purpose.
- b) Transaction of deposits/withdrawal/remittances of unusual, large amounts must be examined for detecting money laundering.
- c) A sample list of suspicious indicators were listed in **Annexure 5** of this procedure Manual.



### 6.13.1 Systems Based Monitoring

- a) KTMS system is used to monitor suspicious transactions based on the parameters established for each product type.
- b) A list of parameters established are listed in Annexure 6 of this procedure manual.
- c) Established parameters should be reviewed on periodic basis at least on an annual basis by the CRO and CO. Such reviewed parameters should be tabled at BIRMC for approval.
- d) Any suspicious transaction highlighted by the KTMS is cleared by the product owner, Product head and Compliance officer.
- e) Any suspicious transaction decided to report should be reported as per the guidelines set out in “Reporting unusual/suspicious transactions”
- f) Alert Life cycle included the following steps
  - a. Open - Based on the parameters
  - b. Assigned- Representative from relevant product/service
  - c. Resolved - Representative from relevant product/service
  - d. Approved - Respective Product wise senior Administration team
  - e. Finalized - Compliance Team

Detailed workflow of the process is show below,



### **6.13.2 Reporting unusual/ suspicious transactions**

- a) All branches are required report any suspicious transactions to the AML coordinating officer within 24 hours of such transaction including following information
  - I. Name of the party
  - II. Identification number
  - III. Address
  - IV. Amount of transaction
  - V. Any other details required by the compliance officer
- b) AML Compliance officer, after evaluation may decide to report such transaction to FIU and in such situation such reporting should be done within 48 hours of confirmation of the suspicious nature
- c) For any unreported transactions compliance officer should document the reasons for such decision.
- d) Suspicious transaction reporting should be kept confidential and branches are cautioned against "tipping-off" the customers whose suspicious transactions are being reported.
- e) Any staff member of CCFP should not divulge/ disclose information to any other person that the suspicion has been formed or an STR has been filed with FIU that could affect the investigation or pervert the course of justice by alerting individuals to an investigation being, or about to be undertaken OR by destroying, concealing or falsifying relevant documents.
- f) The Compliance Officer should maintain a STR Register with following minimum information,
  - I. Customer Name
  - II. NIC/PP
  - III. Address
  - IV. Contract number
  - V. Transaction details

## **7. REPORTING**

### **7.1 FIU Reporting**

Compliance Officer should ensure that following reporting are made to FIU on timely manner.

#### **a) Cash Transactions Reports (CTR)/ Electronic Fund Transfers (EFT)**

- I. Cash transactions/ Electronic Fund Transfers above Rs. 1 Mn. or its equivalent or any such threshold set by the FIU every 30 days or the deadline specified by the regulator
- II. Such report is generated through the ERP system and is converted using the application provided by the FIU and IT team should ensure all the transactions are included as instructed by the compliance officer
- III. Such converted report is uploaded to the web based system facilitated by FIU.

#### **b) Suspicious Transactions Reports (STR)**

- I. Suspicious Transactions should be reported soon as practicable, after forming that suspicious or receiving the information, but not later than two working days therefrom.
- II. Compliance officer should report STRs using the web based system provided by the FIU.

- c)** Apart from above, CCFP may provide any other ad-hoc reports requested by FIU or any other regulator on time to time.

### **6.2 Internal Reporting**

The Following reporting should be made to the Board of Directors through BIRMC on a periodic basis,

1. Institutional risk assessment
2. Product risk assessment
3. Geographical risk assessment
4. Statistical details of followings,
  - a. STRs raised
  - b. FIU inquiries

- c. No. of high risk customers identified
- d. No. of PEPs identified
- 5. Compliance status of AML/CFT
- 6. Review and changes in transaction monitoring parameters

## **8. RECORD KEEPING**

- a) CCFP shall maintain the following information for a minimum period of six years from completion of such transactions in electronic form in the company's file systems.
  - I. All records of transactions and of correspondence relating to transactions and records of all reports furnished to the Financial Intelligence Unit should be maintained by the compliance department
  - II. All details in relation to incoming and outgoing transactions
  - III. Instructions received from customers
  - IV. CTR/EFT original data files
  - V. CTR/EFT encrypted data files
  - VI. Loan Agreements
  - VII. Suspicious Transaction Reports and analysis made in order to report the suspicious transaction
  - VIII. The records of identification data obtained through CDD process such as copies of identification documents account opening forms, know your customer related documents, verification documents and other documents along with records of account files and business correspondence,
- b) Customer transaction records should be maintain in the ERP system
- c) The records of identification data obtained through CDD process such as copies of identification documents account opening forms, know your customer related documents, verification documents and other documents along with records of account files and business correspondence either in physical form or electronic.
- d) The Company must records of transactions, both domestic and international, including the results of any analysis undertaken such as inquiries to establish background and purpose of

complex, unusually, large transactions (above Rs. 100 Mn transactions or exposures).

I. Risk Assessment Reports

II. Review against sanction list, etc.

e) Training records in relation to training of employees and directors on AML/CFT

f) The Company Secretary shall retain the Board /BIRMC /BAC minutes regarding AML/CFT/PF issues and provide them to any investigation or regulators when requested

g) In the event where the transactions, customers or accounts are involved in litigation or required to be produced in a court of law or before any other appropriate authority, the company should maintain such records for longer periods than six years as stipulated above.

## **9. RECRUITING EMPLOYEES / DIRECTORS**

a) The CCFP shall perform an employee due diligence and screening at the time of appointing or hiring of employees whether permanent, contractual or outsourced.

b) CCFP should collect following documents / information from the employees where applicable

I. National Identity Card

II. Grama sevaka certificate

III. Police clearance report

c) New recruits should be screened against the sanctions list before onboarding using the automated system function in the company system.

d) When appointing a Director to the Board of Directors of the Company, The Compliance team should screen such Director against the sanctions lists and results of the same may be reported to Nomination Committee on request by the committee.

## **10. TRAINING ON AML/CFT**

a) The Compliance Department, in collaboration with Learning and Development Department, shall provide training on the AML/CFT to board of directors and all staff of the Company on timely basis

- b)** Such training program should include,
  - ✓ Regulatory requirements relating to AML/CFT
  - ✓ Internal policies and procedures, Risk Management relating to AML/CFT
  - ✓ New developments of ML/TF techniques, methods and trends
  - ✓ Roles and responsibilities of the Board of Directors and Staff Members
- c)** The Training programs should be carried out on following basis with the support of Learning and Development
  - I. Board of Directors – Annually
  - II. Senior Management – Annually
  - III. Locations Heads – Annually
  - IV. Marketing Staff/Customer Relationship Officers – Annually
  - V. Finance, Risk, Internal Audit – Annually
  - VI. Other support services – once in every two years
  - VII. New Recruitments – At the induction program
- d)** Apart from the regular training programs, the Compliance Department should ensure that the new Acts/Regulations/Rules/Circulars/ guidelines etc. were timely communicated to the staff members via training programs or any other means such as emails or memos.

## **11. NEW PRODUCTS AND TECHNOLOGIES**

- a)** CCFP should carry out AML risk assessment prior to launching a new product
- b)** Compliance Officer should assess the AML risk of the product taking in to account following factors,
  - I. Nature of the product
  - II. Targeted customer segment
  - III. Delivery channels
  - IV. Expected average value of the transactions
  - V. Geographical factors

- d) The results of such assessment should be reviewed by “New product approval Committee” when approving the new products.
- e) If the compliance officer determines that the ML/TF risk is high, such products should not be launched.
- f) If any ML risk is identified, strategies to mitigate such risks should be identified and documented by the CRO

## **12. CLOSED –CIRCUIT TELEVISION (CCTV) OPERATIONS**

Based on the Guidelines for Financial Institutions on CCTV operations for AML/CFT purposes, No. 2 of 2021 company need to have procedure to monitor CCTV operations.

### **12.1 The Requirements for CCTV Systems**

As part of the constant commitment to enhance operational risk management and safeguard banking operations against risks of being abused for money laundering and financing of terrorism, every company is advised to have in place a robust CCTV system installed fully operational both within and outside of the premises. The business premises refer to the head office, branches, outlets and any other place or places where Customer Due Diligence (CDD) is conducted.

### **12.2 Placement of CCTV cameras**

In order to enhance the effective usage of the CCTV system, company need to ensure that CCTV cameras are installed at appropriate locations, in a manner that the camera is able to clearly capture, monitor and record the relevant areas where business operations take place.

These locations are required to include the counters, customer interaction areas where CDD takes place, areas where safe deposit boxes are located, safe or vault and other cash handling areas, vehicle parking areas, the entrance and exit of the business premises, any other suitable areas, both inside and outside the building as detained by the company.

The CCTV surveillance systems must be aligned in a suitable manner and at an angle as to obtain a complete and unimpeded view of the area. Further, CCTVs need to be positioned in a manner where the capturing and processing information of the CCTV system is not interfered or impeded by internal or external lighting, glare, or any object.

### 12.3 Functions of CCTV system

- Company should ensure all images captured and recorded by the CCTV cameras are visible, recognizable and clear.
- The visual images or videos rendered through the CCTV cameras need to have the capability of identifying the features of the individuals, if any, that transact and should be clearly discernible from one image from another.
- In addition, adequate lighting must be maintained in order to capture clear CCTV footage.
- Quality digital equipment should be used in CCTV systems to capture a clear frontal images of individuals.
- The CCTV systems should pennit easy viewing, recording and retrieval of high-quality images ( e.g., adequate number of pixels for improved zoom capabilities) of all information contained in CCTV system. Necessary technical specifications (e.g., resolution, frame rate) need to be maintained at a standard level to achieve an effective CCTV surveillance.
- The CCTV systems should remain operational throughout the 24-hours of a day - every day of the year, including during times when the FI is closed for business.
- CCFP should ensure real-time monitoring at the head office and/or branches or at a central monitoring unit, as far as practicable.

Company are advised to obtain assistance of its security services personnel or law enforcement agencies (LEAs) to mitigate immediate risks that may arise to the FI's premises or to equipment, to its customers or to potential customers, or to any person at the vicinity of the CCTV camera, if such risk is detected based on CCTV footage obtained on real-time basis.

### 12.4 Maintenance of records

Company should maintain all infom1ation captured in the CCTV system for a minimum period of **90 days**.

CCFP, at their discretion, may retain the CCTV recordings relevant to observed suspicious. The FIU, LEAs or any other competent authority would, from time to time, instruct the company to retain the CCTV recordings relevant to a Suspicious Transactions Report furnished to FIU or any other



related CCTV footage of a possible offending until the relevant investigations are concluded by the LEAs or other relevant competent authorities.

In order to have an effective surveillance and monitoring of business operations, company should ensure that the CCTV system(s) deployed is/are properly maintained and operational, and remain under good working condition at all times. The CCTV system should be equipped with the relevant features and functions to enable to implement control measures that will prevent such system from being manipulated or misused by any unauthorized parties. Company should ensure activities relating to the maintenance and recalibration of the CCTV system including system upgrading and removal of records are clearly recorded in the system's maintenance log and reported to the senior management, as appropriate.

### **12.5 Authority to Access**

- Branch Level - Branch Manager / Branch In charge and Operation Head
- Central Accesses - Access only to relevant Authorised personnel to ensure proper accountability for the assigned functions.

### **12.6 Auditing of the CCTV Operations**

Procedures should be in place for periodical review and audit of the CCTV system(s) for number of existing cameras in the premises at branch level. Audits and reviews should ensure the adequacy of the number of cameras, functionality, accuracy, operability, record keeping and other salient requirements. A report of such review/ audit on the adequacy of CCTV coverage should be submitted to the Board of Directors (BOD) and to the senior management. The senior management and the BOD are advised to take appropriate steps to rectify such deficiency or increase the coverage as appropriate.

### **12.7 Money Value Transfer Services**

MMBL Money Transfer operates through an expansive network of over 2000 payout locations, ensuring broad accessibility for consumers. These locations include banks, non-banking financial institutions, cooperative rural banks, corporate entities, pawning and money changers, agency post offices, and retail outlets, providing consumers with convenient, nearby locations for financial transactions.

MMBL Money Transfer, through its CCFP operation, holds a Western Union Sub-Representation Agreement that is subject to prior approval by the Central Bank of Sri Lanka (CBSL). The CCFP branch exclusively handles the processing of Western Union outward payments.

- **Transaction Process:**

- 1. Recipient Collection Process:**

Recipients can collect transferred funds by presenting a valid identification document along with the Money Transfer Control Number (MTCN) provided by the sender.

- 2. Dual System Processing:**

**Each transaction must be processed in two systems:**

**Western Union System:** The initial processing is conducted within the Western Union platform, accessed through a Virtual Private Network (VPN).

**CCFP Core System:** After the transaction is processed in the Western Union system, it is then processed in the CCFP Core System, allowing the disbursement of funds to the customer.

**Identity Verification:**

The identification of the recipient is conducted by CCFP officers at the branch when the customer comes to collect their funds. This in-person verification ensures the legitimacy of the transaction.

- 3. Customer Creation & Sanctions Screening**

Customer profiles are created within the CCFP Core System. All customers undergo screening against the United Nations Security Council Resolution (UNSCR) sanctions list to ensure compliance with international regulations.

- 4. Customer Due Diligence (CDD)**

- For cross-border wire transfers of rupees one hundred thousand or above or its equivalent in any foreign currency, a Company shall verify the identity of the beneficiary, and maintain the information in accordance with the CDD rule if the identity has not been previously verified.
- The CRO Should collect the Valid identity document as per the section 6.2.1 and Create the Customer in system and fill up the form given in **Annexure 7**.
- Company need to reject or suspend a wire transfer with insufficient beneficiary information and inform the Western Union Agent Immediately and Compliance team.
- Compliance Officer should decide to whether to raise an STR based on the circumstances.


- 5. Threshold Reporting:**

Transactions exceeding Rs. 1 Million are subject to threshold reporting. Such transactions must be manually reported to the Financial Intelligence Unit (FIU) via the GoML system, ensuring compliance with regulatory requirements.

## End of document

## Annexure 1

### Term deposit/savings application form

<b>COMMERCIAL CREDIT &amp; FINANCE PLC</b> <small>( A Finance company licensed by the Monetary Board of the Central Bank of Sri Lanka under the Finance Business Act No. 42 of 2011 )          Company Registration No.: PB 269 PQ. Date of Incorporation : 1982.10.04 ICRA BBS/ P3</small>		 <b>COMMERCIAL CREDIT</b>								
<b>APPLICATION PERSONAL/JOINT ACCOUNT</b>										
The Manager  Commercial Credit & Finance PLC	<div style="text-align: right; font-size: small;">For Office Use Only</div> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">BRANCH NAME</td> <td><input style="width: 90%;" type="text"/></td> </tr> <tr> <td>A/C NO.</td> <td><input style="width: 90%;" type="text"/></td> </tr> <tr> <td>CIF NO. 1</td> <td><input style="width: 90%;" type="text"/></td> </tr> <tr> <td>DATE</td> <td><input style="width: 90%;" type="text"/></td> </tr> </table>		BRANCH NAME	<input style="width: 90%;" type="text"/>	A/C NO.	<input style="width: 90%;" type="text"/>	CIF NO. 1	<input style="width: 90%;" type="text"/>	DATE	<input style="width: 90%;" type="text"/>
BRANCH NAME	<input style="width: 90%;" type="text"/>									
A/C NO.	<input style="width: 90%;" type="text"/>									
CIF NO. 1	<input style="width: 90%;" type="text"/>									
DATE	<input style="width: 90%;" type="text"/>									
Please open an Individual / Joint Account as per details provided below.										
<b>ACCOUNT'S TYPE (UKR)</b>										
<input type="checkbox"/> Savings <input type="checkbox"/> Fixed Deposit										
<b>PERSONAL INFORMATION</b>	<b>APPLICANT 1</b>	<b>APPLICANT 2</b>								
Name in Full										
Title : Mr./ Mrs./ Miss/ Dr/ Rev. Other :										
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female								
Name with initials										
Other Names (maiden name/ others)										
Mother's Maiden Name										
Permanent Address										
Correspondence Address										
NIC / PP/ DL / Other:.....	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>								
Issue Date: (PP only)	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>								
Expiry Date: (PP only)	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>								
Country of issuance :	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>								
Visa Type :	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>								
Expiry Date (Visa) :	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>								
Date of Birth & Place of Birth	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>								
Nationality	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>								
Tele. No.	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>								
Mobile No.	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>								
Fax No.	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>								
E-mail Address	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>								
ATM Card Request	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No								
Mailing Address	<input type="checkbox"/> Permanent <input type="checkbox"/> Official	<input type="checkbox"/> Permanent <input type="checkbox"/> Official								
Tax Payer / Tax File No.	Yes/ No	Yes/ No								
SMS Alerts	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No								
Signature/s										
<b>FIXED DEPOSIT</b>										
Amount <input style="width: 100%;" type="text"/>	in words <input style="width: 100%;" type="text"/>									
Interest Rate <input style="width: 100%;" type="text"/> % PA										
Period   Months <input style="width: 100%;" type="text"/>	Interest payable <input type="checkbox"/> Monthly <input type="checkbox"/> Maturity <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually									

## OPERATION INSTRUCTIONS

☐ All of us ☐ Either of us ☐ 1st dep. only ☐ 2nd dep. only ☐

## NOMINATION

(You may omit if you do not wish to nominate.)

1

2

Full Name of Nominee		
Address of Nominee		
ID Card No. / Passport No.		
Payment %		

I / We do hereby nominate, the above named as my / our nominee / s to receive all monies lying in the account on my / our death/s. We are aware in the event of the death of any one of joint account holders the nomination becomes invalid.

Signature 1 ..... Date ..... Signature 2 ..... Date .....

## EMPLOYMENT / FINANCIAL INFORMATION

Primary Applicant	Joint Applicant
<b>Education level</b> <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Graduate <input type="checkbox"/> Postgraduate <input type="checkbox"/> Professional <input type="checkbox"/> Other (Pls specify) .....	<b>Education level</b> <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Graduate <input type="checkbox"/> Postgraduate <input type="checkbox"/> Professional <input type="checkbox"/> Other (Pls specify) .....
<b>Occupation</b> <input type="checkbox"/> Salaried <input type="checkbox"/> Self-employed <input type="checkbox"/> Self employed professional <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Priest <input type="checkbox"/> Unemployed income earner	<b>Occupation</b> <input type="checkbox"/> Salaried <input type="checkbox"/> Self-employed <input type="checkbox"/> Self employed professional <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Priest <input type="checkbox"/> Unemployed income earner
<b>If Self-employed professional</b> <b>Occupation</b> <input type="checkbox"/> Doctor <input type="checkbox"/> Accountant <input type="checkbox"/> Lawyer <input type="checkbox"/> Architect <input type="checkbox"/> Engineer <input type="checkbox"/> Other (Pls specify) .....	<b>If Self-employed professional</b> <b>Occupation</b> <input type="checkbox"/> Doctor <input type="checkbox"/> Accountant <input type="checkbox"/> Lawyer <input type="checkbox"/> Architect <input type="checkbox"/> Engineer <input type="checkbox"/> Other (Pls specify) .....
<b>Field of Employment/ Business</b> <input type="checkbox"/> Manufacturing <input type="checkbox"/> Trading <input type="checkbox"/> Agriculture <input type="checkbox"/> Financial <input type="checkbox"/> Other (Pls specify) .....	<b>Field of Employment/ Business</b> <input type="checkbox"/> Manufacturing <input type="checkbox"/> Trading <input type="checkbox"/> Agriculture <input type="checkbox"/> Financial <input type="checkbox"/> Other (Pls specify) .....
<b>Position</b> <input type="checkbox"/> Proprietor <input type="checkbox"/> Partner <input type="checkbox"/> Director/CEO <input type="checkbox"/> Executive <input type="checkbox"/> Senior/Corporate Manager <input type="checkbox"/> Manager <input type="checkbox"/> Non Executive <input type="checkbox"/> Other (Pls specify) .....	<b>Position</b> <input type="checkbox"/> Proprietor <input type="checkbox"/> Partner <input type="checkbox"/> Director/CEO <input type="checkbox"/> Executive <input type="checkbox"/> Senior/Corporate Manager <input type="checkbox"/> Manager <input type="checkbox"/> Non Executive <input type="checkbox"/> Other (Pls specify) .....
<b>Confirmed in Employment</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Name of Employer / Business</b> .....	<b>Confirmed in Employment</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Name of Employer / Business</b> .....
<b>Address of Employer/ Business</b> (Include department) .....	<b>Address of Employer/ Business</b> (Include department) .....
<b>Monthly Income</b> <input type="checkbox"/> Less than Rs. 20,000 <input type="checkbox"/> Rs. 20,000 - 49,999 <input type="checkbox"/> Rs. 50,000 - 99,999 <input type="checkbox"/> Rs. 100,000 - 199,999 <input type="checkbox"/> Rs. 200,000 - 299,999 <input type="checkbox"/> Above Rs. 300,000	<b>Monthly Income</b> <input type="checkbox"/> Less than Rs. 20,000 <input type="checkbox"/> Rs. 20,000 - 49,999 <input type="checkbox"/> Rs. 50,000 - 99,999 <input type="checkbox"/> Rs. 100,000 - 199,999 <input type="checkbox"/> Rs. 200,000 - 299,999 <input type="checkbox"/> Above Rs. 300,000

## FAMILY INFORMATION

<b>Marital Status</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced	<b>Marital Status</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced
<b>Number of Dependents</b> ..... Children ..... Other dependents .....	<b>Number of Dependents</b> ..... Children ..... Other dependents .....
<b>Residence Owner Ship Status</b> <input type="checkbox"/> Rented <input type="checkbox"/> Mortgaged <input type="checkbox"/> Owned <input type="checkbox"/> Parental <input type="checkbox"/> Company provided <input type="checkbox"/> Other (Pls specify) .....	<b>Residence Owner Ship Status</b> <input type="checkbox"/> Rented <input type="checkbox"/> Mortgaged <input type="checkbox"/> Owned <input type="checkbox"/> Parental <input type="checkbox"/> Company provided <input type="checkbox"/> Other (Pls specify) .....

## OTHER INFORMATION

<b>Identification of Politically Exposed Persons *</b> Are you: Involved in politics / holding a position in any political party or a member of the cabinet / parliament / other Local government authority or holding an executive position in a government institution, including military.  In any way related to any of the persons referred to above. If yes, please state the relationship.	<b>Primary Applicant</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Yes <input type="checkbox"/> No ..... ..... .....	<b>Joint Applicant</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Yes <input type="checkbox"/> No ..... ..... .....
<b>Relationships with other countries*</b> Are you a citizen of another country (including dual citizenships).	<input type="checkbox"/> Yes <input type="checkbox"/> No  Country .....	<input type="checkbox"/> Yes <input type="checkbox"/> No  Country .....
Are you a resident of another country (including green card holders).	<input type="checkbox"/> Yes <input type="checkbox"/> No  Country .....	<input type="checkbox"/> Yes <input type="checkbox"/> No  Country .....
Are you a tax payer of another country.	<input type="checkbox"/> Yes <input type="checkbox"/> No  Country .....	<input type="checkbox"/> Yes <input type="checkbox"/> No  Country .....
Tax Identification Number of the above specified country.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<b>To be completed by the Primary Applicant</b>		
How did you get to know about us?	<input type="checkbox"/> Call from the Company <input type="checkbox"/> Referral <input type="checkbox"/> Media <input type="checkbox"/> Promotion <input type="checkbox"/> Word of mouth <input type="checkbox"/> Other (Pls specify) .....	
Purpose of opening the account	<input type="checkbox"/> Salary Remittance <input type="checkbox"/> Business Profit <input type="checkbox"/> Loan Repayments <input type="checkbox"/> Savings <input type="checkbox"/> Investment Purposes <input type="checkbox"/> Crediting of Interests <input type="checkbox"/> Utility Bill Payments <input type="checkbox"/> Education Purposes <input type="checkbox"/> Other (Pls specify) .....	
Expected mode of transactions	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Bank transfer <input type="checkbox"/> Other (Please Specify) .....	
Source of credits to the A/C	<input type="checkbox"/> Salary Income <input type="checkbox"/> Savings <input type="checkbox"/> Business Profit <input type="checkbox"/> Remittances <input type="checkbox"/> Donation/Charity <input type="checkbox"/> Commission Income <input type="checkbox"/> Interest/income from Investments <input type="checkbox"/> Sale of Assets <input type="checkbox"/> Other (Pls specify) .....	
Anticipated monthly inflows of funds to the account (If savings)	<input type="checkbox"/> Less than Rs.100,000/- <input type="checkbox"/> Rs. 100,000 to 499,999/- <input type="checkbox"/> Rs. 500,000 to 999,999/- <input type="checkbox"/> Rs. 1,000,000 to 1,999,999/- <input type="checkbox"/> Rs. 2,000,000 to 2,999,999/- <input type="checkbox"/> Rs. 3,000,000 to 3,999,999/- <input type="checkbox"/> Rs. 4,000,000 to 4,999,999/- <input type="checkbox"/> Over Rs. 5,000,000/-	
Wealth generated from	<input type="checkbox"/> Profession or Employment <input type="checkbox"/> Business Ownership <input type="checkbox"/> Inheritance <input type="checkbox"/> Investments <input type="checkbox"/> Others (Pls specify) .....	

## GENERAL TERMS AND CONDITIONS

- Commercial Credit & Finance PLC shall be at liberty to change/modify the service charges and any other charges at its sole discretion and shall debit the account nominated by me/us or any of my/our account/s held at any branch of Commercial Credit & Finance PLC.
- Commercial Credit & Finance PLC shall at any time be entitled to amend, supplement or vary any of these terms and conditions at its absolute discretion with notice to me/us and such amendments, supplements or variations shall be binding on me/us.
- Commercial Credit & Finance PLC shall determine the privileges attached to the use of the aforesaid facilities and shall have absolute discretion to change, vary add or amend these privileges and conditions attached thereto, from time to time, as the Commercial Credit & Finance PLC deems fit.
- To the fullest extent permissible by the Law, in no event shall Commercial Credit & Finance PLC be responsible or liable to me/us or any third party under any circumstances of direct or indirect losses/ damages. Commercial Credit & Finance PLC shall not have any liability for any failure or delay resulting from any conditions beyond its reasonable control.
- Commercial Credit & Finance PLC may terminate the aforesaid service/s, for any reason including limitation of account inactivity, violation of terms & conditions of services or other policies that Commercial Credit & Finance PLC may establish from time to time. Upon termination of the services, I/we shall remain liable for all payment transactions I/we have incurred. Upon termination the Commercial Credit & Finance PLC has the right to prohibit my/our access to the service/s.
- Commercial Credit & Finance PLC may communicate with me/us regarding the service/s by means of electronic communications. Electronic communication can be deemed to be received by me/us when the Commercial Credit & Finance PLC sends the electronic communication through the mode, that I/we have provided to Commercial Credit & Finance PLC. (E mail, SMS)
- I/We shall accept full responsibility for all transactions processed or effected by the use aforesaid Facilities and shall release Commercial Credit & Finance PLC and its employees from all claims, demands & damages arising out of or in any way connected with dispute(s).
- Any controversy arising under or relating to the terms and conditions hereof shall construed in accordance with the Laws of Sri Lanka and Courts in Sri Lanka shall have exclusive jurisdiction to settle the disputes.
- I / We hereby instruct the Commercial Credit & Finance PLC to renew the Savings Account every Five years (60 Months) under the same account number until such time I / We instruct the company on any other course of action.
- I / We also do hereby agree that I / We will not request the Commercial Credit & Finance PLC to terminate this account relationship within a period less than one (01) month from the date of opening the account.
- ATM card terms & Conditions are subject to Terms & Conditions of the ATM card Application form.



## FIXED DEPOSITS TERMS AND CONDITIONS

### 01. GENERAL

- Deposits will be received according to The Central Bank of Sri Lanka regulation 1 of 2001.
- Deposits may be made in the name of one person or more than one person jointly and or severally.
- Deposits can be made repayable individually, jointly, or severally or to the survivors or to the person nominated in the application.
- Deposits are also accepted from companies, associations, trust institutions etc.
- Deposits certificate bearing two authorized signatures of the company will be issued to the depositor.
- The deposit made by cheque, the certificate will be valid only on subject to realisation of cheques. All cheques should be drawn in favour of Commercial Credit & Finance PLC and crossed.
- The company reserves the right to :-  
Restrict the amount of each deposit.  
Accept or reject any application for a deposit.  
Make any changes in the terms of deposits if so required by the government or central bank monetary board or any fiscal policy or, any revision in the rates of interest paid or payable to the deposit holders, with or without due notice.
- Any change of address or loss of deposit certificate should be notified immediately to the company in writing.

### 02. PAYMENT OF INTEREST

- Payment of interest may be made either to the depositors or to a nominee designated in this application form, mentioned over leaf. In the case of joint depositors to anyone of such joint depositors or to a nominee assigned.
- Interest can be paid monthly, quarterly or annually or accrued and paid at maturity.
- Interest will accrue at simple rates and is payable as above.

### 03. WITHDRAWALS

- Deposits are fixed for the period specified in the deposit certificate and cannot be withdrawn earlier.
- Application for emergency withdrawals fully or part before the expiry of the period of deposit will be considered by the company at its sole and absolute discretion.
- In the event of premature withdrawal the rate of interest paid will be adjusted on a graduated scale and any excess of interest paid will be repayable to the company. The company shall be entitled to deduct the said excess payment from the capital held by the depositor.
- The depositor will be required to surrender the deposit certificate with the endorsement on the reverse, to obtain the payment of principal sum and interest.

### 04. RENEWALS

- Depositor will be notified two weeks prior to the maturity of the deposit.
- If depositors fail to give notice to the company of withdrawals at maturity, capital and the accumulated interest will be automatically renewed for the same terms and conditions and will be treated as a fresh deposit, subject to the terms and conditions operating at the time of renewal.

### 05. FACILITIES

- At the discretion of the management, deposit holders can obtain loans against the deposit.
- Above facility will be subject to an all inclusive service charge and also an interest rate above the rate of fixed deposit held by the deposit holder.
- The company reserves the right to vary the service charges and the rate of interest on the above loan facility.

## DECLARATION BY CUSTOMER

I/We hereby confirm that the General Terms & Conditions on this application of Commercial Credit & Finance PLC applicable to the product(s) and/or services which I/we have applied for herein together with details relating thereto were given and explained to me/us before the signing hereof and I/we have read and understood the said details, terms and conditions and agree and consent to be bound thereby.

Signature - Applicant 1	Date	Signature - Applicant 2	Date
<div style="border: 1px solid black; height: 50px; width: 100%;"></div>	<div style="border: 1px solid black; height: 50px; width: 100%;"></div>	<div style="border: 1px solid black; height: 50px; width: 100%;"></div>	<div style="border: 1px solid black; height: 50px; width: 100%;"></div>

## FOR OFFICE USE ONLY

Temp. Rec. No. <div style="border: 1px solid black; width: 100px; height: 15px;"></div>	Date <div style="border: 1px solid black; width: 100px; height: 15px;"></div>	Amount <div style="border: 1px solid black; width: 100px; height: 15px;"></div>
Mode of Payment <div style="border: 1px solid black; width: 100px; height: 15px;"></div>	Ref. No. <div style="border: 1px solid black; width: 100px; height: 15px;"></div>	Cashier's Signature <div style="border: 1px solid black; width: 100px; height: 15px;"></div>
<b>Customer Identification Document</b> <input type="checkbox"/> NIC <input type="checkbox"/> Driving Licence <input type="checkbox"/> Passport <input type="checkbox"/> Copy of Resident visa (If Passport)	<b>Address Verification Document</b> <input type="checkbox"/> NIC <input type="checkbox"/> Water Bill <input type="checkbox"/> Grama Sevaka Certificate <input type="checkbox"/> Driving Licence <input type="checkbox"/> Fixed line - Tel-Communication Bill <input type="checkbox"/> Tenancy Agreement <input type="checkbox"/> Electricity Bill <input type="checkbox"/> Electoral Roll <input type="checkbox"/> Other...	
Input by / Data collected by <div style="border: 1px solid black; width: 100px; height: 15px;"></div>	Authorised by <div style="border: 1px solid black; width: 100px; height: 15px;"></div>	
Data verified <div style="border: 1px solid black; width: 100px; height: 15px;"></div>	Signature verified <div style="border: 1px solid black; width: 100px; height: 15px;"></div>	Documents Checked by <div style="border: 1px solid black; width: 100px; height: 15px;"></div>
Promotion code <div style="border: 1px solid black; width: 50px; height: 15px;"></div>	Introducer EPF ID <div style="border: 1px solid black; width: 50px; height: 15px;"></div>	

Minor

Savings

Form



### COMMERCIAL CREDIT & FINANCE PLC

[ A Finance company licensed by the Monetary Board of the Central Bank of Sri Lanka under the Finance Business Act No. 42 of 2011 ]

Company Registration No.: PB 269 PQ. Date of Incorporation : 1982.10.04 ICRA Rating [SL] 888

Head Office : No. 106, Yatinuwara Veediya, Kandy. Tel : 081 2 000 000 | Fax : 081 2 234 977

City Office : No.165, Kinsey Road, Borella, Colombo 08. Tel : 011 2 000 000 | Fax : 011 2 327 882

FOR OFFICE USE ONLY කාර්යාලීය ඉදිරිපත් කළ හැකි පමණකි. අනුමැතිය ලබා ගන්නා ස්ථානයක පමණි.		
Introduced by :	Processed by :	Date :
Authorized by :	Identification No. :	Account No. :

MINOR'S SAVING ACCOUNT OPENING FORM බාලවයස් ගිණුමක් විවෘත කිරීම සඳහා අයදුම් පත්‍රය අයදුම්කරුගේ / ඇමතිගේ / ප්‍රතිකර්මකරුගේ නම සහ අයදුම්කරුගේ / ඇමතිගේ / ප්‍රතිකර්මකරුගේ ලිපිනය
<p>The Manager / ප්‍රතිකර්මකරුගේ / ඇමතිගේ / ප්‍රතිකර්මකරුගේ නම සහ අයදුම්කරුගේ / ඇමතිගේ / ප්‍රතිකර්මකරුගේ ලිපිනය</p> <p>Commercial Credit &amp; Finance PLC / කොමර්ෂල් ක්‍රෙඩිට් &amp; ෆිනෑන්ස් පුලිමිට් ලිමිටඩ් / කොමර්ෂල් ක්‍රෙඩිට් &amp; ෆිනෑන්ස් පුලිමිට් ලිමිටඩ්</p> <p>Branch / ශාඛාව / කාර්යාලය : .....</p> <p>Please open a Minor's Saving Account in the name of below mentioned.</p> <p>පහත ප්‍රතිකර්මකරුගේ / ඇමතිගේ / ප්‍රතිකර්මකරුගේ නම සහ අයදුම්කරුගේ / ඇමතිගේ / ප්‍රතිකර්මකරුගේ ලිපිනය</p> <p>අයදුම්කරුගේ / ඇමතිගේ / ප්‍රතිකර්මකරුගේ නම සහ අයදුම්කරුගේ / ඇමතිගේ / ප්‍රතිකර්මකරුගේ ලිපිනය</p>

PARTICULARS OF THE MINOR බාලවයස් ගිණුම් හිමියා පිළිබඳ විස්තර අයදුම්කරුගේ / ඇමතිගේ / ප්‍රතිකර්මකරුගේ නම සහ අයදුම්කරුගේ / ඇමතිගේ / ප්‍රතිකර්මකරුගේ ලිපිනය		
<p>Name in Full : (Master/Miss)</p> <p>පුළුල්වශයෙන් නම (මාස්ටර් / මිස්)</p> <p>අයදුම්කරුගේ / ඇමතිගේ / ප්‍රතිකර්මකරුගේ නම සහ අයදුම්කරුගේ / ඇමතිගේ / ප්‍රතිකර්මකරුගේ ලිපිනය</p> <p>(Please Underline the Surname)</p> <p>(විවෘත කිරීම සඳහා අයදුම්කරුගේ / ඇමතිගේ / ප්‍රතිකර්මකරුගේ නම සහ අයදුම්කරුගේ / ඇමතිගේ / ප්‍රතිකර්මකරුගේ ලිපිනය)</p> <p>(අයදුම්කරුගේ / ඇමතිගේ / ප්‍රතිකර්මකරුගේ නම සහ අයදුම්කරුගේ / ඇමතිගේ / ප්‍රතිකර්මකරුගේ ලිපිනය)</p>		
Date of Birth උපන් දිනය විවෘත කිරීම	Place of Birth උපන් ස්ථානය විවෘත කිරීම	Birth Certificate No. උපන් සහතික අංකය විවෘත කිරීම
<p>School name, Address and Grade</p> <p>පාසලේ නම, ලිපිනය සහ ශ්‍රේණිය</p> <p>පාසලේ නම, ලිපිනය සහ ශ්‍රේණිය</p>		

PARTICULARS OF THE GUARDIAN භාරකරු පිළිබඳ විස්තර පාත්‍රකරුවෙකුගේ / ඇමතිගේ / ප්‍රතිකර්මකරුගේ නම සහ අයදුම්කරුගේ / ඇමතිගේ / ප්‍රතිකර්මකරුගේ ලිපිනය		
<p>Name in Full : (Mr/Mrs/Miss/.....)</p> <p>පුළුල්වශයෙන් නම (මාස්ටර් / මිස් / මිස්)</p> <p>අයදුම්කරුගේ / ඇමතිගේ / ප්‍රතිකර්මකරුගේ නම සහ අයදුම්කරුගේ / ඇමතිගේ / ප්‍රතිකර්මකරුගේ ලිපිනය</p> <p>(Please Underline the Surname)</p> <p>(විවෘත කිරීම සඳහා අයදුම්කරුගේ / ඇමතිගේ / ප්‍රතිකර්මකරුගේ නම සහ අයදුම්කරුගේ / ඇමතිගේ / ප්‍රතිකර්මකරුගේ ලිපිනය)</p> <p>(අයදුම්කරුගේ / ඇමතිගේ / ප්‍රතිකර්මකරුගේ නම සහ අයදුම්කරුගේ / ඇමතිගේ / ප්‍රතිකර්මකරුගේ ලිපිනය)</p>		
National Identity Card/Valid Passport/Driving License Number රාජ්‍ය හැඳුනුම්පත්/විදේශ හමුදා/විදේශ බලපත්‍ර අංකය ජාතික හැඳුනුම්පත් අංකය / වැටුප් අංකය / රාජ්‍ය හැඳුනුම්පත් අංකය	Date of Issue නිකුත් කළ දිනය විවෘත කිරීම	Date of Birth උපන් දිනය විවෘත කිරීම
<p>Permanent Address</p> <p>ස්ථිර ලිපිනය විවෘත කිරීම</p>		
Telephone Number දුරකථන අංකය විවෘත කිරීම	Mobile Number මොබයිල් දුරකථන අංකය විවෘත කිරීම	E-mail විද්‍යුත් තැපෑල විවෘත කිරීම
<p>Occupation OR Profession</p> <p>රැකියාව හෝ වෘත්තිය විවෘත කිරීම</p>		
<p>Relationship to the Account Holder (Minor)</p> <p>ගිණුම් හිමියාට අයත් සබඳතාව (බාලවයස්)</p> <p>විවෘත කිරීම</p>		

- ❖ The parent or the legal guardian may open an account on behalf of the minor (Who has not attained the legal age of majority-18 years)
- ❖ The company will act on the instructions received from the parent / Guardian until the minor reaches the age of 18 years.
- ❖ The original Birth Certificate should be produced at the time of opening the account
- ❖ Withdrawals from the minor's savings account will not be permitted until the minor reaches 18 years of age. Any withdrawals prior to this date would be at the sole discretion of the company.
- ❖ Deposits can be made as and when desired subject to anti-money laundering regulations.
- ❖ A passbook will be issued free of charge for each account opened, where in all transaction will be recorded. The passbook should be carefully examined by the parent/ Guardian and any error, discrepancy or omission should be brought to the immediate attention of the company.
- ❖ In the event of the account holder's death, funds will be released to the legal heirs of the account holder according to the applicable law.
- ❖ Interest will be computed on a daily basis and credited to the account monthly.
- ❖ The company should be notified immediately in the case of a change in the account holder's name / address or loss of passbook.
- ❖ Upon reaching 18 years of age, the account holder should call over at the company to complete the necessary documentation to convert the minor's savings account to a normal savings account.
- ❖ The company reserves the right to vary, modify or add to these rules and regulations at any time.
- ❖ The conduct of the savings account shall be subject to the Finance Business Act No.42 of 2011, directions, rules, and guidelines issued there under and such other laws and regulations applicable to finance companies in Sri Lanka.

[illegible]

- ❖ 18 வயது நிற்பவரது பின்வரும்பொருள்களையுடைய பெயரில் பெற்றோர் அல்லது சட்டத்தினால் பாதுகாப்பற்ற அமைக்கலாம்.
- ❖ பின்வரும்பொருள் 18 வயதில் அமைப்பவரது அல்லது பாதுகாப்பற்றவரின், பெற்றோரின் அல்லது குழந்தைகளின் மரபுவழி நிறுவனம் பின்பற்றும்.
- ❖ கணக்கெடுப்பை அனுப்பிக்கும் பொது நலப் பிரிவுத்தொடர்பிப் பற்றியும் சமீபிக்கப்பட வேண்டும்.
- ❖ அரசாங்கப் பரதன் 18 வயதில் அமைப்பவரது அரசாங்கப்பாதுகாப்பு கணக்கிலிருந்து பணம் பின்பெறல் அனுமதிக்கப்படமாட்டாது. இத்தகையதற்கு முன்னர் ஒத்திசைவு பணம் பின்பெறுவானது வரவில்லை ஏனென்றதற்குப் பெயரில் ஒரு பெறுவதற்குப் பெயரில் நடைபெறும்.
- ❖ பணம் குடிப் தகவல்களுக்கு ஏற்றாக சட்டத்திற்கு அமைவாக விருப்பமுடையோ பணம் அமைக்கப்படமுடியும்.
- ❖ பணவகையுடைய பத்திரம் கணக்கு வைத்திருப்பவரின் பெயரில் இலாபவாக வழங்கப்படும் பணவகையுடைய பத்திரத்தின் பாதுகாப்பு பெற்றோர், பாதுகாப்பற்ற பெற்றோரிடமிருந்து பற்றியும் ஒத்திசைவு பெறுவாக, முன்னிருப்பதில் இருப்பின் உடனடியாக நிறுத்திவைத்திருந்தே தொடரப்படத்தக்க வேண்டும்.
- ❖ கணக்கு வைத்திருப்பவரின் இரட்டையரின் ஒப்புகையுடைய சட்டத்திற்கு அமைவாக கணக்கு வைத்திருப்பவரின் சட்ட வழிபாட்டியைப்பாதுகாப்பு அந்தர்ப்பு வழங்கப்படும்.
- ❖ பெற்றோரது தனமும் வற்றி அமைப்பவரின் கணக்கிலிருந்து, பாதுகாப்பு கணக்கில் பற்றி அமைக்கப்படும்.
- ❖ கணக்கு வைத்திருப்பவரின் பெயரிலான அல்லது முன்னிருப்பவரின் அல்லது அமைப்பு பத்திரம் தொடரத்தக்கவகையான உடனடியாக நிறுத்திவைத்திருந்தே அறிவிக்கப்பட வேண்டும்.
- ❖ 18 வயதில் அமைப்பவரின் பொது கணக்கு வைத்திருப்பவரின் நிர்வாகத்திற்கு வழங்க தகுந்த தேவையான அனுமதிக்கலாம் பற்றியும் பொது அரசாங்கப்பரதன் சேமிப்பு கணக்கை சாதாரண சேமிப்பு கணக்காக மாற்றிக்கொள்ள வேண்டும்.
- ❖ எல்லா தகவல்களையும் சமீபிக்கலாம் இவ்வகையான யாற்றலும் பத்திரவகையான பற்றியும் நிறுத்திவைத்திருந்தே உரிமை உண்டு.
- ❖ இரட்டையருடைய கணக்கையுடைய 2011ஆம் ஆண்டில் 42ஆம் இலக்க நிதித்தொழில் சட்டத்தினால்பெறும் பெற்றோர் பணம் பற்றியும் நிதிப் பத்திரங்களுக்கு உடனடியாக பணம் பெறவிடக்கூடும்.

මෙම ගිණුම් පවත්වාගෙන යාම කළමනාකරණය පවත්වා ගිණිතිව පවත්වානු හා රෙගුලාසි කේතමයව සිටි මෙහිදී සහතික කරන අතර, පුද්ගලිකව හා වෙනි පුද්ගලික දිනිත් කොටසකදී මෙම ගිණුම් කළමනාකරණ ගිණිති හා රෙගුලාසිවලට හා අදාළවේ. නමුත් සෑමදි සහතික පවත්වා ගනිමින් ගිණිතිව පිළිපැයීමටද මෙම පිළිපැයීමටද හිතකර වේ.

Date 2020 26.05.20	Signature [Signature]
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## FAMILY INFORMATION

Marital Status ☐ Single ☐ Married ☐ Widowed ☐ Divorced Number of Dependents ..... Children ..... Other dependents

Residence Owner Ship Status ☐ Rented ☐ Mortgaged ☐ Owned ☐ Parental ☐ Company provided ☐ Other (Pls specify) .....

## OTHER INFORMATION

How did you get to know about us? ☐ Call from the Company ☐ Referral ☐ Media ☐ Promotion ☐ Word of mouth ☐ Other (Pls specify) .....

Purpose of opening the account ☐ Salary Remittance ☐ Business Profit ☐ Loan Repayments ☐ Savings ☐ Investment Purposes ☐ Crediting of Interests ☐ Utility Bill Payments ☐ Education Purposes ☐ Other (Pls specify) .....

Source of credits to the A/C ☐ Salary Income ☐ Savings ☐ Business Profit ☐ Remittances ☐ Donation/Charity ☐ Commission Income ☐ Interest/income from Investments ☐ Sale of Assets ☐ Other (Pls specify) .....

Anticipated monthly inflows of funds to the account ☐ Less than Rs.100,000/- ☐ Rs. 100,000 to 499,999/- ☐ Rs. 500,000 to 999,999/- ☐ Rs. 1,000,000 to 1,999,999/- ☐ Rs. 2,000,000 to 2,999,999/- ☐ Rs. 3,000,000 to 3,999,999/- ☐ Rs. 4,000,000 to 4,999,999/- ☐ Over Rs. 5,000,000/-

Wealth generated from ☐ Profession or Employment ☐ Business Ownership ☐ Inheritance ☐ Investments ☐ Others (Pls specify) .....

### Identification of Politically Exposed Persons \*

Are you:  
Involved in Politics / holding a position in any political party OR  
a member of the Cabinet / Parliament / Other Local government  
authority OR holding an executive position in a government institution.  
Including military

### Primary Applicant

☐ Yes ☐ No

### Joint Applicant

☐ Yes ☐ No

In any way related to any of the persons referred to above  
If yes, please state the relationship

☐ Yes ☐ No

☐ Yes ☐ No

### Relationships with other countries\*

Are you a citizen of another country (includes dual citizenships)

☐ Yes ☐ No

Country .....

Are you a resident of another country (include green card holders)

☐ Yes ☐ No

Country .....

Are you a tax payer of another country

☐ Yes ☐ No

Country .....

Tax Identification Number of the above specified country

☐ Yes ☐ No

Country .....

## CUSTOMER SIGNATURE

Applicant Signature

Date

## FOR OFFICE USE ONLY

Date

☐ NIC/PP/DL

☐ Recent utility bills (Specify)

☐ Signature witnessed

☐ Identity checked

☐ Copy of NIC/PP/DL

☐ Copy of Resident Visa

☐ Other .....

Input by / Data collected by .....

Authorised by .....

Date verified .....

Signature verified .....

Document Checked by .....

Introducer EMP ID

## Terms & Conditions for Special Minor Savings Accounts

Dear Sir/Madam,

I do hereby agree to comply with the following conditions detailed below in respect of the above Special Minor Savings Account with COMMERCIAL CREDIT AND FINANCE PLC bearing Registration No. PB 269 PQ (formerly known as COMMERCIAL CREDIT PLC and previously known as COMMERCIAL CREDIT LIMITED) a company duly incorporated in Sri Lanka and having its registered office at No. 106, Yatinuwara Veediya, Kandy (hereinafter called and referred to as the Company).

### RULES AND REGULATIONS

- (i) Minimum initial deposit is Rs. 250/-
- (ii) Funds should be kept with the Company until the child is 18 years.
- (iii) Rates bonus are subject to change with the market fluctuation as advised by Central Bank of Sri Lanka from time to time.
- (iv) Customers are not entitled to any bonus payments if they withdraw funds before the child is 18 years. However interest accrued to that date for the deposits made only by the customer will be paid (Excluding the interest on bonus payments made by the Company ).
- (v) Child will only be eligible for the bonus, until he/she completes 12 years of age. Child can withdraw the total amount of money which is in the account when he/she completes 18 years of age. If he/she fail to withdraw the total capital, it will be transferred to an adult account.
- (vi) Prevailing interest rates will be applicable when the account is converted to an adult account from a minor savings account.
- (vii) Every five years, parent or the Guardian need to renew the savings deposit for further period of five years and so on until the child is 18 years.
- (viii) The balance lying to the credit of an account of a minor may be transferred upon instructions of a parent or a legal guardian of the minor, to an account maintained in the name of the minor in an authorized deposit taking institution, upon completion of sixty months from the date of the first deposit or at any time thereafter.
- (ix) The balance lying to the credit of an account of a minor may be withdrawn by a parent or a legal guardian of the minor, for a justifiable reason such as meeting the cost of medical treatment or education of the minor or for any other reason acceptable to us.

## විශේෂ මාලුවියස්කාර ගිණුම් සඳහා වන නියමයන් හා කොන්දේසි

මහත්මිය/මහත්මා / මහත්මිය/සී,

(මෙහි මින්මතු 'සමාගම' යනුවෙන් හඳුන්වනු ලබන) මහනුවර, යටිතල වර්ධනයේ අංක 106 දරණ ස්ථානයේ සිට ලියාපදිංචි කාර්යාලය පිහිටි ශ්‍රී ලංකාවේ යටි පරිදි සංස්ථාගත කරන ලද (පෙර කොමර්ෂල් ක්‍රෙඩිට් පී.එල්.සී හා කොමර්ෂල් ක්‍රෙඩිට් ලිමිටඩ් වශයෙන් හඳුන්වනු ලැබූ) ලියාපදිංචි අංක PB 269 PQ දරණ කොමර්ෂල් ක්‍රෙඩිට් ඇන්ඩ් චිත්තයන් පී.එල්.සී සමඟ ඇති කරගන්නා ලද ඉහත සඳහන් විශේෂ මාලුවියස්කාර ඉතිරි කිරීමේ ගිණුමේ පහත සඳහන් කොන්දේසි අනුගමනය කිරීමට මෙයින් එකඟවෙමි.

### හිඬ හා රෙගුලාසි

- (i) අවම මුද්‍රිත තැන්පතු වරු, 250/- සි.
- (ii) දරුවාට වයස අවුරුදු 18 වනතුරු මුදල් සමාගම් සමඟ රඳවා තැබිය යුතුය.
- (iii) ශ්‍රී ලංකා මහ බැංකුව මගින් වරින්වර දන්වනු ලබන මිල උච්චාවචන මත පොදු අනුපාතයන් සහ ප්‍රසාද දීමනාවන් වෙනස්විය හැකිය.
- (iv) දරුවාට අවුරුදු 18 ලැබීමට පෙර මුදල් ආපසු ගනු ලැබුවහොත් ගනුදෙනුකරුවන් කිසිදු ප්‍රසාද දීමනාවකට හිමිකම් නොලැබේ. එසේ වුවද, ගනුදෙනුකරුවන් විසින් කරන ලද තැන්පතු වලට පමණක් එම දීමනා වන විට උපරිත පොදු වෙතිනු ලැබේ. (සමාගම් විසින් ගෙවනු ලබන ප්‍රසාද දීමනාවලට ඇති පොදු හැර).
- (v) මෙම ගිණුම් සඳහා ප්‍රසාද දීමනා ලබාගත හැකිවනුයේ දරුවාගේ වයස අවුරුදු 12 දක්වා වන තෙක් පමණි. එම ගිණුම්ගිණියන්ට වයස අවුරුදු 18 සම්පූර්ණ වූ විට මුළු මුදලම ලබාගත හැකි අතර එසේ සම්පූර්ණ වූ පසු එම මුදල් ලබා නොගතහොත් වැඩිහිටි ගිණුම්කරු මාරුවනු ඇත.
- (vi) මාලුවියස්කාර ගිණුමක් වැඩිහිටි ගිණුම්කරු පත් වූ පසු එම කාල සීමාවේදී පවතින පොදු අනුපාත අනුව පොදු ගෙවීම් පමණක් සිදුවේ.
- (vii) දරුවාට වයස 18 ලබන තුරු දෙමව්පියන් හෝ කාරකරු විසින් සෑම වසර 05 සට වරක්ම ඉතිරි කිරීමේ තැන්පතු වසර 05ක කාල සීමාවලට අවස්ථා කළ යුතුය.
- (viii) මාලු වයස්කරුවෙකුගේ ගිණුමක බැරට පවතින ශේෂය, බලයලත් තැන්පතු ධාරයන්හා ආයතනයක එකී මාලුවියස්කරුගේ හමින් පවත්වාගෙන යන ගිණුම්කරු සිදුකරනු ලබන පළමු තැන්පතුවට මින හැරින් සම්පූර්ණවන දිනට හෝ ඉන්පසු එළඹෙන ඕනෑම අවස්ථාවක, මාලු වයස්කරුවාගේ දෙමව්පියන්ගේ හෝ නෛතික කාරකරුගේ උපදෙස් මත මාරුකිරීම් සිදුකළ හැකිය.
- (ix) මාලු වයස්කරුවෙකුගේ ගිණුමක බැරට පවතින ශේෂය, බලයලත් වෛද්‍ය ප්‍රතිකාර වියදම් විශාලීකරණ හෝ අධ්‍යාපනය හෝ අනෙකුත් පිළිගත හැකි වෙනත් යම් කරුණක් සඳහා මාලුවියස්කරුගේ දෙමව්පියන් හෝ නෛතික කාරකරුගේ විසින් ආපසු ලබාගැනීම් සිදුකළ හැකිය.

## சிறுவர் விசேட சேமிப்பு கணக்கிற்கான நிபந்தனை பத்திரம்

கனம் ஐயா / அம்மணி

(இதன்பின் “நிறுவனம்” என்று அழைக்கப்படும்) கண்டி யட்டிநுவர வீதியில் இல. 106 எனும் இடத்தில் தனது பதியப்பட்ட அலுவலகத்தினை கொண்ட இலங்கையில் முறையாக கூட்டிணைக்கப்பட்ட (முன்பு கொமர்ஷல் கிரெடிட் பீ எல் சி மற்றும் கொமர்ஷல் கிரெடிட் லிமிடெட் என்றழைக்கப்பட்ட) பதிவு இலக்கம் PB269PQ கொண்ட கொமர்ஷல் கிரெடிட் அன்ட் பிளான்ஸ் பீ எல் சி உடன் மேற்கொள்ளப்படும் மேற்கூறப்பட்ட விசேட சிறுவர் சேமிப்பு கணக்கிற்கான கீழ்வரும் நிபந்தனைகளுக்கு நான் உடன் படுகிறேன்.

### கட்டளைகளும் நிபந்தனைகளும்

- (i) ஆகக்குறைந்த வைப்பீடு ரூபா 250/-
- (ii) சிறுவருக்கு 18 வயதாகும் வரை பணம் நிறுவனத்தின் கையிருப்பில் இருக்கும்
- (iii) இலங்கை மத்திய வங்கியின் சந்தை நிலவரத்திற்கேற்ப காலம் வட்டிவீதம் மற்றும் அனுகூலம் மாற்றம் செய்யப்படும்.
- (iv) வாடிக்கையாளர்கள் சிறுவர் தமது 18 வயதை அடைவதற்கு முன்னர் பணத்தை மீளப்பெற்றால் அவர்கள் எவ்வித வெகுமதி பணத்தையும் பெறுவதற்கு தகுதியற்றவர்களாவார்கள். ஆயினும் வாடிக்கையாளர் வைப்பீடு செய்யப்பட்ட நினைத்தலிருந்து அதற்குரிய வட்டி வழங்கப்படும். (நிறுவனத்தினால் நியமிக்கப்பட்ட வெகுமதிக்கான வட்டி தவிர்த்த)
- (v) இக்கணக்கிற்கான வெகுமதிகளை பெற்றுக்கொள்ளக்கூடிய பிள்ளைக்கு 12 வயது பூர்த்தியாகும் வரை மட்டுமே, அக்கணக்குடமையாளர் 18 வயதினை பூர்த்தி செய்யும் போது முழுத்தொகையையும் பெற்றுக்கொள்ளக்கூடிய அதேவேளை பராமடைந்த பிள்ளும் பணம் மீளப்பெறப்படாவிடின் அக்கணக்கு வயது வந்தவர்களின் கணக்கிற்கு மாற்றப்படும்.
- (vi) சிறுவர் கணக்கொன்று வயது வந்தவர்களின் கணக்கிற்கு மாற்றப்பட்ட பின் அக்காலத்தில் தடைமுறையிலிருக்கும் வட்டி வீதங்களிற்கமைய வட்டிக்கொடுப்பனவு மட்டும் மேற்கொள்ளப்படும்.
- (vii) ஒவ்வொரு 5 வருட காலத்திற்கும், பெற்றோர் அல்லது பாதுகாவலர் இந்த சேமிப்பு கணக்கை மேலும் 5 வருட காலத்திற்கு சிறுவர் 18 வயதை அடையும் வரை புதுப்பிக்க வேண்டும்.
- (viii) பருவமடையாத சிறுவன்/சிறுமியின் கணக்கில் வரவில் காணப்படும் மீதியை, அதிகாரமளிக்கப்பட்ட வைப்பீனை ஏற்றுக்கொள்ளும் நிறுவனத்தின் அந்த பருவமடையாத சிறுவன்/ சிறுமியின் பெயரில் பேணப்படும் கணக்கிற்கு, மேற்கொள்ளப்படும் முதலாவது வைப்புக்கு அனுபது மாத காலம் பூர்த்தியடையும் திகதியில் அல்லது அதன் பின்னர் ஏழாம் எத்திகதியிலும் பருவமடையாத சிறுவன்/சிறுமியின் பெற்றோரின் அல்லது சட்டப் பாதுகாவலரின் அறிவுறுத்தல்படி மாற்ற முடியும்.
- (ix) பருவமடையாத சிறுவன்/ சிறுமியின் கணக்கில் வரவில் காணப்படும் மீதியை, நியாயமானது என உரிய நிதி நிறுவனம் ஏற்றுக்கொண்டால், அவரின் மருத்துவ சிகிச்சைகளுக்கான செலவை மீளப்படி செய்வதற்கு அல்லது கல்விக்கு அல்லது வேறு ஏதேனும் காரணத்திற்காக பருவமடையாத சிறுவன்/சிறுமியின் பெற்றோரினால் அல்லது சட்டப் பாதுகாவலரினால் மீளப்பெற்றுக்கொள்ள முடியும்.

Date

திகதி

\_\_\_\_\_

Signature ( Parent / Guardian )

என்கை (ஐயா/அம்மணி)

கையொப்பம் (பெற்றோர் /பாதுகாவலர்)

\_\_\_\_\_

## Individual KYC form

**COMMERCIAL CREDIT & FINANCE PLC**

(A Finance company licensed by the Monetary Board of the Central Bank of Sri Lanka under the Finance Business Act No. 42 of 2011)  
Company Registration No.: PB 269 PQ. Date of Incorporation : 1982.10.04 ICRA Rating (SL) BBB / Stable

**HEAD OFFICE :** No. 106, Yatinuwara Veediya, Kandy. Tel : 081 2 000 000 | Fax : 081 2 234 977

**CITY OFFICE :** No. 45, Dharmapala Mawatha, Colombo 7. Tel : 011 2 000 000 | Fax : 011 2 327 882

**COMMERCIAL  
CREDIT****KYC APPLICATION  
PERSONAL ACCOUNT****For Office Use Only**Date BRANCH NAME A/C NO. **ACCOUNT'S TYPE (LKR)**☐ Savings ☐ Fixed Deposit**PERSONAL INFORMATION**

Name in Full

Title : Mr./ Mrs./ Miss/ Dr/ Rev.

Other : 

Gender

☐ Male ☐ Female

Date Moved to Present Address

NIC / PP/ DL / Other: Issue Date: (PP only)  Expiry Date: (PP only) Country of issuance: Visa Type:  Expiry Date: 

Date of Birth

Place of Birth

Nationality

Permanent Address

District :

Correspondence address:  
(If different from your permanent  
address, All your correspondence  
including monthly statements will  
be delivered to this address)

District :

Tel No. (Res.) Mobile No. Fax No. 

E-mail Address

☐ Yes ☐ No

Tax Payer / Tax File No.

**EMPLOYMENT / FINANCIAL INFORMATION**Confirmed in Employment ☐ Yes ☐ No

Primary Applicant

Education level ☐ Primary ☐ Secondary ☐ Graduate ☐ Postgraduate ☐ Professional ☐ Other (Ifs specify) Occupation ☐ Salaried ☐ Self-employed ☐ Self employed professional ☐ Retired ☐ Housewife ☐ Student  
☐ Priest ☐ Unemployed income earner

Occupation

If Self-employed professional ☐ Doctor ☐ Accountant ☐ Lawyer ☐ Architect ☐ Engineer ☐ Other (Ifs specify) Field of Employment/ Business ☐ Manufacturing ☐ Trading ☐ Agriculture ☐ Financial ☐ Other (Ifs specify) 

Position

☐ Proprietor ☐ Partner ☐ Director/CEO ☐ Executive ☐ Senior/Corporate Manager ☐ Manager ☐ Non Executive ☐ Other (Ifs specify) 

Name of Employer / Business

Address of Employer/ Business (Include department)

Monthly Income

☐ Less than Rs. 20,000 ☐ Rs. 20,000 - 49,999 ☐ Rs. 50,000 - 99,999 ☐ Rs. 100,000 - 199,999  
☐ Rs. 200,000 - 299,999 ☐ Above Rs. 300,000

## FAMILY INFORMATION

Marital Status ☐ Single ☐ Married ☐ Widowed ☐ Divorced Number of Dependents ..... Children ..... Other dependents .....  
 Residence Owner Ship ☐ Rented ☐ Mortgaged ☐ Owned ☐ Parental ☐ Company provided ☐ Other (Pls specify) .....

## OTHER INFORMATION

How did you get to know about us?	<input type="checkbox"/> Call from the Company	<input type="checkbox"/> Referral	<input type="checkbox"/> Media	<input type="checkbox"/> Promotion	<input type="checkbox"/> Word of mouth
	<input type="checkbox"/> Other (Pls specify) .....				
Purpose of opening the account	<input type="checkbox"/> Salary Remittance	<input type="checkbox"/> Business Profit	<input type="checkbox"/> Loan Repayments		
	<input type="checkbox"/> Savings	<input type="checkbox"/> Investment Purposes	<input type="checkbox"/> Crediting of Interests		
	<input type="checkbox"/> Utility Bill Payments	<input type="checkbox"/> Education Purposes	<input type="checkbox"/> Other (Pls specify) .....		
Source of credits to the A/C	<input type="checkbox"/> Salary Income	<input type="checkbox"/> Savings	<input type="checkbox"/> Business Profit		
	<input type="checkbox"/> Remittances	<input type="checkbox"/> Donation/Charity	<input type="checkbox"/> Commission Income		
	<input type="checkbox"/> Interest/income from Investments	<input type="checkbox"/> Sale of Assets	<input type="checkbox"/> Other (Pls specify) .....		
Anticipated monthly inflows of funds to the account	<input type="checkbox"/> Less than Rs.100,000/-	<input type="checkbox"/> Rs. 100,000 to 499,999/-	<input type="checkbox"/> Rs. 500,000 to 999,999/-		
	<input type="checkbox"/> Rs. 1,000,000 to 1,999,999/-	<input type="checkbox"/> Rs. 2,000,000 to 2,999,999/-	<input type="checkbox"/> Rs. 3,000,000 to 3,999,999/-		
	<input type="checkbox"/> Rs. 4,000,000 to 4,999,999/-	<input type="checkbox"/> Over Rs. 5,000,000/-			
Wealth generated from	<input type="checkbox"/> Profession or Employment	<input type="checkbox"/> Business Ownership	<input type="checkbox"/> Inheritance		
	<input type="checkbox"/> Investments	<input type="checkbox"/> Others (Pls specify) .....			
Identification of Politically Exposed Persons * Are you: Involved in Politics / holding a position in any political party OR a member of the Cabinet / Parliament /Other Local government authority OR holding an executive position in a government institution. Including military					
Primary Applicant		Joint Applicant			
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No			
In any way related to any of the persons referred to above If yes, please state the relationship ..... .....					
Relationships with other countries* Are you a citizen of another country (includes dual citizenships) ..... Country .....					
Are you a resident of another country (include green card holders) ..... Country .....					
Are you a tax payer of another country ..... Country .....					
Tax Identification Number of the above specified country ..... Country .....					

## CUSTOMER SIGNATURE

Applicant Signature	Date
<div style="border: 1px solid black; height: 40px; width: 200px;"></div>	<div style="border: 1px solid black; height: 40px; width: 100px;"></div>

## FOR OFFICE USE ONLY

Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> NIC/PP/DL	<input type="checkbox"/> Recent utility bills (Specify)
<input type="checkbox"/> Signature witnessed	<input type="checkbox"/> Identity checked	<input type="checkbox"/> Copy of NIC/PP/DL
		<input type="checkbox"/> Copy of Resident Visa
		<input type="checkbox"/> Other .....
Input by / Data collected by .....	Authorised by .....	
Date verified .....	Signature verified .....	Document Checked by .....
Introducer EMP ID <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		

## Corporate KYC form

**COMMERCIAL CREDIT & FINANCE PLC**

A Finance company licensed by the Monetary Board of the Central Bank of Sri Lanka under the Finance Business Act No. 42 of 2011 |  
Company Registration No.: PB 269 PQ. Date of Incorporation: 1982.10.04 ICRA Rating (SL) BBB / Stable  
Head Office: No. 106, Yatinuwara Veediya, Kandy. Tel: 081 2 000 000 | Fax: 081 2 334 977  
City Office: No. 45, Dharmapala Mawatha, Colombo 07. Tel: 011 2 000 000 | Fax: 011 2 327 882



**KNOW YOUR CUSTOMER DATA COLLECTION FORM FOR CORPORATES**

சார்ஜேகிரகரு திட்டி சரீரீ மடபாருகிதி பிபிபிடி டுத - சிதாதி ஸடா  
வாடிக்கையாளர் தகவல் சேகரிப்புப் படிவம் - நிறுவனங்களுக்காக

Date/உரை/திகதி 

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Account No|இந்தக் கணக்கைத் துவக்கிய இல.

<b>Type of Entity   கலீகை லிமிடெட்   கம்பனி வகை</b> <input type="checkbox"/> Limited liability company   லிமிடெட் லாப நஷ்ட நிறுவனம் <input type="checkbox"/> BOI approved limited liability company   BOI அனுமதி பெற்ற லிமிடெட் லாப நஷ்ட நிறுவனம் <input type="checkbox"/> Sole proprietor   தனிப்பட்ட சொந்தக்காரர் <input type="checkbox"/> Partnership   கூட்டுறவுத் தொகுதி <input type="checkbox"/> Clubs and societies   கிளப்புகள் மற்றும் சங்கங்கள் <input type="checkbox"/> Non-governmental organization (NGO) / Charity   அரசு சார்பற்ற அமைப்பு/தொண்டு நிறுவனம் <input type="checkbox"/> Trade union   தொழிலாளர் குழு <input type="checkbox"/> Co-operative societies   கூட்டுறவுச் சங்கம் <input type="checkbox"/> Executors & Administrators Accounts   இயக்குநர்கள்/அரசாங்க அதிகாரிகள் <input type="checkbox"/> Trust account   டிரஸ்ட் கணக்கு <input type="checkbox"/> Non-Governmental School account   அரசு சார்பற்ற பள்ளிகளின் கணக்கு <input type="checkbox"/> Others (please specify)   வேறு (எதுவெனக் குறிப்பிடவும்)  	
<b>Type of Account   கணக்கின் வகை</b> <input type="checkbox"/> Savings Account   மூலக்கணிசு கணக்கு <input type="checkbox"/> Fixed deposits   நிச்சயிக்கப்பட்ட வைப்பு	
<b>PART A - CUSTOMER INFORMATION   A பாகம் - வாடிக்கையாளர் விபரங்கள்</b> <b>Name of Business Entity   ஏற்றுமதி நிறுவனத்தின் பெயர்</b>  <b>Registered Address   பதிவு செய்யப்பட்ட முகவரி</b>  <div style="display: flex;"> <div style="flex: 1;"> <b>Registration Number   பதிவு எண்</b>  </div> <div style="flex: 1;"> <b>Date of Incorporation   உருவாக்க நாள்</b>  </div> </div> <b>Correspondence Address (Business / Factory Address, If different to Registered Address)   தொடர்பு முகவரி (பதிவு செய்யப்பட்ட முகவரியில் இருந்து வேறுபட்டால்)</b> <div style="display: flex;"> <div style="flex: 1;"> <b>Date of Commencement of Business   ஆரம்பித்த தேதி</b>  </div> <div style="flex: 1;"> <b>Nature of Business   தொழிலின் வகை</b>  </div> </div> <b>Purpose of Business   தொழிலின் நோக்கம்</b>	

Subsidiary / Associate / උප සමාගම් / අයුතු සමාගම් / உப / துணை நிறுவனங்கள்

1. Are you a subsidiary / Associate of another organisation? Yes / No (if answered "yes" please furnish details)  
 ඔබ සමාගම් වෙතත් සමාගමක උප සමාගමක් ද? / අයුතු සමාගමක් ද? ඔව් / නැත (පිළිතුර ඔව් නම් අදාල විස්තර සපයන්න)  
 நீங்கள் இன்னுமொரு அமைப்பின் உப அல்லது துணை நிறுவனமா? ஆம் / இல்லை ("ஆம்" எனில் விபரங்களை தரவும்)

☐ Yes / ඔව් / ஆம் ☐ No / නැත / இல்லை

a) Subsidiary of (i.e. Owned more than 50%) Name of the parent company

උප සමාගමක් නම් (ප්‍රධාන සමාගමේ අයිති 50% ට වැඩි නම්) ප්‍රධාන සමාගමේ නම  
 பின்வரும் அமைப்பின் உப நிறுவனம் (50% இற்கு மேற்பட்ட பங்குதீர்மை) பிரதான அமைப்பின் பெயர்

Ownership of the parent company (%) | ප්‍රධාන සමාගමේ අයිතිය (%) | பிரதான அமைப்பின் பங்குதீர்மை (%)  (%)

b) Associate of (i.e. Owned 20% - 50%) | අයුතු සමාගමක් (ප්‍රධාන සමාගමේ අයිතිය 20%-50%ක් අතර නම්) ප්‍රධාන සමාගමේ නම  
 பின்வரும் அமைப்பின் உப நிறுவனம் (20% - 50% பங்குதீர்மை)

Ownership of the parent company (%) | ප්‍රධාන සමාගමේ අයිතිය (%) | பிரதான அமைப்பின் பங்குதீர்மை (%)  (%)

2. Do you have any subsidiaries/ Associates? Yes/No (if answered "Yes" please give details)

ඔබ සමාගම් සතු උප සමාගම්/අයුතු සමාගම් තිබේද? ඔව් / නැත (පිළිතුර "ඔව්" නම් විස්තර සපයන්න)  
 உங்கள் நிறுவனத்திற்கு ஏதேனும் உப/துணை நிறுவனங்கள் உள்ளனவா? ஆம் / இல்லை ("ஆம்" எனில் விபரங்களை தரவும்)

3. Is the principal / subsidiary/ associate listed in a local/foreign stock exchange? Yes/No (if answered "Yes" please give details)

ප්‍රධාන සමාගම්/උප සමාගම්/අයුතු සමාගම් දේශීය හෝ විදේශීය කොටස් වෙළෙඳපොළක ලිස්තවීම් වී තිබේද? ඔව් / නැත (පිළිතුර "ඔව්" නම් විස්තර සපයන්න)  
 பிரதான/உதவி/துணை நிறுவனமானது ஏதேனும் உள்ளூர் அல்லது வெளிநாட்டு பங்கு பரிவர்த்தனையில் பட்டியலிடப்பட்டுள்ளதா? ஆம் / இல்லை ("ஆம்" எனில் விபரங்களை தரவும்)

## PART B - FINANCIAL INFORMATION B කොටස - මූල්‍ය විස්තර பகுதி B - நிதி விபரங்கள்

Note: If the company is recently incorporated, please complete below with budgeted figures under "Current Year"

සටහන: සමාගම් මෑතකදී සංස්ථාපිත කරන ලද්දේ නම්, තත්කාලීන මූල්‍ය විවරණ සඳහා අය-වැය වාර්තා සඳහන් කරන්න  
 கவனிக்கவும்: கம்பனி சமீபத்தில் எந்தாபிக்கப்பட்டதாயின் "நடப்பு நிதியாண்டு" கட்டத்தில் மதிப்பீட்டு புள்ளிவிபரத்தைக் குறிப்பிடவும்

Are the audited financial statements for the last two years available?

විභාගකර කරන ලද පසුගිය වර්ෂ දෙකට අදාල මූල්‍ය විස්තර තිබේද? ☐ Yes/ඔව්/ஆம் ☐ No/නැත/இல்லை  
 கந்த இரு ஆண்டுகளுக்கான கணக்காய்வு செய்யப்பட்ட நிதியறிக்கைகள் உள்ளனவா? ☐ Yes/ඔව්/ஆம் ☐ No/නැත/இல்லை

Description (LKR, 000) විස්තරය (ශ්‍රී.රු. 000) விபரம் (இலங்கை ரூபாயில்)	Current Financial Year තත්කාලීන මූල්‍ය වසර நடப்பு நிதியாண்டு	Previous Financial Year පෙර මූල්‍ය වසර முன்னைய நிதியாண்டு
Annual Sales Turnover වාර්ෂික පිරිවැදුම් வருடாந்த விநியோக வருமானம்		
Net Profit/Loss ශුද්ධ ලාභය / අලාභය நிகர இலாபம்/நட்டம்		
Paid up capital + accumulated Profits/Reserves පෙවැ හිමි ආධිකරණය + සමුළුවීම් ලාභ/කංචිත செலுத்திய முதனம் + திரட்டிய இலாபம்/ஒதுக்கங்கள்		

Tax Declaration | බදු ගෙවීම් පිළිබඳ ප්‍රකාශනம் | வரி செலுத்துதல் பற்றிய பிரகடனம்

The following is a mandatory declaration which is required to be completed under the Inland Revenue Act No.28 of 1979.  
 1979 இன் 28ஆம் இலக்க உள்நாட்டிசைவுவரிச் சட்டத்தின் கீழ், இப் பரகடனத்தைச் செய்வது அத்தியாவசியமானது.  
 1979 අංක 28 දරණ ආදායම් බදු පනත අනුව මෙම විස්තරය සැපයීම අනිවාර්ය වේ.

Income Tax file No.

ආදායම් බදු ලිපියොනු අංකය.  
 வருமான வரிக் கோவை இல.



<b>PART C - DIRECTOR / SHAREHOLDER INFORMATION</b> <b>C කොටස - අධිකාරී/සාමාජිකයින්ගේ / සාමාජිකයින්ගේ විස්තර</b> <b>பகுதி C - பணிப்பாளர்கள் மற்றும் பாங்குதாரர்களின் விபரங்கள்</b>				
<b>Directors and Major Shareholders</b> <b>(More than 10% Voting Shares)</b> 10% ට වැඩි කොටස් හිමි අයිතියෙන් වැඩි හා ඉඩක කොටස් හිමියන් பணிப்பாளர்களும் பிரதான பங்குதாரர்களும் (10% க்கு மேல் அதிகமான வாக்குகள் பங்குதார)	<b>National Identity Card Number/ Other Identification Numbers</b> ජාතික හැඳුනුම්පත් අංකය / වෙනත් හැඳුනුම්පත් අංක தேசிய அடையாள அட்டை, இல. வேறு அடையாள இல.	<b>% of Shares Held</b> හිමි කොටස් வகை (%) ලෙස கொண்டுள்ள பங்குகளின் %	<b>Contact No.</b> දුරකථන අංකය தொலைபேசி இல.	<b>Address</b> ලිපිනය முகவரி

All Directors and Major Shareholders should complete a KYC individual information sheet in addition to providing the above information as required by rules prescribed in terms of Section (3) of the Financial Transactions Reporting Act No.6 of 2006.

ඉහත ලබාදී ඇති ආයතනික දත්තවලට අමතරව සියලුම අධිකාරී/සාමාජිකයින්ගේ හා ඉඩක කොටස් හිමියන් විසින් සනාථකරුවන් සඳහා ගැනීමේ පත්‍රය (KYC) හිසි පරිදි සම්පූර්ණ කළ යුතුය.

මෙය සම්පූර්ණ කර ඇති පත්‍රයක් සමඟම සියලුම අධිකාරී/සාමාජිකයින්ගේ හා ඉඩක කොටස් හිමියන් විසින් සනාථකරුවන් සඳහා ගැනීමේ පත්‍රය (KYC) හිසි පරිදි සම්පූර්ණ කළ යුතුය.

<b>PART D - INFORMATION PERTAINING TO ACCOUNT USAGE</b> <b>D කොටස - ගිණුම් භාවිතය පිළිබඳ තොරතුරු</b> <b>பகுதி D - கணக்கின் பாவனை தொடர்பான விபரங்கள்</b>				
<b>Expected deposits to be credited per month (IN LKR)</b> මාසයක දී ඉදිරිපත් කළ යුතු ආදායම (ශ්‍රී.රු.) ஒரு மாதத்தில் கணக்கிலுடாக வரவு வைக்க எதிர்பார்க்கப்படும் வைப்புத்த தொகை (இலங்கை ரூபாயில்)	<input type="checkbox"/> 0 - 100,000 <input type="checkbox"/> 100,000 - 500,000 <input type="checkbox"/> 500,000 - 1,000,000	<input type="checkbox"/> 1,000,000 - 2,000,000 <input type="checkbox"/> 2,000,000 - 3,000,000 <input type="checkbox"/> 3,000,000 - 5,000,000	<input type="checkbox"/> 5,000,000 - 7,000,000 <input type="checkbox"/> 7,000,000 - 10,000,000 <input type="checkbox"/> Over 10,000,000	

**Assets owned by the Business / Organization | ව්‍යාපාරයේ/සංවිධානයේ විත්ති | விவியாபாரத்தின் நிதியின் சொத்துக்கள்**

<input type="checkbox"/> <b>Property/Premises</b>   கிසිවල දේපළ காணி, கட்டிடங்கள் <input type="checkbox"/> <b>Motor Vehicles</b>   මෝටර් රථ රොටර් වාහනம் <input type="checkbox"/> <b>Financial Assets</b>   ණය විත්ති நிதிச் சொத்துக்கள்	<input type="checkbox"/> <b>Investments</b>   ආයෝජන முதலீடுகள் <input type="checkbox"/> <b>Others (Specify)</b>   වෙනත් (විස්තර කරන්න) வேறு (எவையென குறிப்பிடவும்) _____
---	--

**Source of funds | තැන්පතු වල මූලාශ්‍ර | நிதியின் மூலாதாரம்**

<input type="checkbox"/> <b>Business income</b>   ව්‍යාපාරයේ ආදායම விவியாபார வருமானம் <input type="checkbox"/> <b>Investments</b>   ආයෝජන முதலீடுகள் <input type="checkbox"/> <b>Bank Facilities</b>   බැංකු පහසුකම් வங்கி வசதிகள்	<input type="checkbox"/> <b>Donations (Local/Foreign)</b>   පරිත්‍යාග/ආධාර (දේශීය/විදේශීය) நன்கொடைகள் (உள்நாட்டு, வெளிநாட்டு) <input type="checkbox"/> <b>Others (Specify)</b>   වෙනත් (විස්තර කරන්න) வேறு (எவையென குறிப்பிடவும்) _____
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<p>To be signed by authorized signatories of the account keeping inline with operating instructions</p> <p>அறிக்கை வழங்கி வழங்கி வழங்கி வழங்கி (வழங்கி வழங்கி வழங்கி வழங்கி) (வழங்கி வழங்கி வழங்கி வழங்கி)</p> <p>செயற்பாட்டு அறிக்கைகள் கருத்து அமைவாக, இம் படிவம் அங்கீகரிக்கப்பட்ட கணக்கு வைப்பாளர்களினால் கையொப்பப்பட்டு வேண்டும்.</p>	
<p>Name of the Signatory அறிக்கை வழங்கி வழங்கி கையொப்பப்படுத்தியவர் பெயர்</p>	<p>Signature அறிக்கை கையொப்பப்படுத்தியவர்</p>
<p>Name of the Signatory அறிக்கை வழங்கி வழங்கி கையொப்பப்படுத்தியவர் பெயர்</p>	<p>Signature அறிக்கை கையொப்பப்படுத்தியவர்</p>
<p>Name of the Signatory அறிக்கை வழங்கி வழங்கி கையொப்பப்படுத்தியவர் பெயர்</p>	<p>Signature அறிக்கை கையொப்பப்படுத்தியவர்</p>
<p>Name of the Signatory அறிக்கை வழங்கி வழங்கி கையொப்பப்படுத்தியவர் பெயர்</p>	<p>Signature அறிக்கை கையொப்பப்படுத்தியவர்</p>
<p>FOR OFFICE USE ONLY காரியாலயப் பதவிக்கான கையொப்பப்படுத்தியவர் அலுவலக உபயோகத்திற்கு மட்டும்</p>	
<p>SIGNATURES VERIFIED BY அறிக்கை/அறிக்கை வழங்கி வழங்கி கையொப்பப்படுத்தியவர் உறுதிப்படுத்தியவர்</p>	<p>AUTHORIZED OFFICER'S SIGNATURE அறிக்கை வழங்கி வழங்கி அதிகாரப்பெற்ற அதிகாரியின் கையொப்பப்படுத்தியவர்</p>



### C. DETAILS OF APPLICANTS' SOURCES OF INCOME

1. Nature of Occupancy / Wealth Generated from:

Employment ☐ Self Employment ☐ Business ☐ Inherited ☐

Remittance ☐ Professional ☐ Investment ☐ Other .....

2. Sector of the above nature of occupancy .....

3. Designation / Nature of Business: .....

4. Nature of Employment: Clerical ☐ Skilled ☐ Supervisor ☐ Executive ☐ Director ☐

Consultant ☐ Middle Management ☐ Senior Management ☐

5. Name & Address of The Employer /Business: .....

6. Nature of Employer: Government ☐ Semi Government ☐ Private ☐

7. Date Joined / Started:

8. Net Monthly Income Rs.:

Mobile:

9. Business Phone / Office Contact: Landline: 0                      0

10. Email: .....

11. Previous Employer (If Any): .....

12. Previous Work Experience: .....

### D. IDENTIFICATION OF POLITICALLY EXPOSED PERSONS

Are You:

1. Involved in politics, holding a position in any political party, a member of the cabinet/ parliament / other local government authorities or holding an executive position in a government institution including military. Yes ☐ No ☐

2. Related to any of the persons referred above in any other means (if yes, please state the relationship)

Yes ☐ No ☐

3. a citizen of another country (including dual citizens)

Yes ☐ No ☐

4. a resident of another country (including green card holders)

Yes ☐ No ☐

5. a tax payer of another country (if yes, state the tax identification number and the country)

Yes ☐ No ☐

### E. IF APPLICANT MARRIED, DETAILS OF SPOUSE/ IF SINGLE, DETAILS OF IMMEDIATE FAMILY MEMBER

1. Name In Full : Mr/Mrs/Ms/Other : .....

2. Residence Address : .....

3. NIC Number:

4. Land Line No: 0

5. Mobile No : 0

6. Is the spouse/immediate family member employed? ☐ Yes ☐ No

7. If yes, name of employer: .....

8. Address of employer: .....

9. Designation:  10. Employer's Contact No:

F. DETAILS OF ASSETS AND LIABILITIES OF APPLICANT			
Movable Property	Value Rs.	Vehicle No (If Vehicle)	Free Hold or Mortgaged
Immovable Properties	Value Rs.	Free Hold or Mortgaged	
Account Number	Bank Name	Account Type	
Liability Type	Bank/Financial Institute	Amount Outstanding	Monthly Payment

G. DETAILS OF ASSET TO BE LEASED			
1. Purpose of Lease/Hire/Loan Vehicle: <input type="checkbox"/> Business <input type="checkbox"/> Personal <input type="checkbox"/> Rent <input type="checkbox"/> Hire			
2. Type of Vehicle: <input type="checkbox"/> Bike <input type="checkbox"/> T/Wheeler <input type="checkbox"/> Lorry <input type="checkbox"/> Van			
<input type="checkbox"/> Car <input type="checkbox"/> Bus <input type="checkbox"/> Tractor <input type="checkbox"/> Other .....			
3. Condition: <input type="checkbox"/> Registered <input type="checkbox"/> Unregistered			
4. Make: [ ] [ ] [ ] [ ] [ ] [ ]		5. Model [ ] [ ] [ ] [ ] [ ] [ ]	
6. Year of Manufacture: [ ] [ ] [ ] [ ]			
7. Vehicle Number: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]			
8. Expected Income from the Vehicle: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]			
9. Supplier's Name: ..... 10. Location of the Vehicle: .....			

H. INFORMATIONS OF GUARANTOR - 1			
1. Name In Full : Mr/Mrs/Ms/Other : .....			
2. Permanent Address : .....			
3. NIC Number: [ ]			
4. Date of Birth: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]			
5. Contact Details: Home: Land Line 0 [ ]			
Office / Business: Land Line 0 [ ]			
Mobile 0 [ ]			
6. Email: .....			

DETAILS OF GUARANTOR'S SOURCES OF INCOME			
1. Nature of Occupancy: Employed <input type="checkbox"/> Self Employed <input type="checkbox"/> Businessman <input type="checkbox"/> Other .....			
2. Designation/ Nature of Business: [ ]			
3. Name & Address of The Employer /Business: .....			
4. Date Joined/Started: [ ]			
5. Net Monthly Income Rs: [ ]			

## I. INFORMATIONS OF GUARANTOR - 2

1. Name In Full : Mr/Mrs/Ms/Other : .....

2. Permanent Address : .....

3. NIC Number:

4. Date of Birth:

5. Contact Details: Home: \_\_\_\_\_ Office / Business: \_\_\_\_\_

Land Line 0 

--	--	--	--	--	--	--	--

 Land Line 0 

--	--	--	--	--	--	--	--

Mobile	0									Mobile	0								
--------	---	--	--	--	--	--	--	--	--	--------	---	--	--	--	--	--	--	--	--

6. Email: .....

#### DETAILS OF GUARANTOR'S SOURCES OF INCOME

1. Nature of Occupancy: Employed ☐ Self Employed ☐ Businessman ☐ Other .....

2. Designation/ Nature of Business:

3. Name & Address of The Employer /Business: .....

4. Date Joined/Started: [ ][ ]/[ ][ ]/[ ][ ][ ][ ]      5. Net Monthly Income Rs: [ ][ ][ ]-[ ][ ][ ]-[ ][ ][ ][ ]

## DECLARATION

I/We declare that the above information is true and warrant that I/We have made full disclosure of all matters relevant in any way whatsoever in this application. I/We authorize you to make any inquiries including Credit Information Bureau of Sri Lanka (CRIB) as you deem necessary for credit assessment or confirmation of the above particulars from the Banks and Auditors and other parties named above or any other source. I/We hereby agree and acknowledge that the information provided by me to the company and repayment records of the facility will be reported to the CRIB monthly basis. The CRIB will facilitate other financial institutions to assess your credit worthiness if you should apply for a facility. The information relating to the facility will be informed to the Central Bank of Sri Lanka and the Financial Intelligence Unit (FIU) upon request.

Applicant Name \_\_\_\_\_ Signature \_\_\_\_\_

Name of Guarantor - 1 \_\_\_\_\_ Signature \_\_\_\_\_

Name of Guarantor - 2	Signature
-----------------------	-----------

Date \_\_\_\_\_

## Pawning KYC Application

### COMMERCIAL CREDIT & FINANCE PLC

(A Finance company licensed by the Monetary Board of the Central Bank of Sri Lanka under the Finance Business Act No. 42 of 2011)  
Company Registration No.: PB 269 PQ, Date of Incorporation : 1982.10.04 | LRA Rating - Long Term BBB (Stable outlook)  
Head Office : No. 106, Yatinuwara Veediya, Kandy. Tel : 081 2 000 000 | Fax : 081 2 234 977  
City Office : No. 165, Kynsey Road, Colombo 08. Tel : 011 2 111 000 | Fax : 011 2 111 201



#### KYC - GOLD LOAN රන් ණය තර්කස්සකඩ්

The Manager කළමනාකරු (මූකායෝග්‍යාණර්)

For Office Use Only

BRANCH NAME	
LOAN NO.	
DATE	

#### Commercial Credit & Finance PLC

කොමර්ෂල් ක්‍රෙඩිට් අන්ඩ් ෆිනෑන්ස් පීඑල්සී

කොමර්ෂල් ක්‍රෙඩිට් අන්ඩ් ෆිනෑන්ස් පීඑල්සී

Please open an Account as per details provided below.

පහත සඳහන් විස්තර අනුව ගිණුමක් විවෘත කරන්න.

අනුමැතිය ලබා දෙනු ලබන පොදු තොරතුරු සපුරාලන්න.

DATE  
දිනය  
DDMMYYYY

ACCOUNT TYPE (LKR) ගිණුම් වර්ගය (රු) තෝරාගන්න (රු.)

Gold Loan රන් ණය තර්කස්සකඩ් ☐

PERSONAL DETAILS අන්තර්ගතයේ පෙන්නුම් කරන විස්තර විස්තරයෙන් පිරවන්න.

Name in Full සම්පූර්ණ නම (මුද්‍රාණය)

Title : Mr / Mrs / Miss / Rev / Other  
මහත්මයාණන / මහත්මයාණන / මහත්මයාණන / වෙනත්

Gender ස්ත්‍රී පුරුෂයාට පත්වීම ☐ Male පුරුෂයා ☐ Female ස්ත්‍රී

Name with initials  
නම සහ අකුරු

Other Names (maiden name/ others)  
වෙනත් නම් (විවාහක නම / වෙනත්)

Mother's Maiden Name  
මවගේ විවාහක නම

Permanent Address  
ස්ථිර ලිපිනය

Correspondence Address  
සන්නිවේදන ලිපිනය

NIC / PP / DL  
ජාතික හැඳුනුම්පත් / පාලන බලපත්‍ර / රේඛාංක

Issue Date (PP only)  
නිකුත් වූ දිනය (පාලන බලපත්‍ර පමණක්)

Expiry Date: (PP only)  
ප්‍රමාණවත්ව පවත්වා ගැනීමේ දිනය (පාලන බලපත්‍ර පමණක්)

Country of issuance  
නිකුත් කළ රට

Visa Type විසා වර්ගය

Expiry Date (Visa)  
නිකුත් වූ දිනය (විසා)

Date of Birth උපන් දිනය ☐ Nationality ජාතිකත්වය ☐

Tele. No. දුරකථන අංකය ☐ Mobile No. දුරකථන අංකය ☐

E-mail ID  
විද්‍යුත් තැපෑල

Mailing Address  
සන්නිවේදන ලිපිනය ☐ Permanent ස්ථිර ☐ Official නිල

Tax Payer / Tax File No  
දින 1000 / දින 1000 අංකය ☐ Yes ඔව් ☐ No නැත

SMS Alerts  
කෙටි පණිවිඩ ☐ Yes ඔව් ☐ No නැත

Signature/s  
අත්සන/ත්





<p><b>Identification of Politically Exposed Persons</b>          දේශපාලන පිරිස් හඳුනාගැනීම          அரசியல் ரீதியாக வெளிப்படும் நபர்களின் அடையாளப்படுத்தல்</p> <p><b>Are you: (இது: நீங்கள்:</b>          Involved in politics / holding a position in any political party or a member of the cabinet / parliament / other Local government authority or holding an executive position in a government institution, Including military.</p> <p style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>දේශපාලනයේ සිටින වි හිමි / දේශපාලන පක්ෂයක සේ / සිටිනු දිර / පාර්ලිමේන්තු සාමාජික නොවන්නේ / රාජ්‍ය ආයතනේ විධායක නොවන්නේ දුරන්තේන්ති සේ හුදු පවතිනුද ඇතුළත්</p> <p>அரசியல் எடுபாட்டாளர்/ ஏதேனும் ஒரு அரசியல் கட்சியில் அல்லது அமைச்சரவையில் ஒரு அங்கத் தவராக பதவி வகித்தல்/ பாராளுமன்றம் / பிற உள்ளூர் அரசாங்க அதிகாரம் அல்லது அரசாங்கத்தில் ஒரு நிர்வாக பதவியை வகித்திருத்தல்.</p> <p style="text-align: right;"><input type="checkbox"/> ஆம் <input type="checkbox"/> இல்லை</p> <p><b>In any way related to any of the persons referred to above</b>          ඉහත සඳහන් පරිදි කිසියම් කෙනෙක් සමඟ සබැඳි සම්බන්ධයක් තිබේද          மேலே குறிப்பிடப்பட்ட எந்தவொரு நபருடனும் எந்த வகையிலும் தொடர்புடையது</p> <p style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> இல்லை <input type="checkbox"/> නැත  <input type="checkbox"/> ஆம் <input type="checkbox"/> இல்லை</p> <p><b>If yes, please state the relationship.</b> .....</p> <p>இது සම්බන්ධවන සඳහන් කරන්න .....</p> <p>ஆம் எனில், உறவைக் குறிப்பிடுவும். ....</p>	<p><b>Relationships with other countries*</b>          Are you a citizen of another country (including dual citizenships).          අනෙකුත් රටවල් සමඟ සම්බන්ධතාවය*          இது වෙනත් කිසියම් රටක පුරවැසියෙක්ද ?          (ද්වි පුරවැසිතාවය ඇතුළත්ව).          பிற நாடுகளுடனான உறவுகள்*          நீங்கள் வேறொரு நாட்டின் குழம்களா? (இரட்டை குடியரிமை உட்பட).</p> <p style="text-align: right;"><input type="checkbox"/> Yes இல்லை <input type="checkbox"/> No නැත இல்லை</p> <p><b>Country රට නාම</b>          .....</p> <p><b>Are you a resident of another country (including green card holders).</b>          இது வෙනත් கிசியම් ரටක පරිවැසිතාවෙක්ද ?          (Green card ඇතුළත්ව)          நீங்கள் வேறு நாட்டில் வசிப்பவரா? (கிரீன் கார்டு வைத்திருப்பவர்கள் உட்பட).</p> <p style="text-align: right;"><input type="checkbox"/> Yes இல்லை <input type="checkbox"/> No නැත இல்லை</p> <p><b>Country රට නාම</b>          .....</p> <p><b>Are you a tax payer of another country.</b>          இது වෙනත් රටක බදු ගෙවන්නෙක්ද ?          நீங்கள் இன்னொரு நாட்டில் வரி செலுத்துபவரா?</p> <p style="text-align: right;"><input type="checkbox"/> Yes இல்லை <input type="checkbox"/> No නැත இல்லை</p> <p><b>Country රට නාම</b>          .....</p> <p><b>Tax Identification Number of the above specified country.</b>          ඉහත සඳහන් රටෙහි බිද හඳුනාගැනීමේ අංකය          மேலே குறிப்பிட்ட நாட்டின் வரி அடையாள எண்</p> <p>.....</p>
<p><b>How did you get to know about us?</b>          இது අපේ හඳුනාගැනීමේ කෙරෙහි?          எங்களைப் பற்றி எப்படித் தெரிந்து கொள்கிறீர்கள்?</p> <p><input type="checkbox"/> Call from the Company          ආයතනයේ දුරකථන පැවරීමකින් හිමිකරුගෙන්          நிறுவனத்திலிருந்து அழைப்பு</p> <p><input type="checkbox"/> Referral          විමර්ශන කිරීමෙන් හුදින්          பரிந்துரை</p> <p><input type="checkbox"/> Media          මාධ්‍යය          மீடா</p> <p><input type="checkbox"/> Promotion          ප්‍රවර්ධනය          விளம்பரம்</p> <p><input type="checkbox"/> Word of mouth          වචනවලින්          வாய் மூலம்</p> <p><input type="checkbox"/> Other (Please specify)          අනෙකුත් (පැහැදිලි කරන්න)          மற்றவை (புலப்படும் குறிப்பிடவும்)</p>	
<p><b>Purpose of obtaining the Loan</b>          ණය ලබාගැනීමේ අරමුණ          கடன் பெறுவதற்கான நோக்கம்</p> <p><input type="checkbox"/> Business Operation          ව්‍යාපාර කටයුතු          வணிக செயற்பாடு</p> <p><input type="checkbox"/> Education Purposes          අධ්‍යාපන කටයුතු          கல்வி நோக்கங்கள்</p> <p><input type="checkbox"/> Crediting of Interests          ආයතනයේ ආයතනික          ஆயතනයේ ஆயතන</p> <p><input type="checkbox"/> Investment Purposes          ආයතනයේ අරමුණ          முதலீட்டு நோக்கங்கள்</p> <p><input type="checkbox"/> Loan Repayments          ණය ගෙවීම සඳහා          கடன் திருப்பீச் செலுத்துதல்</p> <p><input type="checkbox"/> Consumptions          පරිභෝජනය          இசුව</p> <p><input type="checkbox"/> Other (Please Specify) (අනෙකුත් (පැහැදිලි කරන්න) ஏனையவை (குறிப்பிடவும்))          .....</p>	
<p><b>Expected mode of transactions</b>          ගණුදෙනු කිරීමේ මග          බලාපොරොත්තු වන ඉඩ          எதிர்பார்க்கப்படும் பரிவர்த்தனைகள் முறை</p> <p><input type="checkbox"/> Cash          සිල්ල          பணம்</p> <p><input type="checkbox"/> Cheque          චෙක්          காசோலை</p> <p><input type="checkbox"/> Bank transfer          බැංකු තුළින්          வங்கி பரிமாற்றம்</p> <p><input type="checkbox"/> Other (Please Specify) (අනෙකුත් (පැහැදිලි කරන්න) ஏனையவை (புலப்படும் குறிப்பிடவும்))          .....</p>	
<p><b>Source of earnings</b>          සම්ප්‍රදාය / ආදායම් මාර්ග          இலக்கு ஓட்டம் இலக்கு</p> <p><input type="checkbox"/> Salary Income          වැටුප් ආදායම          சம்பள வருமானம்</p> <p><input type="checkbox"/> Remittances          සිල්ල / රැවිම්          பணம் அனுப்பதல்</p> <p><input type="checkbox"/> Interest/Income from Investments          පොලිය/ආදායම මගින් ලබන පොලිය          வட்டி / முதலீடுகள் மூலம் வருமானம்</p> <p><input type="checkbox"/> Savings          ඉතිරිකිරීම්          சேமிப்பு</p> <p><input type="checkbox"/> Donation/Charity          පරිත්‍යාග          நன்கொடை/தொண்டு</p> <p><input type="checkbox"/> Business Profit          ව්‍යාපාර ලාභය          வணிக இலாபம்</p> <p><input type="checkbox"/> Commission Income          කොමිස් ආදායම          தரகு வருமானம்</p> <p><input type="checkbox"/> Other (Please Specify) (අනෙකුත් (පැහැදිලි කරන්න) ஏனையவை (புலப்படும் குறிப்பிடவும்))          .....</p>	
<p><b>Wealth generated from</b>          සම්ප්‍රදාය / ආදායම මාර්ග          இலக்கு ஓட்டம் இலக்கு</p> <p><input type="checkbox"/> Profession or Employment          රැකියාව          தொழில் அல்லது வேலைவாய்ப்பு</p> <p><input type="checkbox"/> Business Ownership          ව්‍යාපාර හිමිකම්          வணிக உரிமை</p> <p><input type="checkbox"/> Inheritance          උරුමය          பரிபல</p> <p><input type="checkbox"/> Investments          ආදායම මගින් ලබන පොලිය          முதலீடுகள்</p> <p><input type="checkbox"/> Other (Please Specify) (අනෙකුත් (පැහැදිලි කරන්න) ஏனையவை (புலப்படும் குறிப்பிடவும்))          .....</p>	

Temp. Rec. No. <input type="text"/>	Date <input type="text"/>	Amount <input type="text"/>
Mode of Payment <input type="text"/>	Ref. No. <input type="text"/>	Cashier's Signature .....
Customer Identification Document	Address Verification Document	
<input type="checkbox"/> NIC	<input type="checkbox"/> NIC	<input type="checkbox"/> Water Bill
<input type="checkbox"/> Driving Licence	<input type="checkbox"/> Driving Licence	<input type="checkbox"/> Fixed line - Tel-Communication Bill
<input type="checkbox"/> Passport <input type="checkbox"/> Copy of Resident visa (If Passport)	<input type="checkbox"/> Electricity Bill	<input type="checkbox"/> Electoral Roll
		<input type="checkbox"/> Grama Sevaka Certificate
		<input type="checkbox"/> Tenancy Agreement
		<input type="checkbox"/> Other...
Input by / Data collected by .....		Authorised by .....
Data verified .....	Signature verified .....	Documents Checked by .....
Promotion code <input type="text"/>	Introducer EPF ID <input type="text"/>	



<h1 style="margin: 0;">COMMERCIAL CREDIT &amp; FINANCE PLC</h1> <p style="margin: 0; font-size: 0.8em;">           ( A Finance company licensed by the Monetary Board of the Central Bank of Sri Lanka under the Finance Business Act No. 42 of 2011 )            Company Registration No.: PB 269 PQ, Date of Incorporation : 1982.10.04 KRA BBB / P3         </p>		 <b>COMMERCIAL CREDIT</b>																																																																																																																																																																																																																																																																																																																																																																																							
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<p>The Manager</p> <p>Commercial Credit &amp; Finance PLC</p> <p>Amount Rs: <input style="width: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; border: 1px solid black;" type="text"/></p>	<div style="text-align: right; font-size: 0.8em; margin-bottom: 5px;">For Office Use Only</div> <div style="display: flex; border: 1px solid black; padding: 2px;"> <div style="width: 150px; font-size: 0.7em;">           BRANCH NAME A/C NO. CIF NO. 1 DATE         </div> <div style="flex-grow: 1;"> <table border="1" style="width: 100%; border-collapse: collapse; font-size: 0.6em;"> <tr><td colspan="15"></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> </div> </div> <div style="text-align: right; margin-top: 5px;">           DATE <input style="width: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; border: 1px solid black;" type="text"/> </div>																																																																																																																																																																																																																																																																																																																																																																																								
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NIC / PP/ DL / Other:..... Issue Date: (PP only) Expiry Date: (PP only) Country of issuance : Visa Type : Expiry Date (Visa) : Date of Birth & Place of Birth Nationality Tele. No. Mobile No. Fax No. E-mail Address Mailing Address Tax Payer / Tax File No. SMS Alerts Signature/s																																																																																																																																																																																																																																																																																																																																																																																									
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# EMPLOYMENT / FINANCIAL INFORMATION

<b>Primary Applicant</b> Education level <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Graduate <input type="checkbox"/> Postgraduate <input type="checkbox"/> Professional <input type="checkbox"/> Other (Pls specify) .....		Occupation <input type="checkbox"/> Salaried <input type="checkbox"/> Self-employed <input type="checkbox"/> Self employed professional <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Priest <input type="checkbox"/> Other .....	
Field of Employment/Business <input type="checkbox"/> Manufacturing <input type="checkbox"/> Trading <input type="checkbox"/> Agriculture <input type="checkbox"/> Financial <input type="checkbox"/> Other (Pls specify) .....		If Self-employed professional Occupation <input type="checkbox"/> Doctor <input type="checkbox"/> Accountant <input type="checkbox"/> Lawyer <input type="checkbox"/> Architect <input type="checkbox"/> Engineer <input type="checkbox"/> Other (Pls specify) .....	
Position <input type="checkbox"/> Proprietor <input type="checkbox"/> Partner <input type="checkbox"/> Director/CEO <input type="checkbox"/> Executive <input type="checkbox"/> Senior/Corporate Manager <input type="checkbox"/> Manager <input type="checkbox"/> Non Executive <input type="checkbox"/> Other (Pls specify) .....		Address of Employer/Business (Include department) .....	
Confirmed in Employment <input type="checkbox"/> Yes <input type="checkbox"/> No Name of Employer / Business .....		Monthly Income / Revenue <input type="checkbox"/> Less than Rs. 20,000 <input type="checkbox"/> Rs. 20,000 - 49,999 <input type="checkbox"/> Rs. 50,000 - 99,999 <input type="checkbox"/> Rs. 100,000 - 199,999 <input type="checkbox"/> Rs. 200,000 - 299,999 <input type="checkbox"/> Above Rs. 300,000 - 1,000,000 <input type="checkbox"/> Above Rs. 1,000,000	

# OTHER INFORMATION

Identification of Politically Exposed Persons * Are you: Involved in politics / holding a position in any political party or a member of the cabinet / parliament / other Local government authority or holding an executive position in a government institution, Including military. <input type="checkbox"/> Yes <input type="checkbox"/> No In any way related to any of the persons referred to above <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please state the relationship. ....		Relationships with other countries* Are you a citizen of another country (including dual citizenships). <input type="checkbox"/> Yes <input type="checkbox"/> No Country ..... Are you a resident of another country (including green card holders). <input type="checkbox"/> Yes <input type="checkbox"/> No Country ..... Are you a tax payer of another country. <input type="checkbox"/> Yes <input type="checkbox"/> No Country ..... Tax Identification Number of the above specified country. ....	
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# To be completed by the Primary Applicant

How did you get to know about us? <input type="checkbox"/> Call from the Company <input type="checkbox"/> Referral <input type="checkbox"/> Media <input type="checkbox"/> Promotion <input type="checkbox"/> Word of mouth <input type="checkbox"/> Other (Pls specify) .....	
Purpose of the Transaction <input type="checkbox"/> Business Profit <input type="checkbox"/> Investment Purposes <input type="checkbox"/> Other (Pls specify) .....	
Expected mode of transactions <input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Bank transfer <input type="checkbox"/> Other (Please Specify) .....	
Source of credits to the A/C <input type="checkbox"/> Salary Income <input type="checkbox"/> Savings <input type="checkbox"/> Business Profit <input type="checkbox"/> Remittances <input type="checkbox"/> Donation/Charity <input type="checkbox"/> Commission Income <input type="checkbox"/> Interest/income from Investments <input type="checkbox"/> Sale of Assets <input type="checkbox"/> Other (Pls specify) .....	
Wealth generated from <input type="checkbox"/> Profession or Employment <input type="checkbox"/> Business Ownership <input type="checkbox"/> Inheritance <input type="checkbox"/> Investments <input type="checkbox"/> Others (Pls specify) .....	

# DECLARATION BY CUSTOMER

I/we hereby confirm that the General Terms & Conditions on this application of Commercial Credit & Finance PLC applicable to the product(s) and/or services which I/we have applied for herein together with details relating thereto were given and explained to me/us before the signing hereof and I/we have read and understood the said details, terms and conditions and agree and consent to be bound thereby.

Signature - Applicant \_\_\_\_\_ Date \_\_\_\_\_

# FOR OFFICE USE ONLY

Temp. Rec. No. .... Date .... Amount .....	
Mode of Payment ..... Ref. No. .... Cashier's Signature .....	
Customer Identification Document <input type="checkbox"/> NIC <input type="checkbox"/> Driving Licence <input type="checkbox"/> Passport <input type="checkbox"/> Copy of Resident visa (If Passport)	
Address Verification Document <input type="checkbox"/> NIC <input type="checkbox"/> Water Bill <input type="checkbox"/> Grama Sevaka Certificate <input type="checkbox"/> Driving Licence <input type="checkbox"/> Fixed line - Tel-Communication Bill <input type="checkbox"/> Tenancy Agreement <input type="checkbox"/> Electricity Bill <input type="checkbox"/> Electoral Roll <input type="checkbox"/> Other...	
Input by / Data collected by ..... Authorised by .....	
Data verified ..... Signature verified ..... Documents Checked by .....	
Promotion code ..... Introducer EPF ID .....	





## Annexure 2 – Risk Categorization of Accounts form

Risk Categorization of Accounts (Individual/ Business)				
Account Name .....		Account Number .....		
Account Type .....		Branch .....		
<b>1.1 Customer Type (Other than PEPs)</b>				
Low risk - 1 point	Medium risk - 2 points	High Risk - 4 points	Score	
Employee - Non Executive (Government /Private)	Clubs/Association or Societies registered and its employees	Charity NGO/Trusts and its Employees		
Student/Housewife/Pensioner/ Un-employed	Company Limited by Guarantee	Foreign citizen/Non Resident Customer/Diplomat/ Foreign Collaboration and its employees		
Labourer/Mason/Carpenter	Directors of a Company/Partners of partnership/Proprietor of a Proprietorship/Senior management members holding controlling power of such firms/companies	GIs/SOE's/Corporations		
Middle rank or Junior rank Individuals of Government Institutions (GIs)/State owned Enterprises(SOE's)/ Corporations/ Judicial/Military officers	Employee Executive - (Government/Private)	Off Shore/BOI companies		
Monk/priest not holding Public Functions/Titles	Proprietorship/ Partnership Business	Religious leader holding Public Functions/Titles		
Self Employed (formally recognized)	Private Limited Liability Company	Unregistered clubs/Associations or societies and its employees		
Public Ltd Liability Company(Unquoted)	Public Ltd Liability Company (Quoted)			
Professionals including self-employed professionals				
Regulators & Statutory Bodies				
<b>1.2 Politically Exposed Persons(PEPs)</b>				
Politically Exposed Persons or their family members and close associates (PEPs)				
		Head of States or a Government / Party Politicians		
		Senior Government officer/Judicial officer/military officer		
		Senior Executive of a State owned Corporations/ Government or autonomous body		
		Individuals entrusted with prominent public functions either domestically or by a foreign country or in an international organization		
<b>2.0 Occupation/Business/Trade/Usage</b>				
Agriculture/Fisheries/Forestry	Accommodation and Hotel Services	Buyers/Sellers/Distributors in Alcohol/Tobacco		
Dealer of brand new vehicles	Construction business i.e. Buildings, Roads etc.	Buying & selling of Real Estate/Precious art work/ Antique Dealers		
Transport Operation	Commission Agent	Bar/Casinos/Night Clubs/Betting centers/Spa/ Gambling houses and its Owners, Directors, Management, Employees		
Marketing & Advertising	Educational institutions/Tutors in large scale	Dealers in Petroleum Products		
Manufacturing Industry	Export of local products	Dealer/Trader in Gem & Jewellery/Precious metals/Luxury watches/Lottery business		
Personal/Family Use	Import & distribution of commercial goods	Entrepot Trade		
Professional/Other formal service providers	Lawyer, Accountant & related firms	Finance/Insurance companies		
Retail traders & Small/ Medium business	Registered Nursing Home/Health Care Center/Hospital/Pharmacy	Government contractors		
Small/Medium workshops/ repair shops	Printer & publisher	Investing/Administering/Managing public/ private Funds and trusts		
Social/Religious Activities	Restaurants/Hotel/Food outlets	Importer/Dealer in Second Hand Motor Vehicles		
	Travel trade (Travel agent and employee of a travel agency/Visa agents/Tour agents/Car renters)	Mining/Pawn broking/Safe custody services and its employees		
	Shipping Airline & freight forwarding	Money Changers/Remitters (Exchange Houses)		
	Telecommunication provider	Share & stock brokers and its employees		
	Wholesale trader			
<b>3.0 Expected turnover per month (in Rs equivalent)</b>				
<b>3.1 Public Quoted/Unquoted Companies</b>				
Less than Rs. 100 Mn	From Rs. 100 Mn to 250 Mn	Above Rs. 250 Mn		

3.2 Pvt LTD Companies, Partnerships and Proprietorships			
Less than Rs. 10 Mn	From Rs. 10 Mn to 20 Mn	Above Rs. 20 Mn	
3.3 All others including individual & miscellaneous accounts (excluding the entities referred in 3.1 and 3.2)			
Less than Rs. 1 Mn	From Rs. 1 Mn to 5 Mn	Above Rs. 5 Mn	
4.0 Delivery method/Channel			
Accounts opened with adequate CDD measures carried out	Product serviced by agents	Non face-to-face customers	
Delivery channels linked with accounts opened with adequate CDD measures carried out	Certificate of Deposit	Mobile/Internet banking facilities not linked with accounts	
		Products served with unregistered beneficiaries	
5.0 Country or geographic location			
Business/residing inside geographical area of the branch (within 50 km radius)	Customers/Business/Transactions from/to locations off-Shore other than locations known for sanction/Tax Heaven/High level of corruption or other Criminal activities	Customers/Business/Transaction from/to locations known for sanction/Tax Haven/High level of corruption or other criminal activities i.e Countries in US office of foreign assets control (OFAC). Countries in non cooperative countries & territories (NCCTs)	
Business/Residing out of geographical area of the branch (out of 50 Km) radius with documentary proof	Business/Residing out of geographical area of the branch (out of 50 Km) radius without documentary proof		
Total for other than business entities operated by ultimate beneficial owners(UBO) - refer section 6.0-UBO			

Applicable only for business entities operated by ultimate beneficial owners			
6.0 UBO		(Very High-10 Points)	
		Difficult to identify the UBO:10% and above ownership with the provided information	
Total for business entities operated by UBO			

Unacceptable Business			
Customer screening - with sanction lists such as UN regulations (Specially designated Nationals and blocked persons list - SDN) and others			Refer Manager Before Reject
Customer/Beneficial owner name appears in the list of specially designated nationals SDNs of OFAC		Unacceptable	
Unable/Doubtful as to the identity of the UBO/s			
Engage in narcotics & dealing in arms and ammunition			
Unregistered financial institutions			

<b>Estimating the overall risk based on the total</b>		
Risk Score	Types of risk category	Final risk category of the account
7 or below	Low	
8 to 13	Medium	
14 and above	High	

Authorized officer's EPF No. & Signature	
Branch Manager/Head of department Assistant Manager EPF No. & signature	



**COMMERCIAL CREDIT & FINANCE PLC**

(A Finance company licensed by the Monetary Board of the Central Bank of Sri Lanka under the Finance Business Act No. 42 of 2011)  
 Company Registration No.: PB 269 PQ. Date of Incorporation : 1982.10.04 ICRA Rating (SL) BBB / Stable  
 Head Office : No. 106, Yatimuwa Yeediya, Kandy. Tel : 081 2 000 000 | Fax : 081 2 234 977  
 City Office : No. 45, Dharmapala Mawatha, Colombo 07. Tel : 011 2 000 000 | Fax : 011 2 327 882

**BENEFICIAL OWNERSHIP FORM**

<b>Declaration of Beneficial Ownership</b>	
<p><i>This form has been issued under the customer Due diligence Rue No 1 of 2016 issued in terms of the Section 2 (3) of the Financial Transactions Reporting Act of 2006. This form, or an approved equivalent, is required to be completed by all customers of financial institutions designated under the Acts to the best of their knowledge. The original completed, signed and witnessed version of this form must be retained by the financial institution and available to the competent authorities upon request.</i></p>	
<b>Customer Identification</b>	
Name and Designation of natural person opening account	
Name, Reg. No. and Address of legal person for which the account is being opened	
Name, Deed No., Trustee and Address of legal arrangement for which the account is being opened	
I declare that :	
<input type="checkbox"/> I am the beneficial owner <sup>2</sup> of the customer for this account. <input type="checkbox"/> I am not the beneficial owner <sup>2</sup> of the customer of this account. Complete identifying information for all beneficial owners that own or control 10% or more of the customer's equity, beneficial owners on whose behalf the account is being operated, and at least one person who exercises effective control of the legal entity regardless of whether such person is already listed.	
<p><sup>2</sup> Beneficial owner as "a natural person who ultimately owns or controls a customer or the person on whose behalf a transaction is being conducted and includes the person who exercises ultimate effective control over a person or a legal arrangement"</p>	

Name	NIC or Passport No./ Country of Issue/ Country of Citizenship	DOB	Current Address	Source of Beneficial Ownership (1=Equity (indicate %), 2=Effective Control, 3=Person on whose behalf account is operated)	Check if Politically Exposed Person (PEP) <sup>3</sup>
				<input type="checkbox"/> 1- .....% <input type="checkbox"/> 2- ..... <input type="checkbox"/> 3	<input type="checkbox"/>
				<input type="checkbox"/> 1- .....% <input type="checkbox"/> 2- ..... <input type="checkbox"/> 3	<input type="checkbox"/>
				<input type="checkbox"/> 1- .....% <input type="checkbox"/> 2- ..... <input type="checkbox"/> 3	<input type="checkbox"/>
				<input type="checkbox"/> 1- .....% <input type="checkbox"/> 2- ..... <input type="checkbox"/> 3	<input type="checkbox"/>
				<input type="checkbox"/> 1- .....% <input type="checkbox"/> 2- ..... <input type="checkbox"/> 3	<input type="checkbox"/>
				<input type="checkbox"/> 1- .....% <input type="checkbox"/> 2- ..... <input type="checkbox"/> 3	<input type="checkbox"/>
				<input type="checkbox"/> 1- .....% <input type="checkbox"/> 2- ..... <input type="checkbox"/> 3	<input type="checkbox"/>
				<input type="checkbox"/> 1- .....% <input type="checkbox"/> 2- ..... <input type="checkbox"/> 3	<input type="checkbox"/>
<b>Details of the Customer Authorized to Act on Behalf of Entity</b>					
Name:					
NIC/Passport:					
Date of Birth:					
Signature :					
(By signing, you attest to the veracity of all information contained herein and you acknowledge and understand the above warning).					
<b>Verification of Beneficial Ownership</b>					
<b>Authorized Financial Institution Official</b>					
Name:					
Title:					
Date:					
Signature and EPF No :					
(By signing, you attest that you have identified the customer whose signature is on this form and have witnessed said signature).					
<sup>3</sup> "Politically exposed person" means an individual who is entrusted with prominent public functions either domestically or by a foreign country, or in an international organisation and includes a Head of a State or a Government, a politician, a senior government officer, judicial officer or military officer, a senior executive of a State owned Corporation, Government or autonomous body but does not include middle rank or junior rank individuals.					

## Appendix 4 Politically Exposed Persons

<b>A</b>	
1	The President
2	The Prime Minister
3	The Speaker and the Deputy Speaker of the Parliament
4	Cabinet Ministers, Non-Cabinet Ministers, State Ministers, Deputy Ministers
5	Members of Parliament
6	Leaders of Political Parties
<b>B</b>	
1	Governors of Provinces
2	Chief Ministers of Provinces
3	Mayor, Chairman of Municipal Councils
4	Chairman of Provincial Councils
5	Members of Municipal Councils/ Provincial Councils / Local Government Bodies
6	Commissioners/ Secretaries to Municipal Councils/ Provincial Councils / Local Government Bodies
<b>C</b>	

1	Chief Justice
2	Attorney General
3	Judges of Supreme Court
4	Judges of the Court of Appeal
5	Solicitor General of the Attorney General's Department
6	Judges of High Courts/Provincial High Courts
7	Judges of District Courts
8	Judges of Magistrate Courts
9	Registrar of Supreme Court
10	Registrar of the Court of Appeal
11	Registrars of Judges of High Courts/Provincial High Courts
12	Registrars of District Courts
13	Registrars of Magistrate Courts
<b>D</b>	
1	Ambassadors /High Commissioners
2	Consul-General/ Deputy Head of Mission/Charge d'affaires/Honorary Consul
3	Ministers plenipotentiary and Envoys Extraordinary
4	Representatives of UN agencies and Heads of other international organizations
<b>E</b>	
1	Secretary/ Senior Additional Secretaries/ Additional Secretaries to the President

2	Secretary/ Senior Additional Secretaries/ Additional Secretaries to the Prime minister
3	Secretary /Senior Additional Secretaries/ Additional Secretaries to the Cabinet of Ministers, Non-Cabinet Ministers, State Ministers, Deputy Ministers
4	Deputy Secretary to the Treasury
5	Secretary/ Senior Additional Secretaries /Additional Secretaries/ Deputy Secretaries to Ministries
6	Members of the Monetary Board
7	Governor / Deputy Governors / Assistant Governors and Heads and Additional Heads of Department of the Central Bank of Sri Lanka
8	Advisors to the President/ Prime Minister / Ministers/ Ministries
9	Chief of staff of presidential secretariat
10	Auditor General
11	Secretary General of Parliament
12	District Secretaries/ Government Agent and Secretaries
13	Heads and Senior Officials of Government Departments
14	Chairmen and Senior Officials of State Enterprises
15	Chairmen and Senior Officials of State Corporations / Statutory Boards/ Authorities/ Public Corporations
<b>F</b>	

1	Field Marshall / Admiral of the Fleet/ Marshal of the Air Force
2	Chief of Defence Staff
3	General of Sri Lanka Army/Admiral of Sri Lanka Navy/ Air Chief Marshal of Sri Lanka Air Force
4	Officers in the Rank of Lieutenant Colonel and above of Sri Lanka Army
5	Officers in the Rank of Commander and above of Sri Lanka Navy
6	Officers in the Rank of Wing Commander and above of Sri Lanka Air Force
7	Inspector General of Police
8	Police officers above the rank of Asst. Superintendent of Police
<b>G</b>	
1	Chairman/ members and senior officers of the Public Service Commission
2	Chairman/ members and senior officers of the National Police Commission
3	Chairman/ members and senior officers of the Human Right Commission
4	Chairman/ members and senior officers of the Commission to Investigation Allegations of Bribery or Corruption
5	Chairman/ members and senior officers of the Finance Commission
6	Chairman/ members and senior officers of the Election Commission
7	Members of Constitutional Council
8	Chairman/ members and senior officers of the Audi Service Commission
9	Chairman/ members and senior officers of the Delimitation Commission

10	Chairman/ members and senior officers of the National Procurement Commission
11	Members of Cabinet appointed committees
<b>H</b>	
	Chairman, Members and senior officers of University Grant Commission
	Chairman, members of University Councils
	Chancellor
	Vice Chancellor
	Registrar of universities

## **Annexure 5 – Relevant Suspicious Indicators as per the guideline No. 6 of 2018 issued by FIU**

### **General Indicators**

- Any behaviour unusual for the circumstances.
- Any activity unusual for the customer.
- Any activity unusual in itself.
- Any knowledge that leads the Institution to believe that unlawful activity may be involved.
- Any unresolved and persistent feelings of doubt related to customers and their transactions and attempted transactions.

### **General Behavioral/Customer Indicators**

- Customer talks about or hints about involvement in criminal activities, even if in a humorous way.
- Customer does not want correspondence sent to home address.

- Customer appears to have accounts with several financial institutions for no apparent reason.
- Customer repeatedly uses an address but frequently changes the names involved.
- Customer uses addresses in close proximity of each other.
- Customer is accompanied and watched when visiting the Financial Institution.
- Customer shows unusual curiosity about internal systems, controls and policies.
- Customer has only vague knowledge of the amount of a deposit.
- Customer presents confusing or inconsistent details about the transaction.
- Customer over justifies or explains the transaction.
- Customer tries to convince Financial Institution staff to alter or omit reporting data.
- Customer is secretive and reluctant to meet in person.
- Customer is nervous, not in keeping with the transaction.
- Customer insists that a transaction be done quickly.
- Customer attempts to develop a close rapport with staff.
- Customer offers money, oversized commissions, gratuities or unusual favours for the provision of services.
- Customer has unusual knowledge of the law in relation to suspicious transaction reporting.
- Customer jokes about needing or not needing to launder funds.
- Customer has no apparent ties to the community.
- Customer has irregular work/travel patterns.

### **Account Opening/Identity Indicators**

- Customer provides doubtful or vague information.
- Customer produces seemingly false identification or identification that appears to be counterfeited, altered or inaccurate.
- Customer refuses to produce personal identification documents.
- Customer only possesses copies of personal identification documents.
- Customer wants to establish identity using something other than his or her personal identification documents.



- Customer's supporting documentation lacks important details.
- Customer unnecessarily delays presenting corporate documents.
- All identification presented is foreign or otherwise unreasonably difficult to verify.
- All identification documents presented appear new or have recent issue dates.
- Customer is unemployed, or is an independent consultant, or switches jobs frequently.
- Customer conspicuously displays large amount of cash.

### **Indicators for a Businesses**

- Lack of regular business hours.
- Unusually profitable business.
- Profitable business in a failing industry.
- Business receipts and incomes above industry norms.
- Cash intensive business.
- Use of high cost or inconvenient methods when lower cost or more convenient methods are available.
- Apparent lack of in-depth knowledge of his own business or industry.

### **General Transaction Indicators**

- Transaction is unusual for the customer.
- Transaction is unusual for the country.
- Transaction is unusual for the industry.
- Transaction is unusual for any other reason.
- Transaction seems to be inconsistent with the customer's apparent financial standing or usual pattern of activities.
- Sudden unexplained increase in wealth.
- Transaction appears to be out of the ordinary course for industry practice or does not appear to be economically advantageous for the customer.

- Transaction uses account(s) that have been dormant.
- Transaction is unnecessarily complex for its stated purpose.
- Activity is inconsistent with what would be expected from declared business.
- Transaction involves non-profit or charitable organization for which there appears to be no logical economic purpose or where there appears to be no link between the stated activity of the organization and the other parties in the transaction.

### **Cash Transaction Indicators**

- Customer suddenly starts conducting frequent cash transactions in large amounts when this has not been a normal activity for the customer in the past.
- Customer frequently exchanges small bills for large ones.
- Customer uses notes in denominations that are unusual for the customer, when the norm in that business is much smaller or much larger denominations.
- Customer presents notes that are packed or wrapped in a way that is uncommon for the customer.
- Customer deposits musty or extremely dirty bills.
- Customer makes cash transactions of consistently rounded-off large amounts.
- Customer consistently makes cash transactions that are just under the reporting threshold amount in an apparent attempt to avoid the reporting threshold.
- Customer consistently makes cash transactions that are significantly below the reporting threshold amount in an apparent attempt to avoid triggering the identification and reporting requirements.
- Customer presents uncounted funds for a transaction. Upon counting, the transaction is reduced to an amount just below that which could trigger reporting requirements.
- Customer conducts a transaction for an amount that is unusual compared to amounts of past transactions.
- Customer frequently purchases traveler's checks, foreign currency drafts or other negotiable instruments with cash when this appears to be outside of normal activity for the customer.

- Customer asks the Financial Institution to hold or transmit large sums of money or other assets when this type of activity is unusual for the customer.
- Shared address for individuals involved in cash transactions, particularly when the address is also for a business location, or does not seem to correspond to the stated occupation (for example, student, unemployed, self-employed, etc.).
- Stated occupation of the customer is not in keeping with the level or type of activity (for example a student or an unemployed individual makes daily maximum cash withdrawals at multiple locations over a wide geographic area) .
- Customer consistently claims that source of funds is gambling winnings with no evidence of corresponding losses.

### **Indicators Involving Loans**

- Loans secured by pledged assets held by third parties unrelated to the borrower.
- Loan secured by deposits or other readily marketable assets, such as securities, particularly when owned by apparently unrelated third parties.
- Borrower defaults on a cash-secured loan or any loan that is secured by assets which are readily convertible into currency.
- Loans are made for, or are paid on behalf of, a third party with no reasonable explanation.
- To secure a loan, the customer purchases a certificate of deposit using an unknown source of funds, particularly when funds are provided via currency or multiple monetary instruments.
- Loans that lack a legitimate business purpose; provide the bank with significant fees for assuming little or no risk; or tend to obscure the movement of funds (*e.g.*, loans made to a borrower and immediately sold to an entity related to the borrower).
- Customer claims true ownership of assets used for collateral, even though assets held in a different name.

### **Suspicious Patterns involving Multiple Transactions**

- Round trip transactions where funds are transferred to one destination, and then return in roughly the same amount from a different origin.
- Structured transactions that break transactions into smaller amounts to avoid reporting.
- Distributer/collector transactions where multiple accounts funnel into one, or one funnels into multiple without adequate explanation. This is an especially strong indicator when accounts may be controlled by single beneficial owner.

### **Transactions Involving Proxies**

- Transactions where a person who is matched by two attributes (e.g. name and address, or name and birthday, or birthday and address) appears to maintain multiple accounts with variations in one of these parameters.
- Transactions with multiple accounts at the same address.
- Transactions where the address does not exist in public records.
- Transactions where the name does not exist in public records.
- Transactions where the account holder is a PEP.
- Transactions where the account holder is a relative or close associate of a PEP.
- Transactions where the account holder shares an address with a PEP.
- Large transactions by people with low-income jobs, especially when employed by or related to high wealth individuals.
- Transactions in the name of very young people.
- Transactions in the name of dead people.
- Transactions in the name of people living in areas where such wealth would be abnormal.

### **Politically Exposed Persons – Red flags and indicators for suspicion**

#### **A. PEPs attempting to shield their identity:**

1. Use of corporate vehicles (legal entities and legal arrangements) to obscure i) ownership, ii) involved industries or iii) countries.
2. Use of corporate vehicles without valid business reason.
3. Use of intermediaries when this does not match with normal business practices or when this seems to be used to shield identity of PEP.
4. Use of family members or close associates as legal owner

#### **B. Red flags and indicators relating to the PEP and his behavior**

1. The PEP makes inquiries about the institution's AML policy or PEP policy.
2. The PEP seems generally uncomfortable to provide information about source of wealth or source of funds.
3. The information that is provided by the PEP is inconsistent with other (publicly available) information, such as asset declarations and published official salaries.
4. The PEP is unable or reluctant to explain the reason for doing business in the country of the FIs/DNFBs.
5. The PEP provides inaccurate or incomplete information.
6. The PEPs seeks to make use of the services of a FIs/ DNFBs that would normally not cater to foreign or high value clients.
7. Funds are repeatedly moved to and from countries to which the PEPs does not seem to have ties with.
8. The PEP is or has been denied entry to the country (visa denial).
9. The PEP is from a country that prohibits or restricts its/certain citizens to hold accounts or own certain property in a foreign country

#### **C. PEP's position or involvement in businesses:**

1. The PEP has a substantial authority over or access to state assets and funds, policies and operations.
2. The PEP has control over regulatory approvals, including awarding licences and concessions.

3. The PEP has the formal or informal ability to control mechanisms established to prevent and detected ML/TF.
4. The PEP (actively) downplays importance of his/her public function, or the public function s/he is relates to associated with.
5. The PEP does not reveal all positions (including those that are ex officio).
6. The PEP has access to, control or influence over, government or corporate accounts.
7. The PEP (partially) owns or controls FIs/ DNFBs, either privately, or ex officio.
8. The PEP (partially) owns or controls the FIs/ DNFBP (either privately or ex officio) that is a counter part or a correspondent in a transaction.
9. The PEP is a director or beneficial owner of a legal entity that is a client of a FIs/DNFB.

**D. Red flags and indicators relating to the industry/sector with which the PEP is involved:**

1. Arms trade and Defense industry.
2. Banking and finance.
3. Businesses active in government procurement, i.e., those whose business is selling to government or state agencies.
4. Construction and (large) infrastructure.
5. Development and other types of assistance.
6. Human health activities.
7. Privatization.
8. Provision of public goods, utilities.

## Annexure 6

Product	Parameter
<b>General Savings</b>	A customer's daily total of cash deposits exceeds a threshold
	A customer has been with the financial institution for a short period of time and involved only in cash transactions.
	A customer's total number of cash deposits exceeds a threshold over several days.
	A customer's total amount of cash deposits consistently falls just below the daily Currency Transaction Report (CTR) threshold. This type of behavior is indicative of structuring.
	A customer's daily total of cash withdrawals exceeds a threshold (parameterized).
	A customer's total number of cash withdrawals exceeds a threshold over several days
	An inactive account returns to active status and exceeds an activity threshold.
	Inactive accounts returns to active status and money has been continuously taken out from the account since that day.
	Dormant account returns to active status and money has been continuously deposited to the account since that day.
	Dormant account returns to active status and the total withdrawals are equal or more than the deposits.
<b>Minor Savings</b>	Minor savings account where large amount of money is deposited closer to the maturity date.
	Dormant accounts with deposits
	Examines the accounts for which transactions were performed at multiple branches over a period of time
<b>Fixed</b>	A customer's total fixed deposits exceeds a threshold.

<b>Deposits</b>	
	Large new Deposits over a stipulated period of time
	Customers closes the fixed deposit before the maturity date (Premature Withdrawals)
	Customer takes a loan pledging their fixed deposits
	Customer top ups his fixed deposits on a periodical basis at the renewal
	Customer creates fixed deposits in multiple branches within a given period of time.
<b>Gold Loans</b>	Customer's daily loan value exceeds the threshold
	Customer's whose articles are let to auction due to the non-settlement of loan.
	Customer presents damaged articles on a continuous basis
	Auctioneers who buy articles on a continuous basis
	Customers Pawns/Redeems in multiple branches within a given period of time.
	Number of times the customers Pawns, Redeems within a given period of time.
	Customers of certain age group takes loans of higher value.
	Customers take large value loans for a short period of time.
<b>Other Loans and advances</b>	Customers take large value loans for a short period of time.
	Customer settles the loan before the maturity date.
	Customers who have taken large number of loans within a short period of time.
	Customers whose assets are let to auction
	Customers who make the payments that are more than the monthly rental.



## Annexure 7 - Western Union Agent Copy

WESTERN UNION <b>WU</b>		To Receive Money - Receipt (Agent Copy)	
Receiver Name: <input type="text"/>		Sender Name: RANJANI LALANI LIDSTROM	
Address: <input type="text"/>		Nationality of the Sender: <input type="text"/>	
Phone number: <input type="text"/>		Test Question: <input type="text"/>	
E-Mail Id: <input type="text"/>		Answer: <input type="text"/>	
Date of Birth: 02-28-1981		Message: <input type="text"/>	
Country of Birth: Sri Lanka		MTCN: <input type="text"/>	
Nationality: Sri Lanka		Date & Time: <input type="text"/>	
ID Type: National Id Card		Agent Details: COMMERCIAL CREDIT AND FINANCE PLC NO 27 10E, COLOMBO ROAD	
ID number: <input type="text"/>		Operator ID: 162	
ID Issue Date: <input type="text"/>		Amount Received: <input type="text"/>	
ID Expiry Date: <input type="text"/>		Originating country: Sweden	
ID Issue Country: Sri Lanka		TOTAL: <input type="text"/> Sri Lanka Rupee	
		Exchange Rate: 26.5834425	
		Amount Sent: 1,010.00 Swedish Krona	
<p>If you choose to provide details of your landline/mobile phone and/or your e-mail in the optional entries above you also expressly consent to receipt of such commercial communications in the indicated medium (telephone/SMS/MMS/e-mail), to being notified of transfer collection by SMS and agree that any charges imposed by the provider of such services are your sole responsibility.</p> <p><b>IMPORTANT NOTICE: THE TERMS AND CONDITIONS ON WHICH THE SERVICE IS PROVIDED ARE SET OUT ON THE FORM EARLIER PROVIDED TO YOU. YOU ARE ADVISED TO READ THOSE TERMS AND CONDITIONS, ESPECIALLY THOSE RESTRICTING LIABILITY AND DATA PROTECTION. BEFORE SIGNING THIS FORM, IN ADDITION TO THE TRANSFER FEE, WESTERN UNION AND ITS AGENTS ALSO MAKE MONEY FROM THE EXCHANGE OF CURRENCIES. PLEASE SEE FURTHER IMPORTANT INFORMATION REGARDING CURRENCY EXCHANGE AND LEGAL RESTRICTIONS THAT MAY DELAY THE TRANSACTION SET FORTH IN THOSE TERMS. PROTECT YOURSELF FROM CONSUMER FRAUD. BE CAREFUL WHEN A STRANGER ASKS YOU TO SEND MONEY. DO NOT DIVULGE THE DETAILS OF THIS TRANSFER TO A THIRD PARTY.</b></p>			
<p>By signing this form, I also:</p> <ol style="list-style-type: none"> <li>1. Expressly consent to the transfer of my personal data entered above to WU Affiliates located in countries such as the U.S. for the purpose of providing the money transfer service to me and undertaking the additional data processing activities specified in the Data Protection section of the terms and conditions. I have the right to withdraw my consent at any time.</li> <li>2. Expressly consent to the carrying out of profiling activities and marketing communications.</li> <li>3. Confirm that the information I have provided is correct and that I have read and accepted the terms and conditions of the service below.</li> </ol>		<p>Customer signature: <input type="text"/></p> <p>Agent signature: <input type="text"/></p> <p>Date: <input type="text"/></p>	