



Mercantile Investments
and Finance PLC

MERCANTILE INVESTMENTS AND FINANCE FINANCE PLC Branch

**Know Your Customer (KYC) Form
Sole Proprietorship / Partnership**

As required under the Financial Institutions (Customer Due Diligence) Rules, No. 01 of 2016 issued by the Financial Intelligence Unit of Central Bank of Sri Lanka in terms of section 02 of the Financial Transactions Reporting Act, No 06 of 2006.

| For Office Use Only | | | | | | | |
|---------------------|---|---|---|---|---|---|---|
| Account No (s) | | | | | | | |
| Date | D | D | M | M | Y | Y | Y |
| Client Code | | | | | | | |

| Details of the Institution | |
|--|--|
| Name of Institution | |
| Registered Address | |
| Business Registration No | |
| Total No. of Partners (In the case of a Partnership) | |

| Purpose for opening the account and the usage | |
|--|--|
| <input type="checkbox"/> Business Transactions | <input type="checkbox"/> Investment <input type="checkbox"/> Other Special Purpose (Specify) |

| Source of Funds Expected Source and nature of Credits into the account | |
|--|---|
| <input type="checkbox"/> Sale/ Business Turnover | <input type="checkbox"/> Commission Income <input type="checkbox"/> Interest/ Investment Income <input type="checkbox"/> Business Profits |
| <input type="checkbox"/> Sale of property/assets | <input type="checkbox"/> Others (Please specify) |

| Expected Turnover of the Business per Month | | |
|--|---|--|
| <input type="checkbox"/> Less than Rs. 500,000 | <input type="checkbox"/> Rs. 500,001 to Rs. 1,000,000 | <input type="checkbox"/> Rs. 1,000,001 to Rs.5,000,000 |
| <input type="checkbox"/> Rs. 5,000,001 to Rs. 10,000,000 | <input type="checkbox"/> Rs. 10,000,001 to Rs. 25,000,000 | <input type="checkbox"/> Rs. 25,000,001 and above |

| Anticipated Monthly Cash Flows to the Account | | |
|--|---|--|
| <input type="checkbox"/> Less than Rs. 500,000 | <input type="checkbox"/> Rs. 500,001 to Rs. 1,000,000 | <input type="checkbox"/> Rs. 1,000,001 to Rs.5,000,000 |
| <input type="checkbox"/> Rs. 5,000,001 to Rs. 10,000,000 | <input type="checkbox"/> Rs. 10,000,001 to Rs. 25,000,000 | <input type="checkbox"/> Rs. 25,000,001 and above |

| Assets Owned by the Sole Proprietorship/ Partnership | |
|--|--|
| <input type="checkbox"/> Property/Premises | <input type="checkbox"/> Investments <input type="checkbox"/> Motor Vehicles <input type="checkbox"/> Financial Assets <input type="checkbox"/> Others (specify) |

| Details of Sole Proprietor/ Partners | |
|--------------------------------------|--|
| 01 | |
| Name (Mr/Mrs/Ms/.....) | |
| Address | |
| NIC No | |
| Position | |
| Ownership as a percentage (%) | |
| 02 | |
| Name (Mr/Mrs/Ms/.....) | |
| Address | |
| NIC No | |
| Position | |
| Ownership as a percentage (%) | |
| 03 | |
| Name (Mr/Mrs/Ms/.....) | |
| Address | |
| NIC No | |
| Position | |
| Ownership as a percentage (%) | |
| 04 | |
| Name (Mr/Mrs/Ms/.....) | |
| Address | |
| NIC No | |
| Position | |
| Ownership as a percentage (%) | |

| Tax Declaration | | | |
|---|--|-----------------|--|
| The following is a mandatory declaration which is required to be completed under the Inland Revenue Regulations | | | |
| Income Tax File No | | VAT Tax File No | |

| Expected Mode of Transactions/ Delivery Channels | | | |
|--|---------------------------------|---|--|
| <input type="checkbox"/> Cash | <input type="checkbox"/> Cheque | <input type="checkbox"/> Electronic Fund Transfer | <input type="checkbox"/> Other (Specify) |
| (Tick '✓' all that applicable) | | | |

| Documents required | | |
|--|----------|----------------|
| We forward herewith the following documents relevant to the account opening request (Tick '✓' as appropriate) | Enclosed | Not Applicable |
| Certified copy of Business Registration | | |
| Certified copy of Partnership Agreement/ Deed | | |
| National identity Card / Driving License / Valid Passport copies of Proprietor / all Partners and Authorized Signatories | | |
| Institution KYC Form | | |
| Individual KYC Form of Proprietor / all Partners | | |

I/ We confirm that the information provided above is correct and accurate. I/we further undertake to keep (Mercantile Investment and Finance PLC) duly informed, as soon as possible of change to the information provided above.

| Full Name of Proprietor/ Partners | NIC/Passport No | Full Signature |
|-----------------------------------|-----------------|----------------|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |

| For Office use Only | | | |
|--|---------------------|-----------------------|---------------------|
| Documents Reviewed by..... (Signature) | Emp No | <input type="text"/> | |
| Authorized by..... (Signature) | Emp No | <input type="text"/> | |
| System Entry | | | |
| Input by | Checked by | Activated by | Scanned by |