

KYC Form

For Institutions / Associations / Clubs and Societies / Trusts / NGOs

(Requirement in terms of the Financial Transaction Reporting Act No . 6 of 2006 and other Applicable Laws)



For Bank Use Only

Date

A/c Number

Branch Code

Manager's
Signature

PART - I

SECTION (A) - Basic information of the Account

1. Name of the Organization :

2. Business Registration No :

3. Local Address :

4. Nature & Purpose of Business / Organization :

5. Foreign Address (If any) :

6. Countries involved in the Business (If any) :

(✓) tick one or more appropriate boxes

7. Purpose of Opening the Account:

- Business Investment Social & Charity
 Trust Loan Payment Others (Specify)

8. Source of Funds : (Expected source and nature of credits into the account)

- Sales and Business Turnover Contract Proceeds Investment Proceeds
 Commission Income Donations/Charities (Local/Foreign) Membership Contributions
 Export Proceeds Profit/Professional Income Others (Specify)

9. Anticipated Volume : (Expected/Usual average volumes of deposits into the account in rupees per month)

- Less than 500,000/- (or equivalent FC value) 1,000,000/- to 1,500,000/- (or equivalent FC value)
 500,000/- to 1,000,000/- (or equivalent FC value) Over 1,500,000/- (or equivalent FC value)

10. Expected mode of Transactions :

- Cash Cheque Foreign Remittance
 Standing Order Slips/TT/Wire Transfer/RTGS Others (Specify).....

11. Does the organization have any foreign investors or share holders ? (i.e. a Non Citizen/ Dual Citizen/Non Resident)

- Yes No

If "Yes" please state :

Name	Country	Percentage of Investment

SECTION (B) - Mandatory Checks - For Bank Use Only

(✓) tick one or more appropriate boxes

1. Customer Type :

- Proprietorship Public Company Clubs/Societies/Associations Trust/Charities
 Partnership Private Company Gov./Institution/Bank NGOs/NPOs

2. Geographical Area :

Is the organization's registered place of business situated within a reasonable distance to the Branch ?

- Yes *If "No" reason for opening account out of the geographical area of the Organization :*
 No

3. Are the office Bearers/Directors (Including family and close associates) Politically Exposed Persons?

- Yes No

4. Does the organization has any linkage ownership with US ? Yes No

If "Yes" have you filled FATCA Declaration Form : Yes No

5. Other Details/Remarks/Notes (If any) :

Manager's Name Signature EPF No:

Branch Seal : Date

Required Documents in the case of Proprietorship/Partnership :

- Copy of the Business Registration
- KYC forms of Proprietors /Partners
- Partnership deed/agreement if available

Required Documents in the case of Limited Liability Company :

- Certificate of Incorporation
- Copy of Articles of Association
- Copy of Board Resolution regarding the conduct of the account
- KYC of all Directors
- List of major shareholders with equity interest of more than ten percent
- Copy of certificate to commence business (*for public companies*)
- Copy of Export Development Board approved letter (*If applicable*)
- Copy of Board of Investment agreement (*If applicable*)
- Copy of form 01/ form 40
- Copy of form 20 (*If applicable*)
- Copy of form 44 (*If applicable*)
- Copy of form 45 (*If applicable*)
- List of subsidiaries and affiliates
- Latest Audited Accounts (*If available*)

Required Documents in the case of

Clubs, Societies, Charities, Associations, Trust and Non-Governmental Organizations :

- Copy of the Registration Document/ Constitution Charter etc...
- Committee or Board Resolution authorizing the account opening
- KYC for all authorized signatories
- Other connected Institutions/Associates/Organizations
- Trust Deed (*For Trust Accounts Only*)
- Copies shall be certified by the Manager or Authorized Officer

Declaration of Beneficial Ownership

Section A: Details of the legal person/ legal arrangement, to whom account opened

(Eg: Company, Corporate, Foundation, Partnership, Trust, Association)

Name of the Entity:	
Type of the Entity: (eg.Private/Corporate etc..)	
Registration Number & Date:	Deed No/ Trustee No:
Country of Incorporation:	
Registered Address:	
Nature of Business:	
Contact Person:	
Contact Details (Phone):	(Email)
Tax Identification Number (TIN):	
I/We declare that I/We: <input type="checkbox"/> am/are the sole beneficial owner/s* of the customer of this account. <input type="checkbox"/> am/are not the sole beneficial owner/s* of the customer of this account	

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.

Section B: Details of all Beneficial Owners

(01.)	Full Name:
	NIC No & Passport No (with Country of issue)
	Country of Citizenship
	Nationality:
	Date of birth:
	Residential Address:
	Tax Identification Number (TIN):
	Designation:
	Contact Details: (phone) (Email)
	Source of Beneficial Ownership: <input type="checkbox"/> Equity (..... %) <input type="checkbox"/> Person on whose behalf the account is being operated <input type="checkbox"/> Effective control
**	PEP Status Yes <input type="checkbox"/> No <input type="checkbox"/>
(02.)	Full Name:
	NIC No & Passport No (with Country of issue)
	Country of Citizenship
	Nationality:
	Date of birth:
	Residential Address:
	Tax Identification Number (TIN):
	Designation:
	Contact Details: (phone) (Email)
	Source of Beneficial Ownership: <input type="checkbox"/> Equity (..... %) <input type="checkbox"/> Person on whose behalf the account is being operated <input type="checkbox"/> Effective control
**	PEP Status Yes <input type="checkbox"/> No <input type="checkbox"/>

(03.)	Full Name:
	NIC No & Passport No (with Country of issue)
	Country of Issue/ Country of Citizenship
	Nationality:
	Date of birth:
	Residential Address:
	Tax Identification Number (TIN):
	Designation:
	Contact Detail: (phone) _____ (Email) _____
	Source of Beneficial Ownership: <input type="checkbox"/> Equity (..... %) <input type="checkbox"/> Person on whose behalf the account is being operated <input type="checkbox"/> Effective control

** PEP Status Yes No

If more than three persons are there, please take a photocopy of this page, complete for additional parties and submit along with this form.

Section C: Details of the Natural Person Authorized to Act on behalf of the Customer

01. Name:

NIC/Passport No:

Date of Birth:

I, the undersigned, declare that the above information is true and correct to the best of my knowledge and belief and I undertake to inform you of any changes to the beneficial ownership details provided above as soon as possible.

Signature:

02. Name:

NIC/Passport No:

Date of Birth:

I, the undersigned, declare that the above information is true and correct to the best of my knowledge and belief and I undertake to inform you of any changes to the beneficial ownership details provided above as soon as possible.

Signature:

03. Name:

NIC/Passport No:

Date of Birth:

I, the undersigned, declare that the above information is true and correct to the best of my knowledge and belief and I undertake to inform you of any changes to the beneficial ownership details provided above as soon as possible.

Signature:

Section D: Verification of Beneficial Ownership

- National ID / Passport
- Company Registration Certificate
- Trust Deed (if applicable)
- Ownership Structure Chart of the Entity
- Shareholder Register
- Annual Returns
- Partnership Agreement
- Shareholder Agreement
- The constitution of a registered co-operative society
- Minutes of the board of directors' meetings indicating ownership or control
- Articles of Association/The constitution and/or certificate of incorporation for an incorporated association
- Register of Beneficial Owners maintained by the company
- Official filings with regulatory authorities (eg. Company registry records)
- Information available through open-source search or commercially available databases. (e.g., company registries, business databases)

(For Office Use Only) Authorized Financial Institution Official

I have carefully reviewed the above information together with the documents submitted by the customer. I further attest that I have verified the identity of the customer whose signature appears on this form and have witnessed the signature.

Name:

Title:

Date:

Signature & Official Stamp

Notes:

- * 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 agreement.”
- ** Politically (PEP) 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 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