

The Unit Trust Management Company to Assetline Mutual Funds: Assetline Capital (Private) Limited

No.120, 120A, Pannipitiya Road, Battaramulla, Sri Lanka. Tel.: 0114700100 Fax: 0114700114 Web.: www.assetline.lk Reg. No.: PV 121

**Note:** This Form is to be filled in by the Customer and retained with the Unit Trust Management Company to Assetline Mutual Funds, in accordance with FIU regulations. Please tick (✓) the appropriate cage(s) within this Form.

### **Assetline Mutual Funds - Know Your Customer (KYC) Form**

This information is sought under the Prevention of Money Laundering Act No. 5 of 2006, Financial Transaction Reporting Act No. 6 of 2006 and the Rules for the securities Industry issued by the Financial Intelligence Unit (FIU) of the Central Bank of Sri Lanka. All information as applicable in sections A, B and C below is mandatory for the Customer.

<b>Full Name of the Customer:</b>							
<b>Title of the Customer:</b>							
<b>Citizenship:</b> <input type="checkbox"/> Sri Lankan <input type="checkbox"/> Sri Lankan with dual citizenship <input type="checkbox"/> Foreign national  Sri Lankan with dual citizenship or foreign national, please specify: <table border="1"><tr><td>Nationality</td><td></td></tr><tr><td>Visa Type</td><td></td></tr><tr><td>Expiry date</td><td></td></tr></table>	Nationality		Visa Type		Expiry date		<b>Name, Date of Birth and Nationality verification:</b> <input type="checkbox"/> National Identity Card <input type="checkbox"/> Passport <input type="checkbox"/> Other (Please Specify): .....
Nationality							
Visa Type							
Expiry date							

#### **SECTION A – BASIC ACCOUNT INFORMATION:**

Customer Type: Please tick (✓) the appropriate cage.

- |  |   |
|--|---|
| <input type="checkbox"/> Individual              | <input type="checkbox"/> Joint                  |
| <input type="checkbox"/> Sole Proprietor         | <input type="checkbox"/> Partnership            |
| <input type="checkbox"/> Private Limited Company | <input type="checkbox"/> Public Limited Company |
| <input type="checkbox"/> Club / Association      | <input type="checkbox"/> Trust                  |

#### **SECTION B – ADDRESS & CONTACT INFORMATION OF THE CUSTOMER:**

##### **1. Proof of Residency document provided by the Customer:**

(Please submit anyone of the following documents and tick (✓) against the Document attached.)

- |  |  |
|--|--|
| <input type="checkbox"/> National Identity Card.                       | <input type="checkbox"/> Driving License.                      |
| <input type="checkbox"/> Bank Account Statement/Credit card statement. | <input type="checkbox"/> Utility Bill.                         |
| <input type="checkbox"/> Valid Tenancy Agreement.                      | <input type="checkbox"/> Income Tax Receipt/Assessment Notice. |
| <input type="checkbox"/> Employment Contract.                          | <input type="checkbox"/> Letter from a public authority.       |
| <input type="checkbox"/> Other (Please Specify)<br>.....               |  |

❖ Where applicable, the date of the supporting document should be within three months of the date on which the application was submitted.

**2. Status of Residency Address (Premises):** Please tick (✓) the appropriate cage.

<input type="checkbox"/>	Owner	<input type="checkbox"/>	Lease/Rent	<input type="checkbox"/>	Friends/Relatives
<input type="checkbox"/>	Parents	<input type="checkbox"/>	Official	<input type="checkbox"/>	Board/Lodging
<input type="checkbox"/>	Other Place (Please Specify) .....				

**3. Permanent Residential Address:**

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**4. Contact Details:**

Telephone No. (Office)	:	.....	Mobile Number	:	.....
Telephone No. (Residential)	:	.....	Fax Number	:	.....
E-Mail Address	:	.....			

**SECTION C – OTHER INFORMATION REGARDING THE CUSTOMER:**

**1. For a Person under Employment:**

➤ Occupation : .....

➤ Name of the Employer : .....

➤ Employer's Registered Address : .....

**2. For Self Employed / Professionals / Corporates:**

➤ Nature of business/Profession : .....

➤ Registered Address : .....

**3. Expected Value of Investment per annum (In LKR):** Please tick (✓) the appropriate cage.

<input type="checkbox"/> Less than 100,000	<input type="checkbox"/> 100,000 to 500,000	<input type="checkbox"/> 500,000 to 1,000,000
<input type="checkbox"/> 1,000,000 to 5,000,000	<input type="checkbox"/> 5,000,000 to 10,000,000	<input type="checkbox"/> 10,000,000 to 50,000,000
<input type="checkbox"/> 50,000,000 to 100,000,000	<input type="checkbox"/> 100,000,000 to 500,000,000	<input type="checkbox"/> Above 500,000,000

**4. Source of Funds:** Please tick (✓) the appropriate cage.

<input type="checkbox"/> Sales and business turnover	<input type="checkbox"/> Contract Proceeds	<input type="checkbox"/> Investment Proceeds/Savings
<input type="checkbox"/> Sale of Property / Assets	<input type="checkbox"/> Gifts	<input type="checkbox"/> Membership Contribution
<input type="checkbox"/> Commission Income	<input type="checkbox"/> Family Remittances	<input type="checkbox"/> Export Proceeds
<input type="checkbox"/> Salary / Profit / Professional Income	<input type="checkbox"/> Donations / Charities (Local / Foreign)	

Other (Please Specify) .....

**5. Assets owned and their values in LKR (Only in the case of Business & Non-Personal Accounts):**

Properties / Premises: .....

Financial Assets / Investments: .....

Other (Please Specify): .....

**6. Major Customers / Major Suppliers / Professional Activities / Business Interests / Other Connected****Businesses / Other Connected Parties:**

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**7. FATCA Status**

**US Person\*:** ☐ Yes (attach declaration) ☐ No

\*As per the Foreign Account Tax Compliance Act ("FATCA") of the United States of America ("US" / "USA"), the below-mentioned criteria may classify a Customer as a "US Person":

- A Citizen of the USA (Including an individual born in the US but resident in another country, who has not renounced US citizenship)
- A person residing in the USA
- A lawful resident of the USA (Including a US Green Card holder)
- A person spends approximately 180 days within 3 years (not continuously) in the USA
- US corporations, estates and trusts
- Any entity that has a linkage or ownership to the US or US territories

**8. Customer's Investment Objective(s):**

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**9. Other Details / Remarks / Notes (If any):**

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**10. How did the Customer initially get to know about Assetline Mutual Funds:**

(Please tick (✓) the appropriate cage)

Media ☐ Referral ☐ Call Centre ☐ Other (Please Specify) .....

**Note:** Any changes to the above stated information must be duly notified to Assetline Capital (Private) Limited.

I confirm that the information provided on pages 1, 2 and 3 are true and correct.

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**Signature of the Customer**

**Date:**