

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.

Full Name of the Customer:							
Title of the Customer:							
<p>Citizenship:</p> <p><input type="checkbox"/> Sri Lankan</p> <p><input type="checkbox"/> Sri Lankan with dual citizenship</p> <p><input type="checkbox"/> Foreign national</p> <p>Sri Lankan with dual citizenship or foreign national, please specify:</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">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		<p>Name, Date of Birth and Nationality verification:</p> <p><input type="checkbox"/> National Identity Card</p> <p><input type="checkbox"/> Passport</p> <p><input type="checkbox"/> Other (Please Specify):</p>
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 any one 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)
..... | |

❖ 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:

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: