

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.

Title of the Customer:	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other						
Full Name of the Customer:							
National Identity Card No. / Passport No. / Other No.							
Citizenship: <input type="checkbox"/> Sri Lankan <input type="checkbox"/> Sri Lankan with dual citizenship <input type="checkbox"/> Sri Lankan residing overseas <input type="checkbox"/> Foreign National Sri Lankan with dual citizenship or foreign national, please specify : <table style="width:100%; border-collapse: collapse;"> <tr><td style="border: 1px solid black;">Nationality</td><td style="border: 1px solid black;"></td></tr> <tr><td style="border: 1px solid black;">Visa Type</td><td style="border: 1px solid black;"></td></tr> <tr><td style="border: 1px solid black;">Expiry Date</td><td style="border: 1px solid black;"></td></tr> </table>	Nationality		Visa Type		Expiry Date		Name, Date of Birth and Nationality verification: <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) | |

➤ 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. Annual Income (In LKR):

- | | | |
|--|---|--|
| <input type="checkbox"/> Up 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"/> Over 10,000,000 | | |

4. 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 |

5. 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) : | | |

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

Properties / Premises:

Financial Assets/Investments:

Other (Please Specify):

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

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.....

8.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

9. Are you or any member of your immediate family, a politically Exposed Person (PEP)* ?

 Yes No

* *Politically exposed person (PEP) 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*

If Yes, Please Specify:

10. Customer's Investment Objective(s):

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

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12. 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: