

Customer Code:

Acuity Securities Ltd

Know Your Customer (KYC) Form - Individual

Name with Initials

NIC/PP No

Address

Occupation/Employment/Designation

Name of Employer

Name & Nature of the Business

Address of the Employer/Business

Joint Name 1 with Initials

NIC/PP No

Address

Occupation/Employment/Designation

Name of Employer

Name & Nature of the Business

Address of the Employer/Business

Joint Name 2 with Initials

NIC/PP No

Address

Occupation/Employment/Designation

Name of Employer

Name & Nature of the Business

Address of the Employer/Business

Joint Name 3 with Initials

NIC/PP No

Address

Occupation/Employment/Designation

Name of Employer

Name & Nature of the Business

Address of the Employer/Business

Please tick (✓) appropriate box below

1. Expected Value of Investment per Month

Less than Rs.1,000,000	<input type="checkbox"/>	Rs. 1,000,000 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. 50,000,000	<input type="checkbox"/>
Rs. 50,000,001 to Rs. 100,000,000	<input type="checkbox"/>	Over Rs. 100,000,000	<input type="checkbox"/>

2. Expected Mode of transaction

Cash Cheque Fund Transfer

3. Purpose of the Account

Trading Investment Other (Specify)

4. Source of Funds	Primary Holder	1 st Joint Holder	2 nd Joint Holder	3 rd Joint Holder	4 th Joint Holder
Business income	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Salary/Income	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Savings/Investments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Donations/Charities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sale of Property/Assets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Specify)					

5. Citizenship	Primary Holder	1 st Joint Holder	2 nd Joint Holder	3 rd Joint Holder	4 th Joint Holder
Sri Lankan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sri Lankan working overseas (work permit) Country	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Permanent Resident of other country Country	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foreign National Nationality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If Resident Foreign National Type of residency/VISA..... Expiry date of residency/VISA.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dual citizen Country	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Are you a US person/s in terms of the Foreign Account Tax Compliance Act (FATCA)?	Primary Holder	1 st Joint Holder	2 nd Joint Holder	3 rd Joint Holder	4 th Joint Holder
Yes If yes, FATCA declaration has to be submitted along with the application form.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No If no, in the event if I/we become a US person/s under FATCA, I/we do hereby undertake to inform the said fact to Acuity Securities Ltd. immediately.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. Politically Exposed Persons (PEPs)

Are you an individual/s who is/are or has/have been entrusted domestically/ internationally with prominent public function? For example, Heads of State or of government, senior politicians, senior government, judicial or military officials, senior executives of state-owned corporations, important political party officials.

Are you an individual/s who is/are related to a PEP either directly or through marriage or similar (civil) forms of partnership?

Are you an individual/s who is/are closely connected to a PEP, either socially or professionally?

	Primary Holder	1 st Joint Holder	2 nd Joint Holder	3 rd Joint Holder	4 th Joint Holder
Yes If yes, specify details	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I/We hereby confirm that the information given is true and correct and agree to give notice in writing of any change of particulars given.

Signature
(Primary Holder)

Signature
(1st Joint Holder)

Signature
(2nd Joint Holder)

Signature
(3rd Joint Holder)

Signature
(4th Joint Holder)

Date.....

For Official Use

Risk Category	Primary Holder	1 st Joint Holder	2 nd Joint Holder	3 rd Joint Holder	4 th Joint Holder
Low	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Overall Risk Category:

High

Medium

Low

Signature

.....

Date