



**SMB FINANCE PLC**  
 Registration No. PQ91  
 No. 282/1, CBS Building, Galle Road,  
 Colombo 03  
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 Telephone: +94114222888

## KNOW YOUR CUSTOMER (KYC) – For Corporate

(Requirement in terms of Financial Transaction Reporting Act No. 6 of 2006)

..... Branch

Details of Company			
Name of company			
Nature / Purpose of business			
Registered address			
Country of incorporation			
Date of incorporation			
Total No. of directors		Business registration No	
Name of the company secretary			

Tax Declaration	
The following is a mandatory declaration which is required to be completed under the Inland Revenue Regulations	
Income Tax File No	

Purpose for opening the account and the usage	
Business transactions <input type="checkbox"/>	Investment <input type="checkbox"/> Other special purpose (Specify) <input type="checkbox"/> .....

Details of All the Directors			
<b>01</b>			
Name (Mr/ Mrs/ Miss/.....)			Address
NIC No.			Designation
<b>02</b>			
Name (Mr/ Mrs/ Miss/.....)			Address
NIC No.			Designation
<b>03</b>			
Name (Mr/ Mrs/ Miss/.....)			Address
NIC No.			Designation
<b>04</b>			
Name (Mr/ Mrs/ Miss/.....)			Address
NIC No.			Designation
<b>05</b>			
Name			Address
NIC No.			Designation
<b>06</b>			
Name (Mr/ Mrs/ Miss/.....)			Address
NIC No.			Designation

Details of Shareholders with 10% or More Voting Rights 10%				
<b>01</b>				
Name (Mr/ Mrs/ Miss/ .....)		Permanent / Registered office address		
NIC/Business registration No		Legal nature	Individual <input type="checkbox"/>	Legal entity <input type="checkbox"/>
Nationality/ Country of incorporation		Number of shares		Voting rights as a percentage (%)
<b>02</b>				
Name (Mr/ Mrs/ Miss/ .....)		Permanent / Registered office address		
NIC/Business registration No		Legal nature	Individual <input type="checkbox"/>	Legal entity <input type="checkbox"/>
Nationality/ Country of incorporation		Number of shares		Voting rights as a percentage (%)
<b>03</b>				
Name (Mr/ Mrs/ Miss/ .....)		Permanent / Registered office address		
NIC/Business registration No		Legal nature	Individual <input type="checkbox"/>	Legal entity <input type="checkbox"/>
Nationality/ Country of incorporation		Number of shares		Voting rights as a percentage (%)
<b>04</b>				
Name (Mr/ Mrs/ Miss/ .....)		Permanent / Registered office address		
NIC/Business registration No		Legal nature	Individual <input type="checkbox"/>	Legal entity <input type="checkbox"/>
Nationality/ Country of incorporation		Number of shares		Voting rights as a percentage (%)

List of Subsidiaries /Other Connected Business Associates			
<b>01</b>			
Name of company		Nature of business	
Registered address		Business registration No	
Number of shares		Percentage (%) of voting rights held by the company	
<b>01</b>			
Name of company		Nature of business	
Registered address		Business registration No	
Number of shares		Percentage (%) of voting rights held by the company	

### Financial Information

Note: If a new establishment, the projected financial data should be completed under the "Current Year"

Are the audited financial statements for the last two years available?

Yes  No

#### Description (Rs.)

Description (Rs.)	Current year	Previous year
Annual sales turnover		
Net Profit/Loss		
Paid-up capital and accumulated profit		

#### Source of Funds (Expected Source and Nature of Credits into the Account)

Business profits       Commission income       Interest investment  
 Sale/Business turnover       Sale of property/assets       Other.....

#### Anticipated Monthly Cash Flows to the Account

No Turnover       Below LKR 100,000       Between LKR 100,000 to LKR 300,000  
 Between LKR 300,000 to LKR 500,000       Between LKR 500,000 to LKR 1,000,000       Over LKR 1,000,000

#### Assets owned by the company (Not required if the latest audited accounts are available)

Property       Investments       Motor Vehicles       Financial Assets       Other.....

We certify that the data shown above is true and accurate, and we are duly authorized to give the data on behalf of the organization. Furthermore, we promise to promptly notify SMB Finance PLC of any changes to the above provided information.

Full name:		Full name:	
Designation		Designation	
Signature with company seal		Signature with company seal	
Date	D D M M Y Y Y Y	Date	D D M M Y Y Y Y

#### Mandatory Checks (For Office Use)

1. If customer is opening an account at a branch that is away from their permanent address. Please mention the reason:

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2. Risk category (specified by the system).....

Document Reviewed by..... Emp No.

Authorized by..... Emp No.