

Premier Funds - Know Your Customer Form (Individual)

This information is sought under the **Prevention of Money Laundering Act No.6 of 2005, Financial Transaction Reporting Act No.6 of 2006 and the Rules & Regulations** pertaining to the Securities Industry issued by the **Financial Intelligence Unit** of the Central Bank of Sri Lanka.

1 YOUR FULL NAME

(Mr/Mrs/Miss/Dr/Rev)

2 YOU ARE THE

Primary Applicant Secondary Applicant

3 PURPOSE

(Why you invest here)

Children Educational Needs Short term liquidity needs
 Healthcare Needs Periodic Savings/Investments
 Marriage Planning Needs Inward Remittances for the family
 Retirement Benefits Speculation/Dividends/Returns
 Others Please Specify

4 SOURCE OR ORIGIN

(How you earn money)

Business Income or Profits Self employment Income or Profits
 Salary or other Remunerations Professional Fees/Income/Profits
 Sale of Assets Donations from charities - Local or Foreign
 Export Income/Profits Family Remittances - Local or Foreign
 Others Please Specify

If it is a Donation from charities, Please state the Charity Name/s

1	
2	
3	

If it is a Foreign Remittance, Please state the Country Name/s

1	2	3

5 CITIZENSHIP

If you are a foreigner, Please fill below

Sri Lankan Sri Lankan with a Dual Citizenship Foreigner

Nationality

Country of Origin

6 RESIDENTIAL OWNERSHIP

Owner Friends/Relatives
 Lease/Rental Parents'
 Official Boarding/Lodging
 Others Please Specify

7 INVESTMENT EXPOSURE

YES NO

If YES, please state the length of the experience & exposure

Less than 1 year 1 to 5 years More than 5 years

8 POLITICALLY EXPOSED PERSONS

Are you individuals who are or have been entrusted domestically by a 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.

YES
 NO

If YES, Please explain the relationship

Are you individuals who are or have been entrusted with prominent public functions by a **foreign** country? 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. YES
 NO

If YES, Please explain the relationship

Are you individuals who are **related to a PEP** either directly (consanguinity) or through marriage or similar (civil) forms of partnership? YES
 NO

If YES, Please explain the relationship

Are you individuals who are closely **connected to a PEP, either socially or professionally?** YES
 NO

If YES, Please explain the relationship

Other Connected Business / Professional activities & business Interests (IF ANY)

DECLARATION

I hereby declare that the aforementioned information is true & correct according to my best of knowledge and ability. Any false or misleading information provided will be subject to personal liabilities.

Date of the Application

D	D	M	M	Y	Y	Y	Y
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Signature

FOR THE PURPOSE OF PWML

If the KYC Form is forwarded via a dealer or an agent, this section will have to be filled by such dealer or agent

Dealer or Agent Name

Region

Date of Submission to PWML

D	D	M	M	Y	Y	Y	Y
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Remarks

Dealer/Agent - Authorized Signatory

Investment Operations Officer - PWML

