

**JB Securities (Pvt) Ltd.,**

150, St. Joseph's Street, Colombo - 14, Sri Lanka.

Telephone: +94-11-2490900, Fax: +94-11-2430070

Email: jbs@jb.lk, Website: www.jbs.lk

KNOW YOUR CUSTOMER (KYC) PROFILE - For Individuals Only

This form is sought under the Prevention of Money laundering Act No 06 of 2005, Financial Transaction Reporting Act No 6 of 2006 and the Rules for the Securities Industry issued by the Financial Intelligence Unit of the Central Bank of Sri Lanka.

All the information as applicable in section A, B and C below is **mandatory for the Primary Applicant Only**

Date	D	D	M	M	Y	Y	Y	Y
Name of the Participant	JB SECURITIES (PVT) LTD							
Name of the Applicant								
NIC or Passport No								

SECTION A - BASIC ACCOUNT INFORMATION

Client Type: ☐ Individual ☐ Joint

SECTION B - ADDRESS & CONTACT DETAILS OF THE APPLICANT**1 Proof of Residency document provided by the applicant**

(Please submit any one of the following documents and tick(v) against the Document attached.)

<input type="checkbox"/> *Telephone Bill	<input type="checkbox"/> *Electricity Bill
<input type="checkbox"/> * Bank Account Statement/Credit card Statement	<input type="checkbox"/> *Mobile Phone Bill
<input type="checkbox"/> Valid Tenancy Agreement	<input type="checkbox"/> *Income Tax Receipt/ Assessment Notice
<input type="checkbox"/> Registered Lease or Sale Agreement of Residency	<input type="checkbox"/> *Grama Sevaka Certificate
<input type="checkbox"/> *Letter issued by the superintendent of a plantation estate in respect of Estate workers who have no other documentary proof.	
<input type="checkbox"/> *Other notices/letters issued by the Government authorities and institutions which will be deemed as acceptable to the CDS (Please specify) _____	

* These documents should be within three months as on the date of submission of the CDS account opening forms.

2 Status of Residency Address(Premises)

<input type="checkbox"/> Owner	<input type="checkbox"/> Lease/Rent	<input type="checkbox"/> Friends/Relatives
<input type="checkbox"/> Parent's	<input type="checkbox"/> Official	<input type="checkbox"/> Board/lodging
<input type="checkbox"/> Other Place - (Please Specify: _____		

3 Contact Details

Telephone (Office)	<input type="text"/>	Mobile No	<input type="text"/>
Telephone (Res)	<input type="text"/>	Fax No	<input type="text"/>
E-mail Address:	<input type="text"/>		
	<input type="text"/>		

SECTION C - OTHER DETAILS

1 Employment Details

Occupation

Name of the Organization

Address of the Organization

2 Self Employed/Professionals

Nature of Business/Profession

Registered Address

3 Expected Value of Investment Per Annum: Please Tick (v)

☐ Less than Rs 100,000

☐ Rs 100,000 to Rs 500,000

☐ Rs 500,000 to Rs 1,000,000

☐ Rs 1,000,000 to Rs 2,000,000

☐ Rs 2,000,000 to Rs3,000,000

☐ Rs 3,000,000 to Rs 4,000,000

☐ Rs 4,000,000 to Rs 5,000,000

☐ Rs 5,000,000 to Rs 10,000,000

☐ Over Rs 10,000,000

4 Source of Funds. Please Tick (v)

☐ Sales and Business Turnover

☐ Contract Proceeds

☐ Investment Proceeds/Savings

☐ Sales of Property Assets

☐ Gift

☐ Membership Contribution

☐ Commission Income

☐ Family Remittances

☐ Export Proceeds

☐ Salary/Profit Income

☐ Donations/Charities (Local /Foreign)

☐ Others (Specify) _____

5 Other Connected Business/Professional Activities and Business interests

6 Other details/Remarks/Notes: (If any)

Signature(s) of the applicant(s)/Authorized Person (s)