CLIENT INFORMATION/KYC FORM - COMPANY DIRECTORS/AUTHORIZED SIGNATORIES

The Manager, DFCC Bank PLC		Date :	D D M M Y Y Y Y	WEEP Growing
Branch:		Client ID:		
Director	Authorized Signatory		Shareholder	Share percentage
Full Name (Mr./Mrs./Ms/):				
	(Please underline the surname)			
Permanent Address :				
District :			Country:	
Correspondence Address:				
(Please attach proof of document)				
NIC / PP No. :		Issued Date :	D D M M Y Y Y Y V	lid up to : 👨 🖟 M M Y Y Y Y
Date of Birth :	D D M M Y Y Y Y			
Telephone No. :		Mobile No. :		
Email Address :				
Employer / Business :				
Occupation/designation:				
Citizenship :	Sri Lankan Sri Lanka	n with Dual Citizen	ship Foreigner	
Residency: Sri Lankan Resident Non Sri Lankan Resident				
If foreign and Sri Lankan Resident				
Type of Visa :			Visa Exp	iry Date : DDMMVYYYY
Foreign Address (if any):				
Status of Residence :	Owner Offic	ial	Lease/Rent	
	Parents Frien	nds/Relatives	Boarding Place / Lode	ge
Source of Wealth:	Employment Income	Investment Pro	oceeds	
	Business Income	Other (Specify)	:	
Tax File No :		Vat No :		
Are you or your close relative a Politically Exposed Person? (PEP) If "yes", please mention the name and / or designation.				
Yes No				
Are you a US person under the Foreign Account Tax Compliance Act (FATCA) to the US ?				
Yes No	(If yes, FATCA declaration has to be	e submitted along w	rith the application form)	
I hereby confirm that the details given above are true and correct and further agree to inform the Bank of any changes to the above details as and when such changes take place.				
I/We consent to DFCC Bank PLC collecting, processing, retaining, and sharing my/our personal data for banking operations, regulatory compliance, and service enhancements, in accordance with the Personal Data Protection Act No. 9 of 2022 and the Bank's Privacy Policy available on its website. I/We acknowledge my/our rights under the PDPA, including access, correction, and withdrawal of consent, subject to legal and operational requirements.				
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Date: D D W W Y Y Y	Y.			
		_	Signature	
FOR BANK USE ONLY				

SRP GRAPHIC (PVT) LTD

Client Created By:

Client Authorized By : Employee No and Signature Employee No and Signature