

ASIA SECURITIES WEALTH MANAGEMENT (PVT) LTD (KYC) PROFILE - NON-INDIVIDUALS

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THE INFORMATION AS APPLICABLE IN SECTION A & B BELOW IS MANDATORY, (EXCEPT FIELDS B.2 TO B.6) FOR ALL CORPORATE & INSTITUTIONS.

A.OF	RGANIZATION DETAILS										
A.1	NAME										
A.2	REGISTRATION NUMBER										
A.3	REGISTERED ADDRESS										
A.4	CORRESPONDENCE ADDRESS										
	TELEBLIONE	OFN		DID			EAV				
A.5 A.6	TELEPHONE EMAIL OF A KEY CONTACT	GEN DIR		DIR			FAX				
A.0	(ACCOUNTANT / FINANCE MGR)										
A.7	IF INCORPORATED ABROAD OR OFFSHORE SUBSIDIARY FOREIGN CORPORATE	PLACE OF INC DATE (OF INC PARENT/GROUP		GROUF	PNAME				
A.8	FORM OF BUSINESS INCORPOR	RATION : PLEASE	TICK (√)								
	LIMITED LIABILITY COMPANY NON-PROFIT INSTITUTION/CHARITY PUBLIC LIMITED COMPANY										
	STATUTORY BODY / UNDER PARLIAMENT ACT SOLE PROPRIETORSHIP/ PARTNERSHIP LOCAL / GLOBAL FUND										
	OTHER (SPECIFY)										
	-										
A.9	STATUS : PLEASE TICK (√)	LOCAL FC	REIGN								
A.10	DIRECTOR / AUTHORIZED SIGI	NATORY DETAILS									
	NAME		NIC/PP NO				DESIGNATION				
1											
2											
3											
4											
5											
6											

D	OCUMENT	SOURCE										
BUSINESS REGISTRATION DOCUMENTS		For companies (ROC) form 01, Sole Proprietor/Partnership registration, if NGO registration with dept. of external resources etc.										
REGISTERED A	DDRESS VERIFICATION	ROC form 01 or form 15										
CORRESPONDE	ENCE ADDRESS VERIFICATION	Tenancy rent or lease agreement or alternatively two authorized signatory confirming the corresponding address on a letter head.										
	TORS WITH THEIR TAKE HOLDING & ID	ROC form 15 and 20, M&A etc. For ID & Address - NIC, Driving License, Passport etc.										
LIST OF TOP 10												
ORGANIZATIONAL OBJECTIVE, PURPOSES AND AUTHORITY LEVELS Memorandum & Articles of Association or related incorporation documents (MOU & Agreement for NGOs)												
SIGNING POWE	ERS	Board resolutio	n (BR) or power of attorney (F	POA)								
R DRIME RUSINESS INFORMATION												
	B. PRIME BUSINESS INFORMATION											
	B.1 NATURE OF BUSINESS (PRODUCT / SERVICES)											
B.2 INDU	2 INDUSTRY & SECTOR CLASSIFICATION											
	NESS VINTAGE OF BUSINESS SINC	CE INC)			B.4 TOP MANAGEMENT AVERAGE YEARS OF EXPERIENCE							
	B.5 OTHER CONNECTED BUSINESS / PROFESSIONAL ACTIVITIES											
B.6 FINA	ANCIAL PARTICUL	ARS										
DETAILS			CURRENT YEAR Rs. '000			PREVIOUS YEAR Rs.'000						
ANNUAL	TURNOVER											
NET PRO	OFIT / LOSS											
PAID UP	CAPITAL + CASH RE	SERVES	RVES									
B7. EXP	ECTED VALUE OF	INVESTME	NT PER ANNUM: F	PLEASE	TICK(√)							
LESS THAN RS 100,000 RS. 100,000 TO 500,000 RS. 500,000 TO 1,000,000 RS. 1,000,000 TO 2,000,000 RS. 3,000,000 TO 4,000,000 RS. 4,000,000 TO 5,000,000 RS. 5000,000 TO 10,000,000 OVER RS. 10,000,000												
B8. SOU	IRCE OF FUNDS: I	PLEASE TIC	CK (J)									
	LES/BUSINESS TURNOV	<u></u>	STMENTS/SAVINGS	1 CONTRA	CT PROCEEDS	SALE OF PROPERTY/ASSE	TS					
		=	ORT PROCEEDS	-			10					
	CILLARY/OTHER INCOM HER (SPECIFY)		JRT PROCEEDS	INICINIDER	RSHIP/DONATIO	JIV/CHARTI Y						
	ien (SPECIFT)											
C.OTHE	R DETAILS / DISC	LOSURES										
			FOREIGN ACCOUNT	TAX COI	MPLIANCE A	CT (FATCA) OF THE US?						
	C.1 ARE YOU A US PERSON UNDER THE FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA) OF THE US?											
	YES (IF YES, FATCA DECLARATION HAS TO BE SUBMITTED) NO (IN THE EVENT IF I BECOME A US PERSON UNDER FATCA OF US, I DO HEREBY UNDERTAKE TO INFORM THE SAID FACT TO A-SEC WEALTH IMMEDIATELY)											
	(IN THE EVENT IF TBECOM	LA 03 FERSON	UNDER PAICA OF 03, TDO	ILNEBI ON	DENIARE TO INIT	ONIVITTIE SAID FACT TO A-SEC WEALTH INVIVIEDIATE						
C.2 DO YOU HAVE PERSONS WHO ARE OR HAVE BEEN ENTRUSTED DOMESTICALLY/INTERNATIONALLY WITH 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, MEMBERS OF SENIOR MANAGEMENT OR INDIVIDUALS WHO HAVE BEEN ENTRUSTED WITH EQUIVALENT FUNCTIONS, I.E. DIRECTORS, DEPUTY DIRECTORS AND MEMBERS OF THE BOARD OR EQUIVALENT FUNCTIONS).												
IF "YES" PLEASE CLARIFY												
SIGNATURE OF THE DIRECTOR/AUTHORIZED PERSON/S COMPANY SEAL												
DATE	[DD / MM / Y)	D/MM/YYYY]										

A.11 PLEASE SUBMIT THE FOLLOWING DOCUMENTS AND TICK AGAINST THE DOCUMENT ATTACHED