



සර්වෝදය සිව්ලොප්මන්ට් ෆිනෑන්ස් ලිමිටඩ්  
 சர்வோதய டிவலொப்மன்ட் பைனான்ஸ் லிமிட்டட்  
 Sarvodaya Development Finance Limited

**Sarvodaya Development Finance Limited**  
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 Company Regd: No P B 3795

කාර්යාලීය ප්‍රයෝජනය සඳහා අලුතලක உபயோகத்திற்கு FOR OFFICE USE ONLY				Account Number																
Input by (user ID)	Verified by (user ID)	Scheme Code			Minor Customer ID															
Signature	Signature				Guardian Customer ID															

**ළමා ඉතිරි කිරීමේ ගිණුම / சிறுவர் சேமிப்புக் கணக்கு / Minor Savings Account Opening Form**

කළමනාකරු / முகாமையாளர் /The Manager දිනය திகதி Date...../...../.....  
 .....ශාඛාව කிளை Branch

**Details of Minor**

1. කරුණාකර පහත දැක්වෙන සේ ළමා ඉතිරි කිරීමේ ගිණුමක් අපගේ නම වලින් විවෘත කරන්න.  
 Please open a Minor's Savings Account in our joint names as follows.  
 தயவுசெய்து சிறுவர் சேமிப்புக் கணக்கொன்றை கீழே குறிப்பிட்டவாறு எங்கள் பெயர்களில் கூட்டாக திறக்கவும்.

2. බල වයස්කරුගේ නම සිරුවරින් முழுப்பெயர் **Minor's Name in Full**  
 පුජා/කුමරු/කුමරිය වණ./ සෙල්වන්/සෙල්වි Rev./Master./Miss.

3. උප්පැන්න සහතික අංකය/பிறப்பு அத்தாட்சி இலக்கம் Birth Certificate Number		4. නිකුත් කළ දිනය வழங்கிய திகதி Date of issue	
5. උපන් දිනය பிறந்த திகதி Date of Birth		6. පාස්පෝට් අංකය சேமிப்பு புத்தக இல. Passbook No.	

**Details of Parent's / Guardian's**

7. දෙමාපිය/ භාරකරුගේ සම්පූර්ණ නම பெற்றோர்/ பாதுகாவலரின் முழுப்பெயர் Parent's/Guardian's Name in Full	Relationship to the minor දෙමාපියන්ට ඇති සම්බන්ධතාවය
පුජා/මයා/මිය/මෙනෙවිය වණ./திரு/திருமதி/செல்வி Rev./Mr./Mrs./Miss.	8. ස්ථිර ලිපිනය நிரந்தர முகவரி Permanent Address

9. ජාතික හැඳුනුම්පත්/වලංගු විදේශ ගමන් බලපත්‍ර அடையாள அட்டை/காலாவதியாகாத கடவுச்சீட்டு National Identity Card /Valid Passport		10. නිකුත් කළ දිනය வழங்கிய திகதி Date of issue	
11. උපන් දිනය பிறந்த திகதி Date of Birth	12. වෘත්තීය தொழில் Occupation or Profession / දරන තනතුර வகிக்கும் பதவி Position held		

13. ලිපි ගනුදෙනු සඳහා අදාළ ලිපිනය தபால் தொடர்பு முகவரி Correspondence Address	14. වර්තමාන සේවයාගේ නම සහ ලිපිනය தற்போதைய தொழில்தருனரின் பெயரும் முகவரியும்: Name & address of the present employer:
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15. ඔබ ආදායම් බදු ගෙවන්නෙක්ද ? நீங்கள் வரி செலுத்தப்பவரா? Are you a tax payer?	<input type="checkbox"/> ඔව් ஆம் Yes <input type="checkbox"/> නැත இல்லை No	16. ආදායම් බදු ලිපිගොනු අංකය / வரிக்கோப்பு இல./Tax File Number	
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17. ජංගම දුරකථන කයාදක தொலைபேசி இலக்கம் Mobile Telephone		20. භාරකරුගේ අත්සන / Guardian's Signature/பாதுகாவலரின் கையொப்பம்
18. ස්ථාවර දුරකථන நிலையான தொலைபேசி இலக்கம் Fixed Telephone		
19. විද්‍යුත් ලිපිනය மின் அஞ்சல் Email		









# KYC DATA COLLECTION FORM

ගනුදෙනුකරු නිසි පරිදි හඳුනා ගැනීම පිළිබඳ දත්ත  
வாடிக்கையாளர் தகவல் சேகரிப்புப் படிவம்

## For Office Use Only

Account No (s)			
Client Code		Branch	
Managers' Initial		Date	

### Personal Details

Full Name: Rev/Mr/Mrs/Miss/Dr. (Please underline surname)	
National Identity Card No (NIC)	
(Indicate valid Passport Number in the case of Foreign Nationals)	
Date of Birth	D D M M Y Y Y Y
Nationality	<input type="checkbox"/> Sri Lankan <input type="checkbox"/> Resident <input type="checkbox"/> Non Resident - Country of Residence _____ <input type="checkbox"/> Sri Lanka with Dual Citizenship - Country _____ <input type="checkbox"/> Foreign National with dual citizenship / resident in or employed in Sri Lanka Country _____ VISA Expiry Date _____

### Contact Information

Permanent Address	
Mailing Address	
Foreign address (If applicable)	
Contact No	Res: _____ Mobile: _____ Office: _____ Fax: _____
E-mail	

### Employment Information

Employment Status	<input type="checkbox"/> Self employed <input type="checkbox"/> Full-time employed	<input type="checkbox"/> Part-time employed <input type="checkbox"/> Not currently employed	<input type="checkbox"/> Retired <input type="checkbox"/> Other (Specify) _____
Occupation / Position held			
Name of the Employer			
Address of the Employer			
Nature of Business	<input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance/Insurance <input type="checkbox"/> Construction <input type="checkbox"/> Retail <input type="checkbox"/> Transport <input type="checkbox"/> Restaurants <input type="checkbox"/> Hotel/Boarding house <input type="checkbox"/> Casino / Gambling house / Night club <input type="checkbox"/> Personal & Household Services	<input type="checkbox"/> Import / Export <input type="checkbox"/> Wholesale <input type="checkbox"/> Communication <input type="checkbox"/> Business Services <input type="checkbox"/> Real Estate <input type="checkbox"/> Public Services <input type="checkbox"/> Gem and Jewelry <input type="checkbox"/> Other (Specify) _____	

### Family Information

Marital Status	Married <input type="checkbox"/> Single <input type="checkbox"/> Other <input type="checkbox"/>
Name of Spouse	
Spouse's Occupation / Position Held	
Spouse's Employer	
No. of Children (Dependant)	

### Other Information

Ownership of wealth (If property is on rent/lease, please indicate)	<input type="checkbox"/> Residential property <input type="checkbox"/> Business premises <input type="checkbox"/> Motor Vehicles	<input type="checkbox"/> Financial assets <input type="checkbox"/> Investments <input type="checkbox"/> Other (Specify) _____
Source of wealth: Wealth generated from	<input type="checkbox"/> Business / Ownership <input type="checkbox"/> Investments <input type="checkbox"/> Profession / Employment	<input type="checkbox"/> Inheritance <input type="checkbox"/> Other (Specify) _____
Other connected Business/ Professional activities and Interest		
Are you or any of your immediate family is a politically exposed person (PEP)? (Refer definition below)	Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes please specify		



"Politically Exposed person" (PEP) means an individual who is entrusted with prominent public function either domestically or by a foreign country, or in an international organization and includes a head of a state or a Government, a politician, a senior, government officer, judicial officer or military officer, a senior executive of a State Owned Corporation/ Government or Autonomous body but does not include middle ranking individuals

Immediate family members of PEPs include; spouse (current and past), siblings (including half-siblings) and their spouses, children (including step-parents), grand children and their spouses.

Expected Mode of Transactions			
<input type="checkbox"/> Cash	<input type="checkbox"/> Cheque	<input type="checkbox"/> Electronic Fund Transfer	<input type="checkbox"/> Other (Please Specify)
Purpose for opening, maintaining and the account usage			
<input type="checkbox"/> Savings	<input type="checkbox"/> Utility Bill Payment	<input type="checkbox"/> Loan Repayment	
<input type="checkbox"/> Investment Purpose	<input type="checkbox"/> Business Transactions	<input type="checkbox"/> Share Transaction	
<input type="checkbox"/> Employment / Professional Income	<input type="checkbox"/> Family Remittance	<input type="checkbox"/> Other .....	
Foreign Passport holders (Dual Citizens/ Resident in or Employed in Sri Lanka (Please give the reason for opening the account in Sri Lanka)			
Source of Fund Expected Source and nature of credits into the account (As appropriate)			
<input type="checkbox"/> Family Remittances	<input type="checkbox"/> Commission Income	<input type="checkbox"/> Contract Proceeds	<input type="checkbox"/> Sale/Business Turnover
<input type="checkbox"/> Investment Propose	<input type="checkbox"/> Sale of property/assets	<input type="checkbox"/> Gift	<input type="checkbox"/> Salary/ Profit Income
<input type="checkbox"/> Others (Please specify) .....			
Average Monthly Income			
<input type="checkbox"/> Less than 50,000	<input type="checkbox"/> 100,001 to 250,000	<input type="checkbox"/> 500,001 to 1,000,000	
<input type="checkbox"/> 50,001 to 100,000	<input type="checkbox"/> 250,001 to 500,000	<input type="checkbox"/> More than 1,000,000	
Anticipated Volumes : Expected / Usual average volumes of deposits into the account Rupees per month			
* Expected / Usual average volumes of deposits into the account in rupees per month			
<input type="checkbox"/> Less than 100,000	<input type="checkbox"/> 500,001 to 1,000,000	<input type="checkbox"/> 5,000,000 to 10,000,000	
<input type="checkbox"/> 100,001 to 500,000	<input type="checkbox"/> 1,000,001 to 5,000,000	<input type="checkbox"/> More than 10,000,000	
Declaration of the Customer			
I Confirm that the details given above are true and correct			
Signature		Date	
Mandatory Checks (For office use only)			
1. Name, Date of birth and Nationality Verification: To be supported by one of the followings.			
<input type="checkbox"/> National Identity Card	<input type="checkbox"/> Passport (Unexpired)		
<input type="checkbox"/> Driving License	<input type="checkbox"/> Marriage Certificate (Name Change)		
2. Address Verification : Residential address to be supported by one if the following accepted documents (N.B - Mobile phone bills are not accepted)			
<input type="checkbox"/> National Identity Card	<input type="checkbox"/> Bank Statement	<input type="checkbox"/> Letter from a public authority	
<input type="checkbox"/> Tenancy agreement	<input type="checkbox"/> Utility bill (specify)	<input type="checkbox"/> Income Tax Receipt/ Assessment Notice	
<input type="checkbox"/> Driving License	<input type="checkbox"/> Employment Contract	<input type="checkbox"/> Other (Specify) .....	
<input type="checkbox"/> Passport	<input type="checkbox"/> Any Other Identification Document		
(Photocopies of the above document should be Obtained and certified by the Company Officer as 'Original Seen')			
3. Does the customer appear in a Suspected Terrorist List (Sanction List - UNSCR 1373 / 1267) or any Other Alert List :			
<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes (Specify) .....	
Documents Reviewed by	..... (Signature)	Emp No	<input type="text"/>
Authorized by	..... (Signature)	Emp No	<input type="text"/>