

සර්වෝදය ඩිවලොප්මන්ට් ෆිනෑන්ස් ලිම්ටඩ් சர்வோதய டிவலொப்மன்ட் பைனான்ஸ் லிமிட்டட் Sarvodaya Development Finance Limited

කාර්යාලිය පුයෝජනය සඳහා அலுவலக உபயோகத்திற்க்கு FOR OFFICE USE ONLY				Account Number			Real Light			345/F0	STATE OF	h -85	antid Smill smill	GS/ER	esis.
Input by (user ID)	Verified by (user ID)	Scheme Co	Scheme Code		Minor Customer ID		edean	the p	io K	(500) (100)	dge	owle oven	ackr	reby the	I bu
Signature	Signature	n f by any var	ur leg	Guard		ID	es or	their c i c	ohed latur	olo e	alitic tint	ent y	iaquio it no) 70) Alter	and

ළමා ඉතිර කිරීමේ ගණුම / අඹු	வர க	ғынца	5 2560018	ь ж / Т	ATITI	UI Savi	ngs Account (pening rorm			
කළමණාකරු / முகாமையாளர் /The M	Ianag	er					දිනය නිසනි Date.				
	Branc	h					odmored egsident en Regulations for Aline	S volgbob om angel ddidonal Rules and			
Details of Minor	encer and he date or	सानु स सा सा र (स्ट्यों को)	manan yakiah Maisty memi	en en ape Relicitos	mo nac	nastiaien, u	n no annount na na moras gaisis) treogen na na moras	name of the minor is an			
1. කරුණාකර පහත දැක්වෙන සේ ළමා ඉෘ	හිරි කිරී	මේ ගිණු	ණුමක් අප <u>ල</u>	ගේ නම	වලිද	ත් වීවෘත ක	ාරන්න.				
Please open a Minor's Savings Account தயவுசெய்து சிறுவர் சேமிப்புக் கணக்கெ	in our என்றை	joint r த கழே	iames as குறிப்பிட	follows ட்டவாறு	s. எங்	கள் பெய	ர்களில் கூட்டாக த	ிறக்கவும்.			
2. බාල වයස්කරුගේ නම சிறுவரின் முழுப்	Duwit I	Minor'	s Name	in Full			ம் இன்ற விருவியார். மெ. 31 - அதியால் பாரிக்	a increases parties and			
පූජාs/කුමරු/කුමරිය ඛාණා./ செல்வன்/செல்வி	Rev./N	laster./	Miss.	de light out	S IEMA	a madalega	सुरका विधानका क्षेत्रकारका धनका इसमाहे	சைக்கப்படந்தை காண்டி முன்ததினால் மீளப் பெழ			
3. උප්පැන්න සහතික අංකයபிறப்பு அத்தாட்சி	#D \ (85	etap ba	ejčesbes			1 200	්කළ දිනය බழங்கிய	Year Date/			
இலக்கம் Birth Certificate Number							ate of issue				
5. උපන් දිනය பிறந்த திகதி Date of Birth	DOCU			6. පා	6. පාස්ලපාත් අංකය சேமிப்புப் புத்தக இல. Passbook No.						
		beziine	to be Sul	1,00	oello:)					
Details of Parent's / Guardian's											
7. දෙමාපිය/ භාරකරුගේ සම්පූර්ණ නම பெற் முழுப்பெயர் Parent's/Guardian's Name		பாதுகாவ	பலரின்		Rela	tionship to ාපියන්ට ඇදි	the minor බි සම්බන්ධතාවය (Income Tax Recei			
පූජා/මයා/මිය/මෙනෙවිය ඛාഞා./නිල/නිලගනි/ම		lev./Mr	./Mrs./Mi	SS.	8¢	'ථීර ලිපිනය	நிரந்தர முகவரி Perr	manent Address			
					ngs A						
9.ජාතික හැඳුනුම්පත්/වලංගු විදේශ ගමන් බලපතු							10.නිකුත් ක				
அடையாள அட்டை/காலாவதியாகாத கடவுச்சீட்டு National Identity Card /Valid Passport							வழங்கிய திக Date of iss				
11. උපන් දිනය பிறந்த திகதி Date of Birth	12. Dat	ත්තිය தொ	ாழில் Occup	ation or	Profes	ssion / දරන 2	නෙතුර வகிக்கும் பதவி Po	to a fire a final and the fire of			
Date	ature										
13 පිපි ගනමුදන සඳහා අදාළ පිපිනය සාගමා	 கொர்	ட முகவர்	n	14. ວຽ	තමාන	සේවාsයාගේ 2	නම සහ ලිපිනය தුற්போණු	நய தொழில்தருனரின்			
13. ලිපි ගනුලදනු සඳහා අදාළ ලිපිනය தபால் தொடர்பு முகவரி 14. වර්තමාන සේවායාගේ නම සහ ලිපිනය தற்போதைய Correspondence Address பெயரும் முகவரியும்: Name & address of the prese											
								proved by:			
Signature Date				Name							
15. ඔබ ආදායම බදු ගෙවන්නෙක්ද ? நீங்கள் வரி செலுத்துபவரா? Are you a tax payer?	ඛ ඔව	ஆம்Yes	ු 🗖 නැත இ		வ	ரிக்கோப்பு இவ	ලිපිගොනු අංකය / හ. /Tax File Number	ontirmed by:			
17. ජංගම දුරකථනය கையடக்க தொலைபேசி				9	рыпы	gnature - N	HG				
இலக்கம் Mobile Telephone 18.ස්ථාවර දුරකථනය நிலையான							Issued	te of New Passbook I			
தொலைபேசி இலக்கம் Fixed Telephone 19. විදාපූත් ලිපිනය மின் அஞ்சல் Email					20 ຄາ	රකුරුගේ අත්ස	න / Guardian's Signature/ເ	பாதுகாவலரின் கைபொப்பர்			
17. Odan Good man Allegan Fillatt	and the second		and an artificial residence	and the second s	20.00	سرح هاوسا	of the same of the	and the second s			

21.ඉහත සඳහන් පාස්පොත අත්සන් කොට බාරගත් බවට තහවුරු කරන අතර, එහි සඳහන් නීති රීති වලට යටත් වන බවට පුතිඥාදෙමි.ආයතනපහසුකම් වලට අදාළ, දැනට පවත්තා නීති හා ආයතනයේරෙගුලාසි සහ/හෝ රීති හා කොත්දේසි සහ/හෝ මෙහෙයුම, සේවා සහ ගනුදෙනු සඳහා වන කියා පිළිවෙත් හා සමහ බැඳී සිටීමටත්, මින් ඉදිරියේදී ආයතනය මගින් ඒ සඳහා නියම කරනු ලබන, යම වෙනස් කිරීම, ස-ශෝධන හා මාරු කිරීම වලට තවදුරටත් යටත්ව බැඳී සිටීමටත් මෙයින් එකහ වෙමි. ඉහත සහ පසුපිට මා විසින් සඳහන් කරන ලද කරුණු සතාා බවටද සහතික වෙමි. තවද,ආයතන සේවාවේ විස්තරද, අදාළ නියමයන් හා කොන්දේසින්ද පැහැදිලි කර දූන් බවටත් මා විසින් ඒවා තේරුම් ගත් බවටත් සහතික වෙමි. சேமிப்பு புத்தகம் எனக்குக் கிடைத்தது என உறுதிப்படுத்துகின்றேன. மேலும் அங்கு சுறப்பட்ட விதிகளுக்கு கட்டுப்பட்டு நடக்க நான் உடன்படுகின்றேன. மேற்கூறப்பட்ட கணக்குகள் சேமப்பு புத்தகம் எனக்குக் கடைத்தது என உறுதப்படுத்துகள்ளுன். மேலும் அங்கு கூறப்படு நக்கம் எனக்குக் கடைத்தது என உறுதப்படுத்துகள்ளுன். மேலும் அங்கு கூறப்பட்ட குற்கோது நடைமுறையிலுள்ள சட்ட விதிகள் மற்றும் கம்பனியின் நடைமுறையில் உள்ள ஒழுங்கு விதிகள் மற்றும் / அல்லது நியதிகள், நிபந்தனைகளையும் மற்றும் / அல்லது நடைமுறைகளுக்கும் கட்டுப்பட இணங்குகின்றேன். இது சம்பந்தமாக எதிர்காலத்தில் வெவ்வேறு தருணங்களில் கம்பனியினால் ஏற்ப்படுத்தப்படும் ஏதாவது வேறுபாடுகள், திருத்தங்கள் மற்றும் மாற்றங்களுக்கு கட்டுப்பட இணங்குகிறேன். என்னால் மேலே குறிப்பிடப்பட்ட தகவல்கள் மற்றும் பின்புறத்தில் குறிப்பிடப்பட்டவை யாவும் சரியானதும் உண்மையானதும் என நான் உறுதிப்படுத்துகின்றேன்.எனக்கு கம்பனியின் சேவைகள் தொடர்பான அனைத்து தகவல்களும் நியந்தனைகளும் அவிர்களால் விளக்கப்பட்டதுடன் என்னால் தெளிவாக புரிந்து கொள்ளப்பட்டது என உறுதிப்படுத்துகின்றேன. I hereby acknowledge receipt of the passbook. I agree to abide by the rules stipulated therein. I hereby agree to comply with and to be bound by all applicable laws and the Company's prevailing rules and regulations and/or terms & conditions and/or procedures & operations, services & transactions relating to the said account and/or Company facilities attached thereto and subject to be further bound by any variations, amendments and changes made to the same as may be prescribed by the Company from time to time in future. I confirm that the details given above & overleaf are true and correct. Further, I confirm the receipt of details and conditions applicable to the said account and to the products /services related thereto and their terms and conditions, which were explained to me and understood by me. අතිරේඛ නීතිරීති හා රෙගුලාසි බාල වයස්කාර ගිණුමක තැන්පත්කර ඇති මුදල් ශේෂය එම දරුවාගේ දෙමාපියන් හෝ නීතානනුකූල භාරකරුගේ ඉල්ලීමක් අනුව ලියාපදිංචි මූලෳ ආයතනයක පවත්වාගෙන යන එම බාලවයස්කරුගේ නම්න් ඇති ගිණුමකට මාරු කළ හැක. එය කළ හැක්කේ පුථම තැන්පතු දිනයේ සිට මාස 60ක් ගත වූ පසුවයි. බාල වයස්කාර ගිණුමක ඇති මුදල් ශේෂය වෛදා පුතිකාර සදහා හෝ අධාාපන කටයුතු සදහා හෝ සර්චෝදය ඩිවලොප්මන්ට් ෆයිනෑන්ස් ලිම්ටඩ් සාධාරණයැයි කිව හැකි හේතුවකට හෝ බාලවයස්කරුගේ දෙමාපියන් හෝ නීතාාංනුකූල භාරකරුගේ ඉල්ලිමකට ආපසු ලබා ගත හැක. Additional Rules and Regulations for Minor Savings A. The balance lying to the credit of an account of a minor may be transferred upon instructions of a parent or a legal guardian of the minor, to an account maintained in the name of the minor in an authorized deposit taking institution, upon completion of sixty months from the date of the first deposit or at any time thereafter. B. The balance lying to the credit of an account of a minor may be withdrawn by a parent or a legal guardian of the minor, for a justifiable reason such as meeting the cost of medical treatment or education of the minor or for any other reason acceptable to Sarvodaya Development Finance Limited. சிறுவர்சேமிப்புகணக்குபற்றியவிபரங்கள் A. சிறுவர் கணக்கு ஒன்றை வேறு வங்கிகளுக்கு மாற்றும் போது பெற்றோர் அல்லது சட்ட உறிமை கொண்ட காப்பாளர் அனுமதியுடன் மாற்றலாம். அவ் கணக்குகள் சிறுவர் கணக்கு ஆரம்பித்து அறுபது மாதங்களுக்கு பிறகுதான் வேறு வங்கிகளுக்கு மாற்றலாம். B. சிறுவர் கணக்கிள் உள்ள பணத்தை 18 வயதுக்கு முன் மீளப் பெறுவதாயின் பெற்றோர் அல்லது சட்ட உறிமை கொண்ட காப்பாளர் நேர்மையென எண்பிக்கப்படதக்க காரணத்தின் போது அல்லது மருத்துவத்தின் போது அல்லது கல்வி பயிற்சியின் போது பணத்தை கா்வோதய டிவலொப்மன்ட் பைனான்ஸ் லிமிட்டட் நிறுவனத்தினால் மீளப் பெறளாம். භාරකරුගේ අත්සන / Guardian's Signature/பாதுகாவலரின் கையொப்பம் දිනය / Date/ திகதி FOR OFFICE USE DOCUMENT TO BE ANNEXED WITH APPLICATION Collected to be Submitted Copy of National Indentity Card /PP of the parent/guardian Income Tax Receipt KYC of the parent / guardian Copy of the address verification document of parent / guardian Account Type **Fixed Depsit** Savings Account Marketing Executives's Name EMP NO/ CODE Client Created by: Date Name Signature Account Opened by: Date Name Signature Approved by: Name Signature Confirmed by: Date Signature - Manager Date of New Passbook Issued Pass book number



KYC DATA COLLECTION FORM ගනුදෙනුකරු නිසි පරිදි හදුනා ගැනීම පිළිබඳ දත්ත வாடிக்கையாளர் தகவல் சேகரிப்புப் படிவம்

		For Office U	Jse Only	<i>!</i>					
Account No (s)					d children and t	including step-parents), grain			
Client Code				Branch					
Managers' Initial				Date					
Personal Details									
Full Name: Rev/Mr/Mrs/Miss/	Dr.				dries elementaries				
(Please underline surname)	оап Керауп	nam Inam	r 8til Payr	/fileU		aprive2 [1]			
National Identity Card No (NI		actions [] c	ess irans	Busin		investment Furpose			
(Indicate vaild Passport Numb	er in the cas		y Remitta	liones -	sional Income	triployment/ Hroles			
Date of Birth		D D M	M	YYY	Y	Emeliga Passport holders (Di			
Nationality Sri Lan	kan esident	Non Resident - Country				(Please give the reason for o			
Sri Lanka with Dual Citize			y or Resid			nghagx (british) miliec			
		/ resident in or employed ir	n Sri Lank						
Country		A Expiry Date		MICONATIONS					
Contact Information	V13/	VEXPITY Bate			100	esociated formation of the			
Permanent Address					y)	HOUNG ERECOTED SEERLING THE			
remailent Address						SERVICE CONTRACTOR CONTRACTOR CONTRACTOR			
Mailing Address									
009,000,10)	00,002 L	000,0	01 to 250	100.0		Less than 50,000			
Foreign address (If applicable)								
Contact No	enquis fri	Res: Mc	obile:	(Office:	Fax:			
E-mail		atinom te	y serin	m traveaus sitt of	ter chappean to sen	*Expected / Usual average volun			
Employment Information									
Employment Status] blone th	Self employed Part-time em							
		Full-time employed		/ employed Other (Specify)					
Occupation / Position held				ue and correct	ten above are tr	1 Confirm that the details git			
Name of the Employer Address of the Employer		•							
Nature of Business		Manufacturing			Import / Export				
	SISC	Finance/Insurance			Wholesale				
vings.		Construction			Communication				
		Retail	a old oT	Business Services					
		Transport Restaurants	Passpoi	Real Estate Public Services					
		Hotel/Boarding house	Memag	Gem and Jewelry					
. zinemu	nob betge	Casino / Gambling house	e / Night	Other (Specify)					
		Personal & Household S							
Family Information									
Marital Status	come lax Ka	Married Single	Other	Util By all	nent	lenancy agreen			
Name of Spouse	ther (Specif)	(a) [] (b)	ned me	Employm		Unwing License			
Spouse's Occupation / Position		Tristing Carlette	BINESOT !	C.LAID OING		Triplesp.(FT)			
Spouse's Employer	Company O	tained and certified by the (d be Obt	luorle mamuo.		(Photocopies			
No. of Children (Dependant)	(1267) or al	anction List - UNSCR 1373	st List (S	pected Terrori	appear in a Sus	3. Does the customer			
Other Information									
Ownership of wealth (If property is on rent/lease, please indicate)		Residential property			Financial assets				
		Business permises			Investments Management				
		Motor Vehicles			Other (Specify)				
Source of wealth: Wealth generated from		Business / Ownership			Inheritance				
		Investments			Other (Specify)				
		Profession / Employm	ent						
Other connected Business/ Professional activities and Int	erest								
Are you or any of your immediate family is a politically exposed person (PEP)? (Refer definition below) Yes No									
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-sibilings) and their spouses, children (including step-parents), grand children and their spouses.

Expected Mode of Transactions		
☐ Cash ☐ Cheque	☐ Electronic Fund Transfer	Other (Please Specity)
Purpose for opening, maintaining an	d the account usage	
Savings Investment Purpose Employment / Professional Income Foreign Passport holders (Dual Citizens/ Re (Please give the reason for opening the acc		Loan Repayment Share Transaction Other Other
Source of Fund Expected Source and	nature od credits into the accour	nt (As appropriate)
	nmission Income Contra e of property/assets Gift	act Proceeds Sale/Business Turnover Salary/ Profit Income
Average Monthly Income		
Less than 50,000 50,001 to 100,000	☐ 100,001 to 250,000 ☐ 250,001 to 500,000	500,001 to 1,000,000 More than 1,000,000
Anticipated Volumes : Expected / Usi		nto the account Rupees per month
* Expected / Usual average volumes of deposits in Less than 100,000	500,001 to 1,000,000	5,000,000 to 10,000,000
100,001 to 500,000	T 4 000 004 . F 000 000	☐ More than 10,000,000
Signature Mandatory Checks (For office use on	urance.	Manue of the Employer Manufacture of Rusiness Manufacture of Rusiness Date
	lity Verification: To be supported by (Passport (Unexpired) Marriage Certificate (Transport Restaurants
2. Address Verification : Residential (N.B - Mobile phone bills are no	address to be supported by one if the accepted)	e following accepted documents
National Identity Card Tenancy agreement Driving License Passport	Bank Statement Utility bill (specify) Employment Contract Any Other Identification Docur	Letter from a public authority Income Tax Receipt/ Assessment Notice Other (Specify)
		ertified by the Company Officer as 'Original Seen')
3. Does the customer appear in a Su	uspected Terrorist List (Sanction List -	UNSCR 1373 / 1267) or any Other Alert List:
Yes No	If yes (Specity)	
Documents Reviewed byAuthorized by	(Signature) · Emp No	W TORRING I
Other (Specify)	ing in / Employment No	Other connected Business/ Professional activities and interest Are you or any of your immediate family is a politically exposed person (PEP) 2 (Rafer definition below)