

Are you corporates who are related to a PEP either directly (consanguinity) or indirectly or similar (civil) forms of partnership? (Owners, Shareholders and any significant stakeholder)

YES

NO

If YES, Please explain the relationship

[Empty text box for relationship explanation]

Are you individuals who are closely connected to a PEP, either socially or professionally?

YES

NO

If YES, Please explain the relationship

[Empty text box for relationship explanation]

Other Connected Business /
Professional activities & business Interests
(IF ANY)

[Empty text box for other connected business]

DECLARATION

We hereby declare that the aforementioned information is true & correct according to our best of knowledge and ability. Any false or misleading information provided will be subject to liabilities.

AUTHORIZED SIGNATORIES

Name	
Name	
Name	
Name	

Capacity	
Capacity	
Capacity	
Capacity	

Company Seal/Rubber Stamp

[Empty box for company seal]

Authorized Signatory 1

[Empty box for authorized signatory 1]

Authorized Signatory 2

[Empty box for authorized signatory 2]

OFFICE USE ONLY

If the KYC Form is forwarded via a dealer or an agent, this section will have to be filled by such dealer or agent

Dealer or Agent Name

[Grid for dealer name]

Region

[Empty text box for region]

Date of Submission to PWML

D	D	M	M	Y	Y	Y	Y
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Remarks

[Empty text box for remarks]

[Empty box for dealer/agent signature]

Dealer/Agent - Authorized Signatory

[Empty box for investment operations officer signature]

Investment Operations Officer - PWML

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