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ஓய்வூதியத் திணைக்களம்
DEPARTMENT OF PENSIONS



කොළඹ 10, මැලිගාට්ටේ, කොළඹ 10.

மாளிகாவத்தை செயலகம், மாளிகாவத்தை, கொழும்பு 10.

Maligawatte Secretariat, Maligawatte, Colombo 10.

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No. }

PN/Circular/2011

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திகதி }
Date }

30 06.2011

Pension Circular 05/ 2011

Heads of Overseas Missions,
District Secretaries/ Divisional Secretaries,

Payment of pension to Sri Lankan pensioners resident abroad
(Amendments – year 2011)

These instructions are issued on further revision of Pension Circular 16/2009 (Amendment).

The Department of Pensions has decided to implement following measures as it revealed that a vast amount of foreign currency flowing out of the country as a result of pension payments through overseas missions.

1. Limiting pension payments through overseas missions
2. Paying overseas pension through special bank accounts which are approved.

At the moment, the pension payment facilities are available at overseas missions in the United States of America, United Kingdom, Canada, India and Australia. This payment method is revised as stipulated below.

- i Hence forth, the fresh requests to draw pension via overseas missions will be considered on crucial factors only. Accordingly the most eldest pensioners who do not have Sri Lankan citizenship and connections with this country are further provided with the opportunity to draw pension via overseas missions. These requests should be submitted through Sri Lanka High Commissions, Embassies and Consulate General Offices only.

Director General	Telephone 2431647	Fax 2342078	W&OP	Telephone 2332346	Fax 2432214	Policy	Telephone 2329580
Director	2432008	2342078	PSPF	2324375	2332347	Forces	2320439
Director (F)	2434974	2391403	L.G.U.	2342525	2342525	Computation	2434414
Internal Auditor	2329634	2329634	Registration	2329178		Payments	2431612

E-mail: pensions@sltnet.lk
Web site: www.pensions.gov.lk

- ii The pensions which still paying through Sri Lanka missions will be paid through special bank accounts in future and facilities in that regard will be provided in a process of joint action of Pensions Department, Bank of Ceylon and People's Bank.
- iii Overseas pensioners are advised to open special bank accounts at People's Bank – Queen's Branch or Bank of Ceylon – Metropolitan Branch at each possible instance to credit their pension to the accounts.
- iv Facilities will be provided to transfer pension to a preferred local or overseas bank account from the special accounts by using Transfer Forms. The Transfer Form should be sent to the bank along with a formal Life Certificate at each time of transferring money as above. Overseas pensioners are provided with further facilities to transfer their money by contacting respective Bank Manager via telephone, e-mail, skype or any other communication method.
- v The amended "Data Entry Form" is the form which stipulated in accordance with the instructions of this circular.
- vi It is mandatory to produce a Life Certificate to the Department of Pensions in each year by Sri Lankan pensioners resident abroad through the overseas missions concerned.
- vii Instructions in No.3 of Pension Circular 16/2009 regarding payments through Divisional Secretariats will be further affected.
- viii Cost of living allowance of Rs.2000 will be further paid to overseas pensioners.
- ix Processing pension of Local Government pensioners also will be done by Foreign Pension Division of this department.

Overseas pensioners can contact relevant divisions through following means.

01. Foreign Pension Divisional Secretary

Telephone : +94 11 2 386469
+94 11 2 209870
Fax : +94 11 2 342078
+94 11 2 386469
e-mail : info@pensions.gov.lk
foreignpensions@gmail.com
adfore@pension.gov.lk
Skype : fpensions

02. People's Bank – Queen's Branch

Telephone : +94 11 2 422058
Fax : +94 11 2 332521
e-mail : queen033@peoplesbank.lk

03. Bank of Ceylon – Metropolitan Branch

Telephone : +94 11 2 326083
Fax : +94 11 2 392284
e-mail : agmss@boc.lk



K A Thilakaratne
Director General of Pensions

Copies to:

1. Secretary to the President
2. Secretary to the Prime Minister
3. Secretary to the Cabinet of Ministers
4. Secretary to the Ministry of Public Administration and Home Affairs
5. Secretary to the Ministry of Finance
6. Secretary to the Ministry of External Affairs
7. Auditor General
8. Manager – Bank of Ceylon (Metropolitan)
People's Bank (Queen's Branch)
(For necessary action as per Annexure I)



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ஓய்வூதியத் திணைக்களம்
DEPARTMENT OF PENSIONS



මහලයම් කාර්යාලය, මැලිගාවත්ත, කොළඹ 10.

மாளிகாவத்தை செயலகம், மாளிகாவத்தை, கொழும்பு 10.

Maligawatte Secretariat, Maligawatte, Colombo 10.

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No. }

Annexure I

දිනය }
திகதி }
Date }

30 06.2011

Manager, People's Bank – Queen's Branch
Manager, Bank of Ceylon – Metropolitan Branch

Payment of foreign pension

This has reference to Pension Circular 16/ 2009 and Pension Circular 16/ 2009 (Amendment) issued regarding Sri Lankan pensioners resident abroad.

The commitment to pay pension to Sri Lankan pensioners resident abroad is assigned to you. The Department of Pensions has taken necessary actions to credit pension in each month directly to special pension accounts opened in People's Bank – Queen's Branch and Bank of Ceylon - Metropolitan Branch as per the directions of above circular. You are kindly instructed to adhere following directions when the pension money is managed as the government is the sole owner of the money released for pension payments until it drawn by pensioners.

1. Any dual entry errors or other errors, if found, should be informed forth with to the Assistant Director – Foreign Pensions and expeditious actions should be taken to get correct such errors.
2. Pension should be paid on verification of identity of the pensioner.
3. It is required to make sure that requests with regard to transfer of money to other preferred account by pensioners having submitted transfer forms and life certificates are produced by pensioners them selves. Any matter regarding verification of identity should be inquired from this department.
4. This department will take action to obtain life certificates during the period from January to April of each year from overseas pensioners. Pension payments of the pensioners who failed to produce life certificates are temporarily hold and it will informed you by the department and action should be taken accordingly.
5. Pensioners should be directly informed and get corrected the shortcomings of the applications they submit to open accounts and to transfer money to other accounts.
6. Consent of this department should be sought before paying arrears of pensions to heirs of deceased pensioners.
7. You are kindly requested to forward a monthly summary report on savings of each account to the Foreign Pension Division.


K A Thilakaratne
Director General of Pensions

Director General	Telephone 2431647	Fax 2342078	W&OP	Telephone 2332346	Fax 2432214	Policy	Telephone 2329580
Director	2432008	2342078	PSPF	2324375	2332347	Forces	2320439
Director (F)	2434974	2391403	L.G.U.	2342525	2342525	Computation	2434414
Internal Auditor	2329634	2329634	Registration	2329178	-	Payments	2431612

E-mail: pensions@slmet.lk
Web site: www.pensions.gov.lk

Data Entry Form of Pensioners Resident Abroad
(Fill this Form using with only Block Capitals)

2 Certified
Passport size
Photograph

Resident Country:

Fill in where Applicable

01. Personal Details of the Pensioner

i) Pension Type

<input type="checkbox"/>	Civil
<input type="checkbox"/>	W&OP
<input type="checkbox"/>	Forces
<input type="checkbox"/>	Local Government

ii) Pension Number :

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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iii) W&OP Registration Number :

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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iv) Widows'/Orphans Pension Number :
 (Only if drawing W&OP at present)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

v) Last Name with initials :

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

vi) Name using for pension purposes

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

vi) Names denoted by Initials

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

vii) Address (Foreign)

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
Town/City
Postal Code
Country

viii) Details of Permanent Resident:

a) Permanent Resident Card No : _____

b) Foreign Passport No : _____

c) The Date received of Permanent Resident : D D / M M / Y Y Y Y

d) Whether have dual Citizenship: ☐ Yes ☐ No

d) If so Address in Sri Lanka :

Town/ City	
Post Code	Telephone:

ix) Sex : Male: ☐ Female : ☐

x) Date of Birth:

D	D / M	M / Y	Y	Y	Y

xi)	National ID No (Sri Lanka):								
-----	-----------------------------	--	--	--	--	--	--	--	--

xii)	Civil Status :		Married
			Bachelor
			Widow
			Divorced

xiii) The Period Resident abroad:

Years	Months	Days
<div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>

xiv) E-mail : _____

xv) Web Address : _____

xvi) Telephone No :

--	--	--	--	--	--	--	--	--

[illegible]

02. Dependents Information (Please fill where applicable)

1)	Is Spouse Living	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
----	------------------	-----	--------------------------	----	--------------------------

II) Full Name of the Spouse :

[illegible]

III) NIC Number of Spouse :

--	--	--	--	--	--	--	--	--

IV) Permanent Resident Card No : -----

V) Date of Birth of Spouse : DD/ MM/ YYYY

--	--	--	--	--	--	--	--

VI) If Spouse is living in another place or in another country (Give Details) :

03. Details of Dependents.

Name			Date of Birth DD/MM/YYYY	Sex (M/F)	Civil Status (M/S)	EUD
	Last Name	First Name				
1						
2						
3						
4						
5						

Sex: M - Male F- Female
Civil Status : M - Married S – Single
E - Employed U – Unemployed D – Disable

04. Pension Payment Details – Procedure of drawing pension at present

1. Present method of drawing pension

High Commissioner

Embassy

Consulate General ☐

Sri Lanka

Bank & Account No. If a joint account, name & address of the account partner

II. The address of High Commission or Sri Lanka Embassy which preferred to draw pension.

05. Particulars of Banks which pension is to be paid abroad.(for pensioners draw pension through foreign missions) – facilities to draw pension through foreign missions will be provided at special circumstances only.

Country	
Bank	
Bank Branch	
Address	
Account No.(overseas)	
E-mail Address of Bank Branch	
Web Address	
Fax No	
Telephone No.	

06. If a special account at People's Bank – Queen's Branch or Bank of Ceylon – Metropolitan Branch was opened,

Account No.

(Facility to open an account is available for pensioners who have not opened above account)

07. Month and Year of which the pension drew for last

N.B. Please read updated Pension Circular 16/2009 (Amendment)

09. Data Entry Form should be supported with following attachments

1. 02 photographs in passport size
2. Photocopies of passport (photograph affixed page and visa approved page)
3. Certified copy of citizenship or permanent resident card
4. If prefer to draw pension by bank account at People's Bank – Queen's Branch or Bank of Ceylon – Metropolitan Branch
 - _ Account Opening Information Form
 - _ KYC (Know Your Customer) Profile Form
 - _ Letter of Consent
5. If a widows' / widowers' & orphans' pension, Widows' / Widowers' Declaration Form

.....
Signature of the Pensioner.

(Pensioners resident abroad should furnish this form through Sri Lanka Mission abroad)

I declare that Mr/Mrs.....
..... placed his/her signature before me this
..... day of at
.....

..... Name :
.....
Signature of Attester Designation :
(Authorized officer of the Mission)
Address :

Please send above details to reach below address.

Assistant Director (Foreign Pensions)
Department of pensions,
Colombo 10,
Sri Lanka

Tel : +94 11 2 386469, +94 11 2 209870
Email : ifo@pensions.gov.lk; adfore@pension.gov.lk
Fax : +94 11 2 342078, +94 11 2 386469
Web : www.pensions.gov.lk
Skype Address : fpensions

K A Thilakaratne
Director General of pensions

- 1) Please logon to www.pensions.gov.lk for downloading this form.
- 2) If both widow and widower are pensioner should fill two copies of this form.
- 3) Failing to send this form will be caused to temporary hold of pension.

IN CASE OF WIDOW/ WIDOWERS PENSION

PART 1
AFFIDAVIT

Mrs/Mr.....

.....
.....

HEREBY SOLOMNLY, SINCERELY AND TRULY MAKE OATH and state as follows:

1. My maiden name as per my birth certificate.

.....

2. After my marriage I use my name as.

.....

3. My other names .

.....

.....

I confirm and declare that the statement contained in this affidavit is true to the best of my knowledge and belief .

.....
Signature.

Sworn at

On this

Before me,

.....
.....
.....
.....

PART II

WIDOWS / WIDOWERS DECLARAION

I,
 (Full name)
 of
 (Address)
 do solemnly and sincerely declare that I was born on
 (Date of Birth)
 that I married the late
 (Full name & designation of husband/wife)
 on and I remained his legal wife/husband
 (Date of marriage)
 until his/her death on at and have not since legally or
 (Date of death) (place of death)
 customary married and that my deceased husband /wife has left the following
 (Number of Children)
 children, the issue of this marriage

[illegible]

* If the date unknown, please write the year this occurred.

To be filled in only if the child is a female.

2. Whether had any previous marriages, if so,
 i. Marriages
 ii. Children
 iii. Guardians
 A report should be attached

3. I make this solemn declaration conscientiously believing the same to be true.

Date :
(Signature of widow/widower)

Witnesses:-

[illegible][illegible]

+ Delete which is not applicable.

LIFE CERTIFICATE

To Whom It May Concern:

Full name of Pensioner:

.....

Pension No.:

Signature of pensioner:

I
(Please print name)

Of
(Please print address)

.....

(Please state profession)

Hereby certify that
(Please state pensioner's name)

.....

Of

.....

Whose signature is affixed above was alive on theday of 2009.

Date

Signature

Letter of Consent

This letter of consent is to be submitted by pensioners resident abroad regarding method of drawing pension.

- | | | | |
|---|---|----|-------|
| 1 | 1.1 Full Name | :- | |
| | 1.2 Name using for pension | :- | |
| 2 | Pension or W&OP No. | :- | |
| 3 | 3.1 Resident country &
Address of pensioner | :- | |
| | 3.2 Telephone Number | :- | |
| | 3.3 e-mail address | :- | |
| 4 | Address in Sri Lanka
(if any) | :- | |
| 5 | Bank Account Number | :- | |
| | (Account number at People's Bank – Queen's Branch/
Bank of Ceylon – Metropolitan Branch) | | |

Conditions

1. Savings account should be maintained as a single account.
2. ATM cards should not be used.
3. Subject to the conditions of Director General of Pensions.
4. Consent of the Director General of Pensions should be obtained to release money of the account to heirs of a deceased pensioner.
5. This account will be used only for crediting pension. Other deposits to this account will not be accepted.
6. Instructions of Pension Circular 16/2009 should be followed to transfer money of this account to another account.
7. Facilities available to transfer money to any bank in Sri Lanka or abroad.

I bound with above conditions and declare consent to open a savings account for pension purposes in People's Bank, Queen's Branch or Bank of Ceylon, Metropolitan Branch,.

.....
Signature

Witness

1.
2.

Recommendations of Director General of Pensions:-

.....
Signature & Official Stamp

Transfer of pension of overseas pensioners to another account

1. Manager, People's Bank, Queen's Branch, Colombo, Sri Lanka.
2. Manager, Bank of Ceylon, Metropolitan Branch, Colombo, Sri Lanka.

1. Name of Accountholder:-
2. Overseas Address:-
3. Telephone No.:-
4. e-mail address:-
5. Pension No.:-
6. Bank branch:-
7. Account No.:-

Kindly requested to transfer an amount of Rs.(numbers),
Rupees..... (in words)
from the special account No. which I maintained
to draw the pension to the account No..... at
..... . A duly filled Life Certificate is submitted
herewith.

Date:

.....

Signature

APPLICATION

PERSONAL/JOINT ACCOUNT (DOMESTIC/FOREIGN CURRENCY)

For Office Use Only

Branch Code :
 A/CNo :
 CIF No. 1 :
 CIF No. 2 :
 Input by :
 Authorized by :

The Manager
 Bank of Ceylon

Please open an Individual / Joint Account as per details provided below

Please tick ☒ the appropriate cage

Manager's Signature

Date

DOMESTIC CURRENCY ACCOUNTS			FOREIGN CURRENCY ACCOUNTS	
<input type="checkbox"/> Current	<input type="checkbox"/> Savings	<input type="checkbox"/> KRG	<input type="checkbox"/> Savings	Specify Currency
<input type="checkbox"/> Boc Prestige Plus	<input type="checkbox"/> 18 ⁺	<input type="checkbox"/> Fixed Deposit	<input type="checkbox"/> Fixed Deposit	*NRFC/RFC/RNNFC/.....
<input type="checkbox"/> 7 -Day call Deposit Others			Others (*Delete whichever is inapplicable)	

THE ACCOUNT/S NO./S, MAINTAINED PRESENTLY OR PREVIOUSLY AT BANK OF CEYLON

☐ Current ☐ Savings A/C No. (i) (ii)

PERSONAL INFORMATION

APPLICANT 1

APPLICANT 2

Title : Mr./Mrs./Miss/Dr./Rev Name in Full		
Name with initials		
Any other Names (maiden name/others)		
Permanent Address in Sri Lanka with Postal Code		
Date Moved to Present Address		
Foreign Address (for foreign currency accounts)		
Occupation and Start Date		
Employer's Name		
Official Address with Postal Code		
Official Tele No.		
Monthly Income		
Previous Employment, if any.		
*NIC No.		
Tax Payer / Tax File No.	Yes/No	Yes/No
Tel No. (Res)		
Tel No. (Overseas)		
Fax No.		
E-mail Address		
Nationality		
Mailing Address	<input type="checkbox"/> Permanent <input type="checkbox"/> Official <input type="checkbox"/> Foreign	<input type="checkbox"/> Permanent <input type="checkbox"/> Official <input type="checkbox"/> Foreign
Date of Birth		
Marital Status		
*Passport No.		
Mobile No.		
Signature/s		

*Photocopy to be attached

BOC/SUPP/S900821

Isuru- kelaniya

Form No. 70140E

INTRODUCTION (FOR CURRENT ACCOUNTS / CHEQUE DEPOSIT SAVING ACCOUNTS ONLY)

I am well acquainted with
 whose signature/s appear overleaf and his/her/their signature/s was/were affixed in my presence. I certify that he/she/they is a/are suitable person/s to open and maintain a Current/Savings Account with Bank of Ceylon

A/C No. : Signature :

Tele No. : Name & Designation:

For Office Use

Verified by : Address :

Signature of the Officer : Date :

TIME DEPOSITS

Currency

- Cash /Cheque / Draft No.
- Amount (figures)
in words
- Term days /months/years
Period From to
- Rate of Interest % p.a. to be payable
*Monthly / at maturity / at the time of withdrawal
- Subject to automatic renewal conditions *with/without interest at the prevailing rate
- All interest accruing due from time to time should be credited to
*Current / Savings / NRFC Account No. of Mr./Mrs./Miss at Branch. (or)
- Mailing address to dispatch the bank cheque for the interest

For Office Use

- Receipt No.
(*Delete whichever is inapplicable)

AUTOMATED BANKING SERVICES

Visa Electron (Debit)Card Yes ☐ No ☐
 BOC Net Yes ☐ No ☐
 Internet Banking Yes ☐ No ☐
 *Email Statement Yes ☐ No ☐
 SMS Banking Yes ☐ No ☐
 Utility Payment Yes ☐ No ☐

BOC accounts to be linked

BOC Credit Card (if any) No.

Mobile No. for SMS Banking

→ Bill Nos.

(1) to
 (2) to

*For Current/NRFC Accounts only

(For Automated Banking Services complete relevant application forms)

***NOMINATION (EXCEPT CURRENT ACCOUNT)**

(*You may omit if you do not wish to nominate)

	1	2	3
Full Name of Nominee			
Address of Nominee			
ID Card No. / Passport No. if available.			
Payment %			

I / We do hereby nominate, the abovenamed as my/our nominee/s to receive all monies lying in the account on my/our death subject to the provisions of Section 14 of Bank of Ceylon Ordinance. We are aware in the event of the death of any one of joint account holders the nomination becomes invalid.

Witness

Name & Address:

Signature 1. Date :

Signature 2. Date : Signature

OPERATION INSTRUCTIONS

- I / We agree to comply with and to be bound by the rules of the bank governing the conduct of this account which I/We have read and understood and acknowledge the receipt of a copy of the rules and conditions of the personal / joint accounts.
- **For Joint accounts** - Cheques /Withdrawals will be signed by *..... I / We hereby authorize you to act on instruction given by * relating to this account (*Insert both/either of us/anyone/all)
In the event of the death of anyone of us the balance at credit of the account will be payable to the survivor without reference to the representatives of the deceased.
- **For foreign currency accounts** I/We agree to comply with and to be bound by the Exchange Control Regulations & Rules of the Bank governing the conduct of this account.

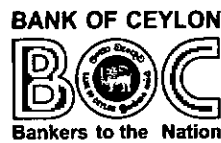
Signature 1

Signature 2

Date :

Date :

For Existing Customers



Know Your Customer (KYC) Profile

(Requirement in terms of Financial Transaction Reporting Act No 6 of 2006)

The Manager
Bank of Ceylon

Bank use Only

Date :

Branch Code :

Officer's Signature with Sig No :

☒ Please Tick the appropriate box / boxes

1. Account No :					
2. Name of the Account :					
3. Residential / Registered Address	(Please attach a copy of the recent utility bill certified by you to prove the residential address.)		Status of the Residential / Registered Address <input type="checkbox"/> Owner <input type="checkbox"/> Rent/ Lease <input type="checkbox"/> Official <input type="checkbox"/> Board/ Lodging <input type="checkbox"/> Parents <input type="checkbox"/> Others.....		
4. Correspondence Address (if different to the item No.3)					
5. Foreign Address (If any)					
6. Nature of the Business / Profession / Vocation					
7. Business / office Address					
8. Telephone Number(s)	Residence	Office	Mobile	Fax	E - Mail
9. Date of Birth / Registration	DD	MM	YYYY	Place of Birth	
10. NIC No. / Passport No. / Registration No.	(Please attach a copy of the NIC / Registration document certified by you.)			Date of Issue	
				Date of Expiry	
11. Citizenship	<input type="checkbox"/> Sri Lankan <input type="checkbox"/> Sri Lankan with the dual citizenship <input type="checkbox"/> Sri Lankan with foreign citizenship <input type="checkbox"/> Foreign national			Nationality	
				Type of Visa	
				Expiry date	
12. Purpose of the AC Opened (Tick all relevant boxes)	<input type="checkbox"/> Business transactions <input type="checkbox"/> Employment/ Professional income <input type="checkbox"/> Inward remittances <input type="checkbox"/> Upkeep of family / person <input type="checkbox"/> Domestic necessities			<input type="checkbox"/> Savings <input type="checkbox"/> Loan repayment <input type="checkbox"/> Share transactions <input type="checkbox"/> Investment purposes <input type="checkbox"/> Others (Specify)	
13. Source of funds (Tick all relevant boxes)	Expected source and nature of credits into the account <input type="checkbox"/> Sales and business turnover <input type="checkbox"/> Family remittances <input type="checkbox"/> Commission income <input type="checkbox"/> Export proceeds			<input type="checkbox"/> Contract/ Investment proceeds <input type="checkbox"/> Donations/ Charities (Local/ International) <input type="checkbox"/> Salary <input type="checkbox"/> Others (Specify)	
14. Tax File No.					
15. Anticipated Volumes : Expected / Usual Volumes of deposits in rupees / US\$ per month :	<input type="checkbox"/> Less than 100,000/=(US\$ 1,000) <input type="checkbox"/> 100,000 to 500,000 (US\$ 1,000 to 5,000) <input type="checkbox"/> 500,000 to 1,000,000 (US\$ 5,000 to 10,000) <input type="checkbox"/> 1,000,000 to 2,000,000 (US\$ 10,000 to 20,000)		<input type="checkbox"/> 2,000,000 to 3,000,000 (US\$ 20,000 to 30,000) <input type="checkbox"/> 3,000,000 to 4,000,000 (US\$ 30,000 to 40,000) <input type="checkbox"/> 4,000,000 to 5,000,000 (US\$ 40,000 to 50,000) <input type="checkbox"/> Over 5,000,000 - (US\$ 50000 -)		
16. Spouses Name					
• Signature of the Customer					
• Date :					

Dear Customer,

**Declaration to be made by customers under the Financial Transaction
Reporting Act. No. 06 of 2006 (FTRA)**

Under the provisions of the FTRA No. 06 of 2006 and the rules and regulations issued by Financial Intelligence Unit (FIU) of the Central Bank of Sri Lanka (CBSL) Anti money laundering and combating terrorist financing, all banks are required to obtain and update the Information of the existing Customers.

In order to comply with this requirement, all banks agreed for a common document to be forwarded to the Customers. Therefore we are sending herewith Know Your Customer (KYC) Profile, which is designed to obtain and update the information of your account. Kindly make arrangements to complete and forward the overleaf format to your branch accordingly.

Thank you.

Lalith Fernando

Compliance Officer

Anti Money Laundering

Bank of Ceylon

(2006 ஆம் ஆண்டு 6 ஆவது நிதியுரிமை சட்டம் கீழ் பணம் அனுப்பி வைக்கப்படும்)
நிதி பரிசீலனையும் அறிக்கையிடல் சட்டம் இல. 6 ஆண்டு 2006 தேவைப்பாட்டுக்கமைய
(Requirement in terms of Financial Transaction Reporting Act No.6 of 2006)

PF 0300A (Oct. 2008)

இலக்கம்: கனம் குடிமகனாக பெயர் முதலெழுத்துக்களுடன் Name with Initials	இலக்கம் க/கு இல. A/C No.
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(அ) கனம் குடிமகனாக (அ) Section (A)		
1. இலக்கம் திறக்க இலக்கம் கனம் குடிமகனாக க/கு ஆரம்பிக்கும் நோக்கமும் உபயோகமும் Purpose of opening the account & the usage		
<input type="checkbox"/> வணிகத்திற்கு வருமானம் Business Income <input type="checkbox"/> வேலை/வருமான வருமானம் Employment/Professional Income	<input type="checkbox"/> குடும்ப உள்வருமானம் Family inward remittances <input type="checkbox"/> ஓசூர்/அபிவிருத்தி Savings/Investments	<input type="checkbox"/> கடன் செலுத்துதல் Loan Payment <input type="checkbox"/> வேலை (பின்புலம் உடனடியாக) Others (Specify)
2. அருகில் இருந்து இலக்கம் : இலக்கம் அருகில் இருந்து இலக்கம் கனம் குடிமகனாக அருகில் இருந்து இலக்கம் Source of funds : Expected source and nature of credits into the account		
<input type="checkbox"/> வணிகத்திற்கு வருமானம் Business Income <input type="checkbox"/> குடும்ப உள்வருமானம் Family remittances	<input type="checkbox"/> வேலை/அபிவிருத்தி வருமானம் Salary/Profit Income <input type="checkbox"/> தனியார்/சமூக சேவைகள் (உள்வரு/வெளிவரு) Donations Charities (Local/Foreign)	<input type="checkbox"/> சொத்து/அபிவிருத்தி விற்பனை Sale of Property/Assets <input type="checkbox"/> வேலை (பின்புலம் உடனடியாக) Others (Specify)
3. அருகில் இருந்து இலக்கம் : அருகில் இருந்து இலக்கம் கனம் குடிமகனாக அருகில் இருந்து இலக்கம் Anticipated Volumes : Expected/Usual average volumes of deposits into the account Rupees per month		
<input type="checkbox"/> 100,000/- க்கு கனம் குடிமகனாக Less than 100,000/- <input type="checkbox"/> 100,000/- க்கு 500,000/- க்கு 100,000/- to 500,000/-	<input type="checkbox"/> 500,001/- க்கு 1,000,000/- க்கு 500,001/- to 1,000,000/- <input type="checkbox"/> 1,000,000/- க்கு மேல் Above 1,000,000/-	இலக்கம் கனம் குடிமகனாக தயவுசெய்து குறிப்பிடுக Please indicate
(ஆ) கனம் குடிமகனாக - கனம் குடிமகனாக (ஆ) Section (B) - Mandatory Checks		
4. கனம் குடிமகனாக கனம் குடிமகனாக கனம் குடிமகனாக Name, Date of birth and Nationality verification உங்கள் கனம் குடிமகனாக (கனம் 4 கனம் 5) கனம் குடிமகனாக கனம் குடிமகனாக கனம் குடிமகனாக To be supported by one of the following accepted documents for each category (4 & 5 below)		
<input type="checkbox"/> கனம் குடிமகனாக அட்டை National Identity Card <input type="checkbox"/> பிறப்பிட்டு (கனம் குடிமகனாக கனம் குடிமகனாக) Birth Certificate (for minor)	<input type="checkbox"/> கனம் குடிமகனாக அட்டை Driving License <input type="checkbox"/> கனம் குடிமகனாக அட்டை Passport	<input type="checkbox"/> வேலை (பின்புலம் உடனடியாக) Others (specify)
5. கனம் குடிமகனாக கனம் குடிமகனாக Address verification கனம் குடிமகனாக கனம் குடிமகனாக கனம் குடிமகனாக Residential address verified and supported by one of the following accepted documents.		
<input type="checkbox"/> கனம் குடிமகனாக அட்டை National Identity Card <input type="checkbox"/> கனம் குடிமகனாக அட்டை Utility Bill (specify)	<input type="checkbox"/> கனம் குடிமகனாக அட்டை Driving License <input type="checkbox"/> கனம் குடிமகனாக அட்டை Letter from a public authority <input type="checkbox"/> கனம் குடிமகனாக அட்டை Income Tax Receipt/Assessment Notice	<input type="checkbox"/> கனம் குடிமகனாக அட்டை Employment Contract <input type="checkbox"/> வேலை கனம் குடிமகனாக Statement of other Banks <input type="checkbox"/> கனம் குடிமகனாக அட்டை Passport
* கனம் குடிமகனாக 4 கனம் 5, கனம் குடிமகனாக கனம் குடிமகனாக கனம் குடிமகனாக * N.B. Under item 4 & 5, a copy should be held & stamped "Original Seen" கனம் குடிமகனாக கனம் குடிமகனாக கனம் குடிமகனாக No Mobile phone bills are accepted		
• கனம் குடிமகனாக கனம் குடிமகனாக Satisfactory Reference - At the discretion of the Branch Manager on a risk based approach		

(அ) கைபக பீர்வு (இ) Section (C)

6. **பணம் உருவாகிய மூலம் :** பணம் உருவாகிய மூலம்? செல்வத்தின் தோற்றம் : செல்வம் பெற்ற மூலம்
Source of wealth: Wealth generated from

- ☐ **வணிக உடைமை** ☐ **பாரம்பரியம்** ☐ **அரசாங்கம்** ☐ **பொருள்/பணி** ☐ **பிற (பின்புறம் குறிப்பிடுக)**
 Business ownership Inheritance Investments Profession/employment Other (Specify)

7. **பிற தொடர்புடைய வணிக/பொருள்/பணி** ஏனைய சம்பந்த வியாபாரம்/தொழில் நடவடிக்கைகள்
Other connected Business/Professional activities

.....
கையொப்பம்/சுருக்கம்
வாங்கியவரின் கையொப்பம்
Customer Signature

.....
திகதி
Date

சொகுசு கைபகம் (✓) குறிப்பிடுக பொருத்தமான பெட்டியில் குறிப்பிடுக இடவும் (✓) **Tick (✓) the appropriate boxes**

(உ) கைபக பீர்வு (உ) Section (E)

கைபகம் மட்டும் வங்கி உபயோகத்திற்கு மட்டும் **For Bank use Only**

8. **பிற விவரம்/குறிப்பு/குறிப்பு (இருப்பின்)** **Other Details/Remarks/Notes (if any)**

வங்கி கிளையினுடைய அல்லது வேறு
வங்கி அலுவலரின் பெயரும் சேவை இலக்கமும்
Name & Service No. of Bank Officer

.....
வங்கி கிளையினுடைய அல்லது வேறு
வங்கி அலுவலரின் கையொப்பம்
Signature of Bank Officer

.....
திகதி
Date

ஒகிரிவீர்தே கிஷுதீ - சீங் சூட்ரல ஸா விட்வி
சேவிய்யுக் கணக்ஞ - தனீ நபர் மற்ருங் கூட்டு
Savings Accounts - Individual & Joint



**PEOPLE'S
BANK**
THE PULSE OF THE PEOPLE®

வெவ்வுலகி ஒவ்வொருவரும் வெவ்வுலகி/வங்கியின் உபயோகத்துக்கு மாதிரி/ Bank Use Only

[illegible][illegible]

இலது: விலத் வடிகுவலத் தலி/முதல் எழுத்துக்களால் குறிக்கப்படும் பெயர்கள்/Names Denoted by Initials

[illegible]

கீழ்க் குறிப்பிட்ட/பிரதான முகவரி/Permanent Address

මුලික ගන්තකවල (රු) Primary Deposits (Rs.)	රු. Rs.	රැකියාව හෝ වෘත්තිය Occupation or Profession	රු. Rs.
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உதவி விவரம்: இதுபற்றி தகவல்/சேமிப்பு கணக்கு வைத்திருப்பவரின் விவரங்கள்/Joint Account Holder's Details

(2) ഉള്ളടക്കം: ഫലന നാമി (തൊഴിലാളി/തൊഴിലാളി/തൊഴിലാളി/.....)/ഗ്രൂപ്പ് അംഗത്വം/...../ചേർ (മുൻ/മുൻ/മുൻ/.....) (3) ഉള്ളടക്കം: ഫലന നാമി (തൊഴിലാളി/തൊഴിലാളി/തൊഴിലാളി/.....)/ഗ്രൂപ്പ് അംഗത്വം/...../ചേർ (മുൻ/മുൻ/മുൻ/.....)

Name with Initials (Mr/Mrs/Miss/.....) Name with Initials (Mr/Mrs/Miss/.....)

[illegible][illegible]

[illegible]

பெயர்/Name: [Redacted] **தொகுதி/Group:** [Redacted] **வாங்குபவர்/Investor:** [Redacted]

தகவல் இடம் (உ./வாங்குத் தொகை (ரூ)/Deposit Amount (Rs.)	
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(number/quantity in words)

ඇත්තේ කළමනාකරු	මාසිකව	ප්‍රමාණවත්ව	වෙනත්	(කෙසේ කරන්න)	බාලවිය යුතුම නම්	උපන් දිනය/මරණ දිනය/Date of Birth
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[illegible][illegible][illegible]

Insert "Me personally" / "Both of us" / "Either of us" / "All of us" as appropriately

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If it is a minor Account Guardian's details should be mentioned overleaf.

Form 506CB E/S/T Rev. July 2004

Designed & Printed at People's Bank Printing Section