

## Know Your Customer (KYC) Profile Form (Corporate)

FOR OFFICIAL USE ONLY					
Date		Project Code		Unit No/Lot No	
Customer Code		Project Name		Sales person name	
<b>Documents to be collected</b>					
Certificate of Incorporation <input type="checkbox"/>		Form 20 <input type="checkbox"/>		Latest annual return <input type="checkbox"/>	

*(To be filled only in English)*

### DETAILS OF THE COMPANY

Name of the Company	<input style="width: 100%;" type="text"/>
Registered Address	<input style="width: 100%; height: 20px;" type="text"/>
Company Registration No.	<input style="width: 100%;" type="text"/>
Country of Incorporation	<input style="width: 100%;" type="text"/>
Date of Incorporation	<input style="width: 100%;" type="text"/>
Total No. of Directors	<input style="width: 100%;" type="text"/>
Taxpayer Identification Number (TIN)	<input style="width: 100%;" type="text"/>
Name of the Company Secretary	<input style="width: 100%;" type="text"/>

### CONTACT REFERENCES

	Office (1)	Office (2)
Land Phone No	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Mobile Phone No	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Email address	<input style="width: 100%; height: 20px;" type="text"/>	

### DETAILS OF ALL THE DIRECTORS

01. Name (Mr/Mrs/Ms/.....)	<input style="width: 100%;" type="text"/>
Address	<input style="width: 100%; height: 20px;" type="text"/>
NIC No	<input style="width: 100%;" type="text"/>
Position Held	<input style="width: 100%;" type="text"/>
02. Name (Mr/Mrs/Ms/.....)	<input style="width: 100%;" type="text"/>
Address	<input style="width: 100%; height: 20px;" type="text"/>
NIC No	<input style="width: 100%;" type="text"/>
Position Held	<input style="width: 100%;" type="text"/>
03. Name (Mr/Mrs/Ms/.....)	<input style="width: 100%;" type="text"/>
Address	<input style="width: 100%; height: 20px;" type="text"/>
NIC No	<input style="width: 100%;" type="text"/>
Position Held	<input style="width: 100%;" type="text"/>

\* Attach separately if the number of Directors exceeds three (3).

### PURPOSE OF PURCHASING

- Residential - Immediate living     
  Residential - Future living     
  Investment     
  Rent/Lease  
 To carry out business



**DETAILS OF SHAREHOLDERS WITH 10% OR MORE VOTING RIGHTS**

01. Name			
Permanent /Registered Office Address			
NIC/ Business Registration No		Legal Nature	<input type="checkbox"/> Individual <input type="checkbox"/> Legal Entity
Nationality/ Country of Incorporation			
Number of Shares		Voting Rights as a percentage (%)	
02. Name			
Permanent /Registered Office Address			
NIC/ Business Registration No		Legal Nature	<input type="checkbox"/> Individual <input type="checkbox"/> Legal Entity
Nationality/ Country of Incorporation			
Number of Shares		Voting Rights as a percentage (%)	

\*\*Attach separately if the number of shareholders with 10% or more voting shares exceeds two (2).

**LIST OF SUBSIDIARIES/ OTHER CONNECTED BUSINESS ASSOCIATES**

01. Name of Company			
Registered Address			
Nature of Business			
Business Registration No		(%) of Voting Rights held by the Company	
02. Name of Company			
Registered Address			
Nature of Business			
Business Registration No		(%) of Voting Rights held by the Company	

\*\*Attach separately if the number of subsidiaries/connected business associates exceeds two (2).

**SOURCES OF FINANCE**

<input type="checkbox"/> Sales & business income	<input type="checkbox"/> Commission & brokerage	<input type="checkbox"/> Gifts
<input type="checkbox"/> Export proceeds	<input type="checkbox"/> Sale of Assets	<input type="checkbox"/> Bank Loans
<input type="checkbox"/> Investment Income	<input type="checkbox"/> Lease or Rent income	<input type="checkbox"/> Others(Specify) _____

**HOW DID YOU FIND OUR PROJECT?**

<input type="checkbox"/> Banner	<input type="checkbox"/> News Paper Ads/ Lahipita Ads	<input type="checkbox"/> Ikman/Lanka Property Web
<input type="checkbox"/> Hoardings	<input type="checkbox"/> Facebook/ Instagram	<input type="checkbox"/> TikTok /YouTube
<input type="checkbox"/> Leaflet/ Promotions	<input type="checkbox"/> Website	<input type="checkbox"/> SMS/ WhatsApp/ Email
<input type="checkbox"/> Radio/ TV	<input type="checkbox"/> Referral (By another customer/ By sales person)	<input type="checkbox"/> Others (Please specify) _____

(Please cross off the inappropriate when there are multiple options available.)

**OTHERS**

\* Are you a repeat customer?  Yes  No

**DECLARATION**

We confirm that the information provided above is correct and accurate and we are duly authorized to provide the information referred to above on behalf of the company. We further undertake to keep Prime Lands (Pvt) Ltd duly informed, as soon as possible, if there is any change to the information provided above.

Name		Name	
Designation		Designation	
Signature on Rubber Stamp		Signature on Rubber Stamp	
Date		Date	



MEMBER OF PRIME GROUP