

OFFICE USE ONLY

Account No.	
Agent	
Date Received	
Date Registered	
Check List	
Entered By	
Approved By	

SOFTLOGIC ASSET MANAGEMENT (PVT) LTD.
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Whatsapp/ Viber : (+94) 076-4784171
email : info@softlogicinvest.lk



KNOW YOUR CUSTOMER FORM – CORPORATE

BASIC INFORMATION

Nature of the entity : Please tick (x)

Private Limited company Public Limited company Global / Regional Fund
 Local Fund Statutory Board A body established under Act of Parliament

Other (Please specify) _____

Status : Please tick (x)

Local Foreign

Name of the company _____

Registered address _____

Business registration number _____

Date of incorporation _____

Telephone _____

E-mail _____

Whether listed on CSE: Yes No

Whether listed on other stock exchange : Yes No

If yes, please specify _____

Nature of the business _____

Other connected business/professional and activities and business interests: _____

FINANCIAL INFORMATION

Expected value of investment per annum (LKR):

Less than 100,000	<input type="checkbox"/>	100,000 to 499,999	<input type="checkbox"/>	500,000 to 999,999	<input type="checkbox"/>
1,000,000 to 1,999,999	<input type="checkbox"/>	2,000,000 to 2,999,999	<input type="checkbox"/>	3,000,000 to 3,999,999	<input type="checkbox"/>
4,000,000 to 4,999,999	<input type="checkbox"/>	5,000,000 to 10,000,000	<input type="checkbox"/>	Over 10,000,000	<input type="checkbox"/>

Source of funds

- | | | | |
|-------------------------------------|--------------------------|---------------------------------|--------------------------|
| Business ownership | <input type="checkbox"/> | Investment | <input type="checkbox"/> |
| Sales and business turnover | <input type="checkbox"/> | Contract proceeds | <input type="checkbox"/> |
| Sale of property/assets | <input type="checkbox"/> | Gift | <input type="checkbox"/> |
| Commission Income | <input type="checkbox"/> | Export proceeds | <input type="checkbox"/> |
| Investment proceeds/savings | <input type="checkbox"/> | Profits/Revenue | <input type="checkbox"/> |
| Donations/Charities (Local/Foreign) | <input type="checkbox"/> | Others (Please specify) : _____ | |

SHAREHOLDER DETAILS

Name of the main shareholders of the Organization

Name	No. of shares

Details pertaining to the Board of Directors

Name	No. of shares

Specimen signature (s) of two directors

Director

Director

Date : _____

Company seal :