

| Principal Account: | | | | | | |
|--------------------|--|--|--|--|--|--|
| Customer CIF No.: | | | | | | |

| Please Note: The information requested is in compliance of the rules and regulations set out by the Financial Intelligence Unit (FIU) of Central Bank of Sri Lanka and will be treated with utmost confidentiality. | | | | | | | |
|--|---|--|--|--|--|--|--|
| 1. | Declaration | | | | | | |
| Ca | rgills Bank Limited Branch | Date: | | | | | |
| Dea | ar Sir/ Madam, | | | | | | |
| I the undersigned do hereby agree to comply with and be bound by all the prevailing Rules and Regulations relating to the account to which I am a party to, and further be bound by any variation, amendment and change made to the same as may be prescribed by the Bank from time to time in future. I agree that this agreement shall be governed and construed in accordance with the laws of Sri Lanka. | | | | | | | |
| 2. | Customer Personal Details | | | | | | |
| 1. | Name in full : Rev/ Mr. /Mrs. /Miss. | | | | | | |
| 2. | Date of birth: DD / MAN / YYS AV | 3. Place of birth: | | | | | |
| 4. | National Identity Card No.(PID)*: | Date of Issue: | | | | | |
| | Nationality*: Sri Lankan Other | Dual National Name of the country | | | | | |
| | Visa Type Country of Issuance | Date of Expiry | | | | | |
| 5. | Permanent address : | | | | | | |
| | Tel:(Fixed) (Mobile). Fax | E-mail: | | | | | |
| 6. | Correspondence address (if differs from above): | | | | | | |
| 7. | Maiden name : | 8. Occupation / Position: | | | | | |
| 9. | Name and address of employer (if applicable): | | | | | | |
| | | Tel: | | | | | |
| 10. | Source(s) of income : | 11. Expected annual income : | | | | | |
| | Expected Monthly Income: * LKR | Less than 50,000 50,000-100,000 100,001-200,000 | | | | | |
| | 200,001-300,000 300,001-600,000 600,001-1000,000 | Above 1,000,000/- Not applicable | | | | | |
| Wealth generated from * Profession or Employment Business Ownership Inheritance Investments Savings Others (pls specify) | | | | | | | |
| Identification of Politically Exposed Person: Are you or any member of your family a Politically Exposed Person (PEP)*? | | | | | | | |
| | Primary Applicant : Yes No | * | | | | | |
| In anyway relate to any of the persons referred to above : No If yes please state the relationship : | | | | | | | |
| 3. | FATCA Compliance | | | | | | |
| | I am a subject of the USA Taxes as per the Foreign Account Tax Comp | liant Act (FATCA) and fall within the categories mention herein. | | | | | |
| | Yes No | | | | | | |
| | 1) USA Citizens | USA Citizens resident in another country | | | | | |
| | Individuals born in the USA and resident in another country | Lawful residents of the USA, including a Green Card Holder | | | | | |
| | 5) Persons residing in the USA | US Corporations, estates and trusts | | | | | |
| | 7) Non-USA Entities/ persons with substantial interest | 8) Non-USA Entities with at least one USA person | | | | | |
| | to any USA entity 9) Joint accounts where at least one party falls within any of the above | as a substantial beneficial owner categories | | | | | |
| | 9) Joint accounts where at least one party falls within any of the above categories | | | | | | |

| | FATCA Compliance | | | | | | |
|---|------------------|----------------|--|--|--|--|--|
| If your response is "Yes", | | | | | | | |
| 1. Please submit the 'Foreign Account Tax Compliant Act (FATCA) compliance form' obtained from the Bank, along with your account opening application. | | | | | | | |
| 2. I authorize Cargills Bank to furnish my information to the US Inland Revenue services. | | | | | | | |
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| CIF No. | A | | | | | | |
| Name with initials: | • | | | | | | |
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| | | | | | | | |
| Signature: | | | | | | | |
| For office use only | | | | | | | |
| CIF Entry: | Account Entry: | Sig. Tag: | | | | | |
| CIF Auth: | Account Auth: | Sig. Tag Auth: | | | | | |
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