

PERSONAL ACCOUNT OPENING FORM

For Office Use Only																																																	
Branch Name					Code																																												
Primary Applicant CIF																																																	
Joint Applicant CIF																																																	
Joint CIF																																																	
Type of Account					CCY																																												
Account Number					Account Number																																												
I/We, the undersigned request you to open a current/savings/fixed deposit/call account/s and agree to comply with and be bound by rules and regulations relating to the said account/s and further be bound by any variation, amendment and change made to the same as maybe prescribed by the bank from time to time in future. I/We undertake to inform the bank immediately any change in any information provided by me/us herein.																																																	
PERSONAL DETAILS (Please complete this application in BLOCK LETTERS) *Mandatory fields																																																	
Primary Applicant					Joint Applicant																																												
Title* : Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss. <input type="checkbox"/> Rev. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Other _____ Gender* : Male <input type="checkbox"/> Female <input type="checkbox"/> Name with initials* : _____ _____ Name in full* : _____ _____ Permanent address* : _____ _____ District : _____ Correspondence address (If differ from the above) _____ _____ Contact details : Mobile : _____ Fixed* : _____ E-mail : _____ Date of birth* : <table border="1" style="display: inline-table; text-align: center;"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table> Place of birth* : _____ Nationality* : Sri Lankan <input type="checkbox"/> Other _____ Marital status* : Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> NIC No* : _____ Passport No* : _____ Date of Issue* <table border="1" style="display: inline-table; text-align: center;"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td></tr></table> Date of Expiry <table border="1" style="display: inline-table; text-align: center;"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td></tr></table> Visa Type _____ Expiry Date _____ Country of Issuance _____ Residence ownership status: Own/Rented/Living with Parents/Other Maiden Name* (For females only) : _____ Income Tax File No. (if applicable) : _____					D	D	M	M	Y	Y	Y	Y	D	D	M	M	Y	Y	D	D	M	M	Y	Y	Title* : Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss. <input type="checkbox"/> Rev. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Other _____ Gender* : Male <input type="checkbox"/> Female <input type="checkbox"/> Name with initials* : _____ _____ Name in full* : _____ _____ Permanent address* : _____ _____ District : _____ Correspondence address (If differ from the above) _____ _____ Contact details : Mobile : _____ Fixed* : _____ E-mail : _____ Date of birth* : <table border="1" style="display: inline-table; text-align: center;"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table> Place of birth* : _____ Nationality* : Sri Lankan <input type="checkbox"/> Other _____ Marital status* : Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> NIC No* : _____ Passport No* : _____ Date of Issue* <table border="1" style="display: inline-table; text-align: center;"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td></tr></table> Date of Expiry <table border="1" style="display: inline-table; text-align: center;"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td></tr></table> Visa Type _____ Expiry Date _____ Country of Issuance _____ Residence ownership status: Own/Rented/Living with Parents/Other Maiden Name* (For females only) : _____ Income Tax File No. (if applicable) : _____					D	D	M	M	Y	Y	Y	Y	D	D	M	M	Y	Y	D	D	M	M	Y	Y
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EMPLOYMENT / FINANCIAL INFORMATION																																																	
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PERSONAL ACCOUNT OPENING FORM

Position/Designation*

☐ Proprietor ☐ Partner ☐ Non Executive
☐ Senior/Corporate Manager ☐ Manager ☐ Executive
☐ Director/CEO ☐ Others (pls specify) _____

Anticipated Annual Income: * LKR

☐ Less than 50,000 ☐ 100,001-200,000 ☐ 300,001-600,000
☐ 50,000-100,000 ☐ 200,001-300,000 ☐ Above 600,000

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OTHER INFORMATION

Purpose of account opening* Employment/Professional Income ☐ Loan Repayment ☐ Business Profit ☐ Investment Purpose ☐

Savings ☐ Crediting of Interest ☐ Education Purpose ☐ Family Remittances ☐ Others (pls specify) _____

Source of Credits to Account * Salary/Employment Income ☐ Savings ☐ Investment proceeds ☐ Sales/Business Turnover ☐

Donation/Charity ☐ Sale of Assets ☐ Remittances ☐ Others (pls specify) _____

Anticipated Monthly Inflows to the Account from above sources (LKR)*

☐ Less than 100,000 ☐ 500,000-999,999 ☐ 2,000,000-2,999,999 ☐ 4,000,000-4,999,999
☐ 100,000-499,900 ☐ 1,000,000-1,999,999 ☐ 3,000,000-3,999,999 ☐ Above 5,000,000

Mode of Transaction Cash ☐ Cheque ☐ Others (pls specify) _____

Source of Wealth* Profession or Employment ☐ Business Ownership ☐ Inheritance ☐ Investments ☐ Others (pls specify) _____

Are you or any member of your family politically exposed(PEP)? Primary ☐ Yes ☐ No / Joint ☐ Yes ☐ No

FATCA

I am a subject of USA taxes as per the Foreign Accounts Tax Compliance Act Primary ☐ Yes ☐ No / Joint ☐ Yes ☐ No

TERM DEPOSITS

1. Type of deposit : Fixed Deposit / Call Deposit _____
 2. Amount of deposit : _____ (in words) _____ /- (in figures)
 3. Source of funds : Cash _____ Cheque _____ Other _____ Debit Account No. _____
 4. Term of Deposit : Months / Days _____ 5. Interest payable at : Maturity / Monthly
 6. Renewable : Yes / No 7. Renew with interest / without interest
 8. Interest Payable Account No : _____ Bank _____ Branch _____
 9. Repayable / Liquidation Instructions
 Transfer to Account Number _____ Account No : _____
 Bank Draft _____ Account Name : _____
 Bank / Branch : _____

NOMINATION

Nomination required : ☐ Yes ☐ No

Name	NIC	Address	Percentage (%)

OPERATING INSTRUCTIONS

Sole ☐ Anyone ☐ All ☐ Other (pls specify) _____

I/We declare that the information given in this application is true and complete and hereby authorize the bank to verify the same against any source deemed fit including and not limited to requesting for any documentary evidence of monthly/annual income.

Signature - Primary Applicant

CIF
 NIC
 Name
 Date

Signature - Joint Applicant

CIF
 NIC
 Name
 Date

FOR BANK USE ONLY

Entered by (EMP No.) _____ Authorized by (EMP No.) _____