



Account No. :																				
Minor Customer CIF :																				
Parent / Guardian :																				

**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. All term and conditions are available through our website: [www.cargillsbank.com](http://www.cargillsbank.com) or as a printed format on request.

## 1. Declaration

Cargills Bank Limited

Date: \_\_\_\_\_

\_\_\_\_\_ Branch

I, \_\_\_\_\_ as Parent / Guardian of my son/ daughter/ ward request you to open a Minor Savings Account with your Bank, and do hereby agree to comply with and be bound by all the prevailing Rules and Regulations relating to the said account and further be bound by any variations, amendments and changes 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.

Further, I as the Parent/ Guardian agree that no monies lying to the credit of this account can be withdrawn or offered as security until my son/ daughter/ ward reaches the age of majority except in the event of the demise of my son/ daughter / ward before the age of majority, when I am entitled to claim the balance in this account. In the event of my son/daughter/ ward reaching the age of majority, I agree that this account will be converted to a normal savings account in the name of my son/ daughter/ ward. I hereby undertake to produce the National Identity Card of my son/ daughter/ ward on his/her obtaining same.

## 2. Details of Minor

(PLEASE FILL IN BLOCK LETTERS)

- Name in full: Master/ Miss. \_\_\_\_\_
- Date of birth: **D** **D** / **M** **M** / **Y** **Y** **Y** **Y** 3. Birth Certificate No. : \_\_\_\_\_ 4. Place of birth : \_\_\_\_\_
- Relationship with the minor : Son / Daughter/ Ward (*Delete whichever is inapplicable*) \_\_\_\_\_
- Purpose of Opening this Account : \_\_\_\_\_

## 3. Personal information of Parent / Guardian

(PLEASE FILL IN BLOCK LETTERS)

- Name in full: Rev/ Mr. /Mrs. /Miss. \_\_\_\_\_
- Date of birth: **D** **D** / **M** **M** / **Y** **Y** **Y** **Y** 3. Place of birth : \_\_\_\_\_ 4. Nationality : \_\_\_\_\_
- National Identity Card No.(PID)\*: \_\_\_\_\_ Date of issue: **D** **D** / **M** **M** / **Y** **Y** **Y** **Y**
- Permanent address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Tel:(Fixed) \_\_\_\_\_ (Mobile) \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_
- Correspondence address (if differs from above): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Maiden name: \_\_\_\_\_
- Occupation / Position: \_\_\_\_\_ 10. Employed Since: \_\_\_\_\_
- Name and address of employer (if applicable): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Tel: \_\_\_\_\_
- Expected annual income: Rs. \_\_\_\_\_ 13. Are you a tax payer ☐ Yes ☐ No If 'yes' tax file number : \_\_\_\_\_
- Source (s) of income: \_\_\_\_\_
- Initial deposit: Amount
- Source of funds: Cash  Fund transfer from account   
Cheque No.  Other (please specify) \_\_\_\_\_

## 4. FATCA Compliance

I am a subject of the USA Taxes as per the Foreign Account Tax Compliant Act (FATCA) and fall within the categories mention herein.

(Parent/ Guardian) ☐ Yes ☐ No

- |   |  |
|---|--|
| 1) USA Citizens   | 2) USA Citizens resident in another country  |
| 3) Individuals born in the USA and resident in another country                      | 4) Lawful residents of the USA, including a Green Card Holder                      |
| 5) Persons residing in the USA  | 6) US Corporations, estates and trusts   |
| 7) Non-USA Entities/ persons with substantial interest to any USA entity            | 8) Non-USA Entities with at least one USA person as a substantial beneficial owner |
| 9) Joint accounts where at least one party falls within any of the above categories |  |

If your response is "Yes",

- Please submit the 'Foreign Account Tax Compliant Act (FATCA) compliance form' obtained from the bank, along with your account opening application.
- I authorize Cargills Bank to furnish my information to the US Inland Revenue services.

Signature of Parent/ Guardian:

CIF	
Name	

## For office use only

CIF Entry:	Account Entry:	Sig. Tag:
CIF Auth:	Account Auth:	Sig Tag Auth: