



Account No. :																				
Joint CIF :																				
Primary CIF :																				
Joint Party 1 CIF :																				
Joint Party 2 CIF :																				

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 terms and conditions are available through our website: www.cargillsbank.com or as a printed format on request.

1. Declaration

Cargills Bank Limited

Date: _____

_____ Branch

Dear Sir/ Madam,

I/We the undersigned request you to open an additional Savings Account/ Current Account/ place a FD/ REPO/ Call Deposit (delete whichever is inapplicable) in my/ our name(s) 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 variation, amendment and change made to the same as may be prescribed by the Bank from time to time in future. I/We agree that this agreement shall be governed and construed in accordance with the laws of Sri Lanka.

2. Account Operations

1. Type of Account: Savings Current FD REPO Call Other _____ (Specify)

2. Name of Customer/s

National Identity Card No. (PID)*

i. _____

ii. _____

iii. _____

3. Expected annual income : Rs. _____ 4. Source(s) of income : _____

5. Purpose of opening this account : _____

3. Savings Account Operations

1. Mode of Recording Transactions

Pass Book Paper Statement

2. Statement frequency:

Monthly Quarterly Half-Yearly Yearly Specify _____

(Charges applicable as per the schedule of charges)

(Please complete and submit the Channel Service application form provided by our representative to obtain our Digital/ Channel Services)

4. Current Account Operations

1. Name to appear on Cheque Book (BLOCK LETTERS/ ENGLISH ONLY)

2. Statement frequency:

Monthly Quarterly Half-Yearly Yearly Specify _____

(Charges applicable as per the schedule of charges)

(Please complete and submit the Channel Service application form provided by our representative to obtain our Digital/ Channel Services)

5. Operating Instructions (For Current and Savings Joint Accounts Only)

The Account will be operated by

Either of us or Survivor/ Both of Us or Survivor/ Any of Us or Survivor(s)/ All of Us or Survivor(s)/ Other (Specify) _____

6. Deposit and withdrawal Instructions for the Term Deposit (Delete whichever is inapplicable)

1. Type of deposit : Fixed deposit/ Call deposit/ REPO _____ (Other)
2. Amount of deposit : _____ (in words) _____ /- (in figures)
3. Deposit period : _____ Months / Days 4. Interest payable : at Maturity/ Monthly/ _____ (specify)
5. Automatic renewal: Yes/ No

(If automatic renewal is provided as "Yes", the deposit will be renewed as per the instructions given herein at the prevailing interest rate, same period and conditions applicable at the time of maturity until further notice.)

6. If yes: Cumulative with interest/ without interest
7. Interest Payable to: Account No _____ of _____ (Bank/ Branch) in favour of _____ (Name of beneficiary).
8. The Deposit is repayable
 to A/c No _____ of _____ (Bank/ Branch) favouring _____
 by Pay Order
9. Method of Crediting funds of the term deposit:
 Please accept cash/ cheque No _____ for Rs. _____ /-
 Debit My/ Our Savings/ Current Account No. _____ with you for a sum of Rs _____ /-

7 . 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.

(Primary Holder) Yes No (Joint Holder-1) Yes No (Joint Holder-2) 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",

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

Primary Holder	Joint Holder-1	Joint Holder-2
CIF No. : _____	CIF No. : _____	CIF No. : _____
Name with Initials : _____	Name with Initials : _____	Name with Initials : _____
Signature (of)	Signature (of)	Signature (of)

For office use only

CIF Entry:	Account Entry:	Contract Opening:	Apportion Details:	Sig. Tag:
CIF Auth:	Account Auth:	Contract Auth:	Apportion Details Auth:	Sig Tag Auth:

Remarks: