

# PERSONAL ACCOUNT OPENING FORM



										<b>For Office Use Only</b>									
										Primary Applicant CIF									
Joint Applicant CIF																			
					CCY										CCY				
Account Number										Account Number									
Account Number										Account Number									
Account Number										Account Number									

I/We the undersigned request you to open the following account/s in my/ our name/s at 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 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. Further I/we undertake to inform the bank immediately in the event of any change in any information provided by me/us herein. I/We hereby authorize the bank to open any subsequent account/s that I/we may request in writing, on the basis of such information provided by me/us herein and from time to time. I/We understand and accept the risks to me/us associated with opening subsequent accounts by instructions sent to the bank in writing.

**Account type:**

<input type="checkbox"/> Savings Account	<input type="checkbox"/> Call Deposit	<input type="checkbox"/> NRFC	<input type="checkbox"/> FEEA
<input type="checkbox"/> Salary Savings Account	<input type="checkbox"/> Fixed Deposit	<input type="checkbox"/> RFC	Other (Please Specify) _____
<input type="checkbox"/> High Return Saver		<input type="checkbox"/> RNNFC	
<input type="checkbox"/> Senior Citizen Savings Account			
<input type="checkbox"/> Current Account			

**Currency:**     LKR         USD         GBP         EURO        Other (Please Specify) \_\_\_\_\_

**Initial Deposit:**    Amount

**Source of Funds :**    Cash         Fund Transfer from Account   
                                   Cheque No                                     Other (Please Specify) \_\_\_\_\_

**PERSONAL DETAILS** (Please Complete this application in BLOCK LETTERS) \*Mandatory Field

Primary Applicant	Joint Applicant
<b>Title* :</b> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Dr. Miss <input type="checkbox"/> Other _____	<b>Title* :</b> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Dr. Miss <input type="checkbox"/> Other _____
<b>Gender* :</b> Male <input type="checkbox"/> Female <input type="checkbox"/>	<b>Gender* :</b> Male <input type="checkbox"/> Female <input type="checkbox"/>
<b>Name with initials* :</b> <input style="width:100%; height:20px;" type="text"/>	<b>Name with initials* :</b> <input style="width:100%; height:20px;" type="text"/>
<b>Name denoted by initials* :</b> <input style="width:100%; height:20px;" type="text"/>	<b>Name denoted by initials* :</b> <input style="width:100%; height:20px;" type="text"/>
<b>Residence ownership status*</b> Owned <input type="checkbox"/> Friend's/ Relative's <input type="checkbox"/> Living with Parents <input type="checkbox"/> Official <input type="checkbox"/> Rented/ Leased <input type="checkbox"/> Owned by Spouse <input type="checkbox"/> Mortgaged <input type="checkbox"/> Other _____	<b>Residence ownership status*</b> Owned <input type="checkbox"/> Friend's/ Relative's <input type="checkbox"/> Living with Parents <input type="checkbox"/> Official <input type="checkbox"/> Rented/ Leased <input type="checkbox"/> Owned by Spouse <input type="checkbox"/> Mortgaged <input type="checkbox"/> Other _____
<b>Date of birth* :</b> <input style="width:100px;" type="text"/>	<b>Date of birth* :</b> <input style="width:100px;" type="text"/>
<b>Place of birth* :</b> _____	<b>Place of birth* :</b> _____
<b>Nationality* :</b> Sri Lankan <input type="checkbox"/> Other _____	<b>Nationality* :</b> Sri Lankan <input type="checkbox"/> Other _____
<b>Marital status* :</b> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	<b>Marital status* :</b> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>
<b>Name of spouse :</b> _____	<b>Name of spouse :</b> _____
<b>Spouse's employment :</b> _____	<b>Spouse's employment :</b> _____
<b>Spouse's annual income :</b> _____	<b>Spouse's annual income :</b> _____
<b>No of dependants :</b> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/>	<b>No of dependants :</b> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/>
<b>NIC/ Passport/ DL No*</b> <input style="width:150px;" type="text"/>	<b>NIC/ Passport/ DL No*</b> <input style="width:150px;" type="text"/>
<b>Date of Issue*</b> <input style="width:40px;" type="text"/> <input style="width:40px;" type="text"/> <input style="width:40px;" type="text"/> <input style="width:40px;" type="text"/> <input style="width:40px;" type="text"/> <input style="width:40px;" type="text"/> <input style="width:40px;" type="text"/> <input style="width:40px;" type="text"/> <input style="width:40px;" type="text"/> <input style="width:40px;" type="text"/> <b>Date of Expiry</b> <input style="width:40px;" type="text"/> <input style="width:40px;" type="text"/> <input style="width:40px;" type="text"/> <input style="width:40px;" type="text"/> <input style="width:40px;" type="text"/> <input style="width:40px;" type="text"/> <input style="width:40px;" type="text"/> <input style="width:40px;" type="text"/> <input style="width:40px;" type="text"/>	<b>Date of Issue*</b> <input style="width:40px;" type="text"/> <input style="width:40px;" type="text"/> <input style="width:40px;" type="text"/> <input style="width:40px;" type="text"/> <input style="width:40px;" type="text"/> <input style="width:40px;" type="text"/> <input style="width:40px;" type="text"/> <input style="width:40px;" type="text"/> <input style="width:40px;" type="text"/> <input style="width:40px;" type="text"/> <b>Date of Expiry</b> <input style="width:40px;" type="text"/> <input style="width:40px;" type="text"/> <input style="width:40px;" type="text"/> <input style="width:40px;" type="text"/> <input style="width:40px;" type="text"/> <input style="width:40px;" type="text"/> <input style="width:40px;" type="text"/> <input style="width:40px;" type="text"/> <input style="width:40px;" type="text"/>
<b>Visa Type</b> _____	<b>Visa Type</b> _____
<b>Country of Issuance</b> _____	<b>Country of Issuance</b> _____
<b>Expiry Date</b> _____	<b>Expiry Date</b> _____



I have no objection in receiving promotional messages /offers from the bank to my mobile phone number/s and email address/es provided by me to the bank under "Value Added Services".

SMS Alerts :  Yes  No  
E-Flyers :  Yes  No

I have no objection in receiving promotional messages /offers from the bank to my mobile phone number/s and email address/es provided by me to the bank under "Value Added Services".

SMS Alerts :  Yes  No  
E-Flyers :  Yes  No

All Value Added Services are subjected to the bank's standard terms and conditions. Online banking facility will be suspended if inactive for more than 3 months from date of activation/last log in. PDF E-statements will be released on a monthly basis (Paper statements will not be released). Paper Statement - Monthly for Current Accounts and Quarterly for Savings Accounts.

For Current Accounts only: Name that should appear on the cheque book\*:

**DECLARATION BY THE APPLICANT/S FOR ELECTRONIC FUNDS TRANSFER CARDS**

To: The Controller of Exchange

[To be filled by the Applicant/s to obtain foreign exchange against Credit/Debit or any other Electronic Fund Transfer Card)

I/We \_\_\_\_\_ (Basic Card Holder/Supplementary Card Holder)  
\_\_\_\_\_ (Joint Card Holder/Supplementary Card Holder) declare that all details given above by me /us on this form are true & correct.

I/We hereby confirm that I/we am/are aware of the conditions imposed under the Exchange Control Act in the Notice published in the Extraordinary Gazette No 1411/5 of 19th September 2005 subject to which the Card may be used for transactions of foreign exchange and I/we hereby undertake to abide by the said conditions. I/We further agree to provide any information on transactions carried out by me/us in foreign exchange on the Card issued to me/us as Cargills Bank Ltd may require for the purpose of Exchange Control Act. I/We also affirm that I/we undertake to surrender the Debit Card/s to Cargills Bank, if I/we migrate or leave Sri Lanka for employment abroad. I/We am/are aware that the Authorized Dealer is required to suspend availability of foreign exchange on EFTC if reasonable grounds exist to suspect that unauthorized foreign exchange transactions are being carried out on the EFTC issued to me/us.

Date  Basic Card Holder: \_\_\_\_\_ Supplementary/ Joint Card Holder : \_\_\_\_\_  
(Name of the Card Holder/s)

I, \_\_\_\_\_ (Name of the Officer ) have carefully examined the information together with relevant documents submitted by \_\_\_\_\_ and satisfied myself that the said information and documents are in conformity with Exchange Control requirements and the internal policies of the Bank. The Bank undertakes to exercise due diligence on the transactions carried out by the Card Holder on his/her EFTC in foreign exchange and to suspend the availability of foreign exchange on the EFTC if reasonable grounds exist to suspect that unauthorized foreign exchange transactions are being carried out on the EFTC in violation of the undertaking given by the Card Holder and to bring the matter to the notice of the Controller of Exchange.

Date  Signature of the Authorized Officer on behalf of the Bank : \_\_\_\_\_

**INTRODUCTION - (TO BE COMPLETED BY THE PARTY INTRODUCING THE ACCOUNTS-(CURRENT ACCOUNTS ONLY)\***

This is to confirm that Mr./Mrs./Ms \_\_\_\_\_ is personally known to me and is fit to open a current account with your Bank in his/her name.

Name of the Introducer : \_\_\_\_\_

Current Account Number :  NIC No:

Occupation : \_\_\_\_\_

Date  Signature /Rubber Stamp : \_\_\_\_\_ Introduction Accepted By : \_\_\_\_\_  
(Manager /Authorized Officer)

**OTHER INFORMATION**

How did you get to know about us?\* Call from Bank  Referral  Media  Promotion  Word of Mouth  Others (pls specify) \_\_\_\_\_

Purpose of opening the Account\* 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/Profit Income  Savings  Investment proceeds  Sales/Business Turnover   
Donation/Charity  Sale of Assets  Remittances  Others (pls specify) \_\_\_\_\_

**Anticipated Monthly Inflows to the Account\* (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

Wealth generated from \* Profession or Employment  Business Ownership  Inheritance  Investments  Others (pls specify) \_\_\_\_\_

**Identification of Politically Exposed Person's \***

Are you or any member of your family a politically exposed person (PEP)\*?

Primary Applicant :  Yes  No Joint Applicant :  Yes  No  
In anyway relate to any of the persons referred to above :  Yes  No In anyway relate to any of the persons referred to above :  Yes  No  
If yes please state the relationship : \_\_\_\_\_ If yes please state the relationship : \_\_\_\_\_

**FATCA Compliance**

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

(Primary Applicant)  Yes  No

(Joint Applicant)  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/ We authorize Cargills Bank to furnish my/our information to the US Inland Revenue services.

**FIXED DEPOSIT / CALL DEPOSIT /CERTIFICATE OF DEPOSIT**

Fixed deposit <input type="checkbox"/>	Call deposit <input type="checkbox"/>	Certificate of deposit (LKR) <input type="checkbox"/>
Currency <input type="text"/>	Currency <input type="text"/>	Period (Months) <input type="text"/>
Period (Months) <input type="text"/>	Amount (in figures) <input type="text"/>	Amount (in figures) <input type="text"/>
Interest payable <input type="checkbox"/> Monthly <input type="checkbox"/> Maturity	Amount (in words) _____	Amount (in words) _____
Amount (in figures) <input type="text"/>	_____	_____
Amount (in words) _____	_____	_____

**Instructions for FD's only**

Renewal Instructions  Renew with Interest  Renew without Interest

**The deposit is repayable**

Transfer to another account (As per the below Instructions)  By pay order

Payment of Interest  Bank \_\_\_\_\_ Branch \_\_\_\_\_ Account Number :

Payment of Capital  Bank \_\_\_\_\_ Branch \_\_\_\_\_ Account Number :

**NOMINATION**

Nomination required :  Yes  No If yes please attach the completed nomination form and collect the acknowledgment from the bank official. Nomination is not applicable in case of current accounts. Joint accounts all parties should sign the nomination.

**OPERATING INSTRUCTIONS**

Sole  Anyone  All  Other (please specify) \_\_\_\_\_

I/We hereby confirm that the copies of the General Business Conditions and other terms and conditions of Cargills Bank Limited applicable to the product(s)/service(s) which I/we have applied for hereunder together with details relevant to such product(s)/service(s) were given and explained to me/us in the language of my/our choice before the signing hereof. I/We have read and understood the detailed terms and conditions therein contained and agree, consent to be bound thereby.

Signature - Primary Applicant

CIF

Name

Date

Signature - Joint Applicant

CIF

Name

Date

**FOR BANK USE ONLY**

Non Personalized Card Number (Primary Applicant) <input type="text"/>	Non Personalized Card Number (Joint Applicant) <input type="text"/>
<input type="checkbox"/> Copy of NIC/PP/DL	<input type="checkbox"/> Statements of other Banks
<input type="checkbox"/> Tenancy Agreement	<input type="checkbox"/> Recent Utility Bills (Specify)
<input type="checkbox"/> Letter from a Public Authority	<input type="checkbox"/> Income Tax Receipts/Assessment Notice
<input type="checkbox"/> Name screened against SDN List	<input type="checkbox"/> Signature Witnessed
	<input type="checkbox"/> Identity Checked
	<input type="checkbox"/> Nomination Form
	<input type="checkbox"/> Copy of Valid Visa/Resident Visa
	<input type="checkbox"/> Proof of Employment
	<input type="checkbox"/> Other (please specify)

	Input by	Authorized by
CIF Data		
Account opening		
CIF modification		
Signature/ NIC/ Photo capturing		
Cheque book request		

- SMS alert
- ATM card
- Online banking
- Mobile banking
- E-statements

Input by	Authorized by	Handing over Terms & Conditions
		General banking <input type="checkbox"/>
		Debit card <input type="checkbox"/>
		E-banking <input type="checkbox"/>
		Account canvassed by: _____

Authorized Officer (Employee ID & Signature)  
(Mandate & Documents checked & verified by) \_\_\_\_\_

Lead code \_\_\_\_\_