



Account No. :																				
Corporate CIF :																				
Proprietor 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 the undersigned, as the sole proprietor request you to open a Current/ Savings/ Fixed Deposit/ CALL/REPO account in my business name 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 agree that this agreement shall be governed and construed in accordance with the laws of Sri Lanka.

I hereby agree not to issue cheques in excess of the available balance in the account without prior arrangement.

2.1 Details of the Proprietorship Business

1. Name of the Proprietorship : _____

2. Business Registration No. : _____ 3. Date of Registration : D / M / Y Y Y Y

4. Nature of the Business : _____

5. Registered Office/ Factory Address : _____

6. Principal place of business: (if different from 5) _____
 Tel: _____ / _____ Fax: _____ E-mail: _____

7. Expected Turnover/ Volume of Business: Rs _____

8. Purpose of opening this account : _____

9. Statement frequency:
 Monthly Quarterly Half-Yearly Yearly Specify _____
 (Charges applicable as per schedule of charges)

2.2 Details of the Proprietor

1. Name in full: Rev/ Mr. /Mrs. /Miss _____

2. Date of birth : D / M / Y Y Y Y 3. Place of birth: _____ 4. Nationality: _____

4. National Identity Card No.(PID)*: _____

5. Permanent address : _____
 Tel:(Fixed) _____ (Mobile) _____ Fax: _____ E-mail: _____

6. Correspondence address (if differs from above): _____

7. Maiden name : _____

8. Expected annual income: Rs _____ 09. Source(s) of income : _____ /-

10. Other employment : _____ 11. Employed Since : _____ /-

8. Name and address of employer (If applicable) : _____

*PID - Personal Identification No. - NIC, Passport, Driving License
 OPS-Form 05-E-V5

3. 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.

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.

4. 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 _____ /-

Proprietor CIF : _____

Name with Initials : _____

Signature with business seal

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:

Remaks: