

# Personal Account Opening Form for Existing Account Holders (Individual/Joint)



Joint CIF :									
Primary CIF :									
Joint Party 1 CIF :									
Joint Party 2 CIF :									
Type of Account :									CCY
Account No :									

## 1. DECLARATION

Cargills Bank Limited

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

\_\_\_\_\_ Branch

Dear Sir/Madam,

I/We the undersigned request you to open an additional Savings / Current / Fixed Deposit / Call Deposit account/s in my/our name/s with your bank, and do hereby agree to comply with all the prevailing Rules and Regulations relating to the said account/s. I/We agree that this agreement shall be governed and construed in accordance with the laws of Sri Lanka.

## 2. ACCOUNT DETAILS

1. Type of Account:  Savings  Current  FD  Call  Other \_\_\_\_\_ ( specify )

2. Name of Customer/s: \_\_\_\_\_ NIC/PP No.\* \_\_\_\_\_

i. \_\_\_\_\_

ii. \_\_\_\_\_

3. Source(s) of income: \_\_\_\_\_

4. Purpose of opening this account : \_\_\_\_\_

5. Anticipated Turnover: \_\_\_\_\_ 6. Mode of Transactions: \_\_\_\_\_

## 3. 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 : \_\_\_\_\_

Account Name : \_\_\_\_\_

Bank Draft \_\_\_\_\_ Bank / Branch : \_\_\_\_\_

## 4. FATCA

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

## 5. NOMINATION

Nomination required :  Yes  No

Name	NIC	Address	Percentage (%)

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## 6. 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	D	D	M	M	Y	Y	Y	Y					

Signature - Joint Applicant													
CIF													
NIC													
Name													
Date	D	D	M	M	Y	Y	Y	Y					

## 7. FOR BANK USE ONLY

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