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|----------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| 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 or as a printed format on request.

1. Declaration

Cargills Bank PLC 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 Further, I as the Parent/ Guardian agree that no monies lying to the credit of this account can be withdrawn or offered as security until my son/ daughter/ ward reaches the age of majority except in the event of the demise of my son/ daughter / ward before the age of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)

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

3. Personal information of Parent / Guardian (PLEASE FILL IN BLOCK LETTERS)

1. Name in full: Rev/ Mr. /Mrs. /Miss. _____
 2. Date of birth: D / M / Y / Y / Y / Y 3. Place of birth : _____ 4. Nationality : _____
 5. National Identity Card No.(PID)*: _____ Date of issue: D / M / Y / Y / Y / Y
 6. Permanent address: _____

 Tel:(Fixed) _____ (Mobile) _____ Fax: _____ E-mail: _____
 7. Correspondence address (if differs from above): _____

 8. Maiden name: _____
 9. Occupation / Position: _____ 10. Employed Since: _____
 11. Name and address of employer (if applicable): _____
 _____ Tel: _____
 12. Expected annual income: Rs. _____ 13. Are you a tax payer Yes No If 'yes' tax file number : _____
 14. Source (s) of income: _____
 15. 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

Tick the box below if you'd like to hear from us on existing offers and promotions.

I like to receive information above Cargills Bank's products and services including any personalized offers and promotions.

By signing below, I confirm that I understand how Cargills Bank will handle my personal data in compliance with the Personal Data Protection Act No. 9 of 2022 (as amended) by having read and understood the bank's Data Protection Notice available at Cargills Bank website (www.cargillsbank.com)

I / We agree that as a part of the bank's contractual obligation to provide the necessary services along with bank's desire to optimize the usage of the IT infrastructure of the bank, the bank may from time to time utilize information system infrastructure managed or owned by reputed third-party service providers that may be located within or outside Sri Lanka. I / We acknowledge and agree that the bank may share my/our data with such service providers for hosting and processing information system.

Signature of Parent/ Guardian:

CIF

Name

For office use only

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