PERSONAL ACCOUNT OPENING FORM

For Office Use Only

Branch Name		Code	
Primary Applicant C|F			
Joint Applicant C|F			
Joint C|F			
Type of Account		CCY	
Account Number		Account Number	CCY

I/We, the undersigned request you to open a current/savings/fixed deposit/cal account/s and agree to comply with and be bound by rules and regulations relating to the said account/s and further be bound by any variation, amendment and change made to the same as maybe prescribed by the bank from time to time in future. I/We undertake to inform the bank immediately any change in any information provided by me/us herein.

PERSONAL DETAILS *(Please complete this application in BLOCK LETTERS) *Mandatory fields*

Primary Applicant	Joint Applicant
Title* : Mr. ☐ Mrs. ☐ Miss. ☐ Rev. ☐	Title* : Mr. ☐ Mrs. ☐ Miss. ☐ Rev. ☐
Ms. ☐ Dr. ☐ Other _____	Ms. ☐ Dr. ☐ Other _____
Gender* : Male ☐ Female ☐	Gender* : Male ☐ Female ☐
Name with initials* :	Name with initials* :
Name in full* :	Name in full* :
Permanent address* :	Permanent address* :
District :	District :
Correspondence address (If differ from the above)	**Correspondence address** (If differ from the above)
Contact details:	**Contact details:**
Mobile: _____ Fixed* : _____	Mobile: _____ Fixed* : _____
E-mail : _____	E-mail : _____
Date of Birth* : D D M M Y Y Y Y	Date of Birth* : D D M M Y Y Y Y
Place of birth* : _____	Place of birth* : _____
Nationality * : Sri Lankan ☐ Other _____	Nationality * : Sri Lankan ☐ Other _____
Marital status* : Single ☐ Married ☐ Widowed ☐ Divorced ☐	Marital status* : Single ☐ Married ☐ Widowed ☐ Divorced ☐
NIC No* :	NIC No* :
Passport No* :	Passport No* :
Date of Issue* D D M M Y Y Y Y Date of Expiry D D M M Y Y Y Y	Date of Issue* D D M M Y Y Y Y Date of Expiry D D M M Y Y Y Y
Visa Type _____ Expiry Date _____	Visa Type _____ Expiry Date _____
Country of Issuance _____	Country of Issuance _____
Residence ownership status: Own/Rented/Living with Parents/Other _____	Residence ownership status: Own/Rented/Living with Parents/Other _____
Maiden Name* (*For females only*): _____	Maiden Name* (*For females only*): _____
Income Tax File No. (if applicable) : _____	Income Tax File No. (if applicable) : _____

EMPLOYMENT / FINANCIAL INFORMATION

Occupation* : _____	Occupation* : _____
Name of Employer/Business* : _____	Name of Employer/Business* : _____
Address of Employer/Business* : _____	Address of Employer/Business* : _____
Nature of the Business* : _____	Nature of the Business* : _____
Contact No* : _____	Contact No* : _____
E-mail* : _____	E-mail* : _____
☐ Salaried Employed Since*	☐ Salaried Employed Since*
☐ Self Employed ☐ Student ☐ Housewife	☐ Self Employed ☐ Student ☐ Housewife
☐ Self Employed Professional ☐ Retired ☐ Clergy	☐ Self Employed Professional ☐ Retired ☐ Clergy
Occupation if Self Employed Professional*:	**Occupation if Self Employed Professional*:**
☐ Doctor ☐ Lawyer ☐ Accountant	☐ Doctor ☐ Lawyer ☐ Accountant
☐ Engineer ☐ Architect Other (please specify) _____	☐ Engineer ☐ Architect Other (please specify) _____
Type of employment, if salaried*:	**Type of employment, if salaried*:**
☐ Permanent ☐ Contract ☐ Other	☐ Permanent ☐ Contract ☐ Other

Position / Designation*:

☐ Proprietor ☐ Partner ☐ Non-Executive
☐ Senior/Corporate Manager ☐ Manager ☐ Executive
☐ Director/CEO ☐ Others (pls specify) _____

Anticipated Annual Income*:

☐ Less than 50,000 ☐ 100,000-200,000 ☐ 300,000-600,000
☐ 50,000-100,000 ☐ 200,000-300,000 ☐ Above 600,000

Position / Designation*:

☐ Proprietor ☐ Partner ☐ Non-Executive
☐ Senior/Corporate Manager ☐ Manager ☐ Executive
☐ Director/CEO ☐ Others (pls specify) _____

Anticipated Annual Income*:

☐ Less than 50,000 ☐ 100,000-200,000 ☐ 300,000-600,000
☐ 50,000-100,000 ☐ 200,000-300,000 ☐ Above 600,000

OTHER INFORMATION

Purpose of account opening* 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/Employment Income ☐ Savings ☐ Investment proceeds ☐ Sales/Business Turnover ☐
Donation/Charity ☐ Sale of Assets ☐ Remittances ☐ Others (pls specify) _____

Anticipated Monthly Inflows to the Account from above sources (LKR)*

☐ Less than 100,000 ☐ 500,000-999,999 ☐ 2,000,000-2,999,999 ☐ 4,000,000-4,999,999
☐ 100,000-499,999 ☐ 1,000,000-1,999,999 ☐ 3,000,000-3,999,999 ☐ Above 5,000,000

Mode of Transaction Cash ☐ Cheque ☐ Others (pls specify) _____

Source of Wealth* Profession or Employment ☐ Business Ownership ☐ Inheritance ☐ Investments ☐ Others (pls specify) _____

Are you or any member of your family politically exposed (PEP)? Primary ☐ Yes ☐ No / Joint ☐ Yes ☐ No

FATCA

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

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 : _____

Nomination

Nomination required : ☐ Yes ☐ No

Name	NIC	Address	Percentage (%)

OPERATING INSTRUCTIONS

Sole ☐ Anyone ☐ All ☐ Others (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.

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 hos 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.cargills bank.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 otimize 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 – Primary Applicant		Signature – Joint Applicant	
CIF		CIF	
NIC		NIC	
Name		Name	
Date	D D M M Y Y Y Y	Date	D D M M Y Y Y Y

FOR BANK USE ONLY

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

OPS Form -18E –V8-2022