



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 PLC, **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 D/M 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 D/M 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) : _____

OPS-Form 05-E-V6 *PID - Personal Identification No. - NIC, Passport, Driving License

Customer Name _____

NIC _____

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Signature _____

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

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 _____ /-

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.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 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.

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:

Remarks:

Customer Name _____

NIC _____

Signature _____