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

1. DECLARATION

Cargills Bank PLC

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 names/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 constructed in accordance with the laws of Sri Lanka.

2. ACCOUNT DETAILS

- Type of Account : Savings Current FD Call Other _____ (specify)
- Name of Customers/s : _____ NIC/PP No. _____
 i. _____
 ii. _____
- Source(s) of income : _____
- Purpose of opening this account : _____
- Anticipated Turnover : _____ 6. Mode of Transactions : _____

3. TERM DEPOSITS

- Type of deposit : Fixed Deposit / Call Deposit : _____
- Amount of Deposit : _____ (in words) _____ / - (in figures)
- Source of funds : Cash _____ Cheque _____ Other _____ Debit Account No. _____
- Term of Deposit : Months / Days _____
- Interest payable at : Maturity / Monthly
- Renewable : Yes / No
- Renew : with interest / without interest
- Interest Payable Account No. _____ Bank _____ Branch _____
- Repayable / Liquidation Instructions
 Transfer to Account Number _____ Account No. : _____
 _____ Account Name : _____
 Bank Draft _____ Bank / Branch : _____

4. FATCA

I am a subject of the USA Taxes as per the Foreign Account Tax Compliant Act Primary Yes No / Joint Yes No

5. NOMINATION

Nomination required : Yes No

| Name | NIC | Address | Percentage (%) |
|------|-----|---------|----------------|
| | | | |
| | | | |
| | | | |

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

6. OPERATING INSTRUCTIONS

Sole Anyone All Other (please 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/We like to receive information above Cargills Bank's products and services including any personalized offers and promotions.

By signing below, I/We confirm that I/we 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.

| | | | | | | | | | | | | | |
|-------------------------------|---|---|---|---|---|---|---|---|--|--|--|--|--|
| 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.)