



PERSONAL ACCOUNT OPENING FORM

Office Use: Branch, Account Number, CCY, FILE, ARM Code, MASTER, Segment Code, SEQ, Title of Account, Special Comments, Interest Rate (if applicable):

Date, Please open an account for me/us as per details provided below. Please tick (✓) choice.

SECTION 1: ACCOUNT TYPE

Account type options: Sole, Joint, Current Account (Normal, Other), Savings Account (Normal, RFCA, NRFC, RNNFC, Other), Call Account (Normal, FCBU, FCDBU, Other), Fixed Deposit Account (Normal, RFCA, NRFC, RNNFC, FCBU, Other). Includes Priority/Select Banking category.

SECTION 2: MAIN ACCOUNT HOLDER "A"

YOURSELF: Full Name, Residential Address, Correspondence Address, Telephone (Mandatory, Residence, Mobile, Office, Fax), Email Address, Nationality, Date of Birth, National Identity Card/Passport Number, Marital Status, Declaration by depositor for withholding tax on interest earnings.

YOUR WORK: Occupation (Salaried, Self-Employed, Own Business, Other, Student, Retired), Type of Organization (Proprietorship, Partnership, Public Ltd. Co., Private Ltd. Co., Govt. Sector, Other), Employer Name, Employer Address.

SECTION 3: JOINT ACCOUNT HOLDERS "B" & "C"

PERSONAL DETAILS

	Joint Account Holder B			Joint Account Holder C		
Full Name as in Passport/ NIC: (Please underline the Surname)	Mr./ Mrs. / Miss / Dr. /.....			Mr./ Mrs. / Miss / Dr. /.....		
Residential Address:						
Correspondence Address: (If different to Residential Address)						
Telephone Numbers:	(Residence)	(Office)	(Mobile)	(Residence)	(Office)	(Mobile)
Email Address:						
Nationality:						
Date of Birth:	DD	MM	YYYY	DD	MM	YYYY
NIC/Passport Number:						
Tax Declaration <small>Applicable to Rupee interest bearing accounts - Declaration by depositor for withholding tax on interest earnings as required by Inland Revenue Act No. 56 of 1985. (as amended)</small>	<input type="checkbox"/> I am not a tax payer <input type="checkbox"/> I am a tax payer and my tax file number is			<input type="checkbox"/> I am not a tax payer <input type="checkbox"/> I am a tax payer and my tax file number is		
Relationship to Main Account Holder :						
Occupation:						
Employer Name: (If Applicable)						
Employer Address:						

FOR FIXED DEPOSITS ONLY

Period : Interest to be paid at maturity. 1 / 3 / 6 / 12 Months. (Strike off fields not applicable)
 Interest to be paid monthly on 12-month deposit. Interest is to be credited to

(please state account and payment instructions applicable to crediting interest)

Renewal Instructions : On maturity this deposit (at rates prevailing at the time of maturity) is to be
 renewed automatically, together with accrued interest
 renewed automatically and interest credited /remitted to my/ our account number.....
 with.....Bank.....
(Address)
 Other.....

CORRESPONDENCE

(Please note the instruction below will apply to all correspondence and statements relating to this account and other accounts opened subsequently)

Dispatch to : Account Holder A Joint Account Holder B Joint Account Holder C
 Statement Frequency : Monthly Quarterly Half-yearly

SOURCE OF FUNDS

Initial Deposit (amount) :

Receive Cash Receive Cheque Transfer from account number

Signature of Account Holder.....

Office use: Sig. Verified Entries Passed

FOR OFFICE USE ONLY

CHECKLIST FOR BANK USE: Please note it is mandatory that each check box be ticked as relevant

Branch:

- | | | |
|---|---|--|
| <input type="checkbox"/> MANDATE FULLY COMPLETE | <input type="checkbox"/> R. CATEGORY - LEVEL 1 / 2 / 3 ^C | <input type="checkbox"/> WELCOME LTR PREPARED |
| <input type="checkbox"/> LAND/MOBILE PHONE INDICATED | <input type="checkbox"/> KYC FORM COMPLETED | <input type="checkbox"/> INTRODUCER LTR PREPARED |
| <input type="checkbox"/> INTRODUCTION OBTAINED ^A | <input type="checkbox"/> SPECIAL REFERENCE LISTING CHECKED | <input type="checkbox"/> MASTER OPENED |
| <input type="checkbox"/> ORIGINAL NIC/PP SIGHTED ^B | <input type="checkbox"/> SIGNATURE(S) VERIFIED | <input type="checkbox"/> CHQ BK REQ NOTED |
| <input type="checkbox"/> B/D CALCULATION ACCURATE | | |

A: Types of Introducers acceptable to the Bank

**Existing Account Holder *Professional *Employer *Company Director * Another Bank / Branch*
**A person holding a senior position in a government / semi government establishment*

B: On an exceptional basis Driving License could be also provided for proving of identity providing the NIC number is given on same.

C: If R. Level identified as '3' Executive Approval is mandatory.

APPROVAL

OFFICER **BSSM**

EXECUTIVE APPROVAL

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Executive approval: Group A:CEO and Head of Legal and Compliance / Group B:HOCB and SCO.

Note: One signature of group A is mandatory alongside one other signature

Operations:

	INPUT PERSONNEL	OFFICER
<input type="checkbox"/> MANDATE RCD DATE.....		
<input type="checkbox"/> BRANCH TICK BOXES COMPLETE		
<input type="checkbox"/> COMPLETED KYC FORM RCD		
<input type="checkbox"/> NIC/PP/DL COPY RCD		
<input type="checkbox"/> WELCOME LTR DESPATCHED		
<input type="checkbox"/> INTRODUCER LTR DESPATCHED		
<input type="checkbox"/> SIGNATURE SCANNED		
<input type="checkbox"/> SUB OPENED		
<input type="checkbox"/> PHONE BKG AP. NOTED		
<input type="checkbox"/> ATM AP. NOTED		
<input type="checkbox"/> FUNDS TRFD IF APPLICABLE		
<input type="checkbox"/> TAX CODE LOADED		

Ops
Officer _____

Notes/ Special Comments:

