

PERSONAL ACCOUNT OPENING FORM

Office Use :		Branch _____		ARM Code _____		Segment Code _____		
Account Number		CCY	FILE	MASTER				SEQ
		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Title of Account _____								
Special Comments						Interest Rate (if applicable) :		

Date _____
Please open an account for me/us as per details provided below.

Please tick (✓) chice.

SECTION 1 : ACCOUNT TYPE

<input type="checkbox"/> Sole	Currency of Account :	<input type="checkbox"/> Sri Lanka Rupees
<input type="checkbox"/> Joint (Please fill in Joint Party details in Sec 3)		<input type="checkbox"/> Foreign Currency. Please state currency

CURRENT ACCOUNT	SAVINGS ACCOUNT	CALL ACCOUNT	FIXED DEPOSIT ACCOUNT
<input type="checkbox"/> NORMAL	<input type="checkbox"/> NORMAL	<input type="checkbox"/> NORMAL	<input type="checkbox"/> NORMAL
<input type="checkbox"/> OTHER (SPECIFY)	<input type="checkbox"/> OTHER	<input type="checkbox"/> FCDBU	<input type="checkbox"/> RFCA
	<input type="checkbox"/> NRFC	<input type="checkbox"/> FCDBU	<input type="checkbox"/> NRFC
	<input type="checkbox"/> RNNFC	<input type="checkbox"/> OTHER (SPECIFY)	<input type="checkbox"/> RNNFC
	<input type="checkbox"/> OTHER (SPECIFY)		<input type="checkbox"/> FCBU
			<input type="checkbox"/> OTHER (SPECIFY)

Category : Priority Banking Select Banking

Please fill in all boxes in clear block CAPITAL letters and strike off any cages, which are not applicable.

SECTION 2 : MAIN ACCOUNT HOLDER "A"

YOUR SELF

Full Name's (as in Passport/NIC) : (Please underline the Surname) Mr./Mrs./Miss./Dr./.....							
Residential Address : Utility bill, Bank stmt., etc to be submitted (for address verification only)						Since	
Previous Residential Address (only if less than 03 years in the above address)							
Correspondence Address : (if different to Residential Address)							
Telephone Number(s) Mandatory	(Residence)	(Mobile)	(Office)	(Fax)			
E - mail Address : (Mandatory-Please write clearly)							
Nationality :	Date of Birth :	DD	MM	YY	National Identity Card / Passport Number : (NIC Number is mandatory for Sri Lankans Certified Copy to be attached)	Marital Status : <input type="checkbox"/> Married <input type="checkbox"/> Single	
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) and the attached Declaration to be made in order to obtain the WHT Exemptions.							

YOUR WORK

Occupation :	<input type="checkbox"/> Salaried	<input type="checkbox"/> Self-Employed	<input type="checkbox"/> Own Business	<input type="checkbox"/> Other.....	<input type="checkbox"/> Student	<input type="checkbox"/> Retired
Type of Organization :	<input type="checkbox"/> Proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> Public Ltd. Co.	<input type="checkbox"/> Private Ltd. Co.	<input type="checkbox"/> Govt. Sector	<input type="checkbox"/> Other.....
Type of Business :						
Employer Name :						
Employer Address :						

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

PERSONAL DETAILS

Joint Account Holder B

Joint Account Holder C

Full Name/s as in Passport/ NIC: (Please underline the Surname)	Mr./ Mrs./ Miss./ Dr./			Mr./ Mrs./ Miss./ Dr./		
Residential Address : Utility bill, Bank stmt., etc. to be submitted (for address verification only)						
Correspondence Address : (If different to Residential Address)						
Telephone Numbers :	(Residence)	(Office)	(Mobile)	(Residence)	(Office)	(Mobile)
Email Address : (Mandatory-Please write clearly)						
Nationality :						
Date of Birth :	DD	MM	YYYY	DD	MM	YYYY
NIC/Passport Number : (Copy to be attached)						
Tax Declaration <small>Applicable to Ruppe interest bearing accounts- Declaration by depositor for withholding tax on interest earning as required by Inland Revenue Act No. 56 of 1985 (as amended), and the attached Declaration to be made in order to obtain the WHT Exemptions.</small>						
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

C. BENEFICIARY ACCOUNTS

Will you use Internet Banking Service to transfer funds from your account(s) to 3rd Party Account(s)? Yes No
 If YES please provide the following details or else please strike out the "Beneficiary Account" section.

(A) if 3rd party is Standard Chartered Bank, Sri Lankan customer:

CCY	Account No.	Account No.

(B) if 3rd party is not a Standard Chartered Bank, Sri Lanka customer:

Beneficiary's Name	Remitting Currency	Beneficiary's Account Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

Beneficiary's Account with Bank	Beneficiary's Bank Address / Country
_____	_____
_____	_____
_____	_____

SIGNING INSTRUCTIONS

- Operating Instructions :**
- Sole Either one to sign
- Two to sign..... (Names)
- Three to sign..... (Names)

I/We hereby acknowledge that I / we have received, a copy of the Personal Account terms and Conditions and a copy of the Gazette Notification, in relation to operation of Electronic Funds Transfer card (Debit Card) and that I/we have read and understood its contents and agree to be bound by the said Terms and Conditions in opening and operating this Account and debit cards with the Standard Chartered Bank.

Signature(s) : **Please use a Black Roller Pen or Ink Pen**

MAIN ACCOUNT HOLDER "A"

JOINT ACCOUNT HOLDER "B"

JOINT ACCOUNT HOLDER "C"

INTRODUCTION

PLEASE NOTE THIS SECTION IS MANDATORY.

The Manager,
Standard Chartered Bank,
Colombo,
Sri Lanka.

I am pleased to introduce the above applicant(s) to the Standard Chartered Bank, for the purpose of opening and account, I provide this introductions as:

- SCB Account Holder - My SCB Account Number..... Professional - My Profession
- A Company Director - Company
- A person holding a senior position in a government / semi government establishment - Name of Organusation

Name :

Designation : Telephone Number :

My Address :

.....

Signature : Date :

CENTRAL BANK OF SRI LANKA

Declaration by the Applicant/s for Electronic Fund Transfer Cards

To : The Controller of Exchange

(To be filled by the Applicant/s to obtain foreign exchange against Credit/Debit or any other Electronic Fund Transfer Card.)

I/We..... (Basic Cardholder/Supplementary Cardholder),
..... (Basic Cardholder/ Supplementary Cardholder) declare that
(Other party to the account-if applicable)
all details given above by me/us on this form are true and correct.

I/We hereby confirm that I/We am/are aware of the conditions imposed under the Exchange Control Act in the Notice published in the Extraordinary Gazette **No: 1411/5 of 19th September 2005** subject to which the card may be used for transactions in foreign exchange and I/We hereby undertake to abide by the said conditions.

I/We further agree to provide any information on transactions carried out by me/us in foreign exchange on the card issued to me/us as The Hongkong and Shanghai Banking Corporation Limited may require for the purpose of Exchange Control Act.

I/We also affirm that I/We undertake to surrender the Credit Card/s to standard Chartered bank, if I/We migrate or leave Sri Lanka for employment abroad.

I/We am/are aware that the Authorised Dealer is required to suspend availability of foreign exchange on EFTC if reasonable ground exist to suspect that unauthorised foreign exchange transactions are being carried out on the EFTC issued to me/us.

.....
DD MM YY

.....
Signature of the Basic Cardholder

.....
DD MM YY

.....
Signature of the Supplementary Cardholder

I, (Name of the officer) have carefully examined the information together with relevant documents submitted by (Name of the Cardholder) and satisfied myself that the said information and documents are in conformity with Exchange Control requirements and the internal policies of the Bank. The Bank undertakes to exercise due diligence on the transactions carried out by the Cardholder on his/her EFTC in foreign exchange and to suspend the availability of foreign exchange on the EFTC if reasonable grounds exist to suspect that unauthorised foreign exchange transactions are being carried out on the EFTC in violation of the undertaking given by the Cardholder and to bring the matter to the notice of the Controller of Exchange.

.....
DD MM YY

.....
Signature of the Authorized Officer
On be half of the Bank

FOR OFFICE USR 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 - SDD / EDD | <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 ON LOTUS NOTES | <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 | <input type="checkbox"/> SANCTIONED AND UNDESIRABLE LIST CHECKED | <input type="checkbox"/> SANCTIONS REVIES, RISK MATRIX, CDD CHECKLIST COMPLETED |

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 EDD Executive Approval is mandatory.

APPROVAL

OFFICER BSSM.....

EXECUTIVE APPROVAL

.....

Executive approval :
HOCB OR HIS DELEGATES (MANDATORY)

Operations :

	INPUT PERSONAL	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 DESPACHED		
<input type="checkbox"/> INTRODUCER LTR DESPACHED		
<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 :