



# ACCOUNT OPENING APPLICATION FORM – INDIVIDUAL

Date

The Manager,  
Hatton National Bank PLC,

Branch.

I the undersigned request you to open the following account /accounts in my name with your Bank. (Please complete all details in CAPITAL LETTERS and mark (✓) where applicable.)

For Bank Use Only	
Account No. 1.	
2.	
3.	
CIF No. 1.	

## TYPE OF ACCOUNTS

General Savings     General Current Account     Capital Savings     Privilege Account     Yauwanabhimana     Adhishtana     Money Market

NRFC/RFC/Other  (Specify) \_\_\_\_\_ Currency \_\_\_\_\_

## EXISTING ACCOUNT HOLDERS

An existing account holder should complete the information pertaining to 'Personal Details' only if there is a change in the information submitted to the Bank previously. However the Name & NIC number should be indicated.

## PERSONAL DETAILS

1. Name in Full (Rev./Dr./Mr./Mrs./Miss/Ms.)

2. Nationality

3. Country of Residence

4. Country of Permanent Residence

5. Any other Citizenship/PR

6. NIC No.

} (Please attach copies)

} (Date of Issue)

(Please state the country)

7. Passport No.

8. Date of Birth

(Submission of Passport Number will only apply to Non Nationals opening permitted accounts.)

9. Permanent Address (Confirmation of Address required if different from NIC)

10. Communication Address (If different from the permanent address)

11. Telephone Numbers. Residence

Office

Mobile

Fax

E-Mail

12. Occupation

if "Business" state the nature of Business

13. Marital Status

Single

Married

Divorced

Widowed

14. Name of Employer

15. Address of Employer

16. Full Name of Spouse

17. Employer of Spouse

## CHANNEL SERVICES

### Internet Banking

Please provide Internet Banking Facilities

Preferred User Login (Min 8 characters)

### Visa Debit Card

Please issue International Visa Debit Card with ATM & Shopping (POS)

Please provide SMS alert facility to the mobile number stated above

Mother's Maiden Name (Security Requirement for Visa/Debit Card)

### Mobile Banking

Please provide Mobile Banking Facilities to the mobile number stated above

### Issue of Password for Internet/Mobile Banking

Please send my Password to the address stated above

Permanent address

Communication address

## REQUIREMENT FOR ACCOUNT STATEMENT

Please forward Account Statement as indicated.

Mode of Despatch    Post (Monthly)\*     E-mail

E-mail frequency    Daily     Weekly     Monthly

\*Current Accounts only

INITIAL OF APPLICANT/S	OFFICER'S INITIAL

**KYC DETAILS**

(To be completed by the staff member handling the opening of an account on interviewing the applicant.)  
Purpose of opening the account & usage.

<input type="checkbox"/> Business transactions	<input type="checkbox"/> Family inward remittance	<input type="checkbox"/> Loan payment
<input type="checkbox"/> Employment/Professional income	<input type="checkbox"/> Savings/Investments	<input type="checkbox"/> Others(specify) .....

Source of funds: Expected source and nature of credits into the account

<input type="checkbox"/> Donations/Charities (Local/ Foreign)	<input type="checkbox"/> Salary/Profit income	<input type="checkbox"/> Family remittance
<input type="checkbox"/> Sales and business turn over	<input type="checkbox"/> Sale of property/Assets	<input type="checkbox"/> Others(specify) .....

Expected deposits to be routed through the account p.m. (in LKR)	<input type="checkbox"/> Less than 100,000	<input type="checkbox"/> Above 100,000 to 500,000	<input type="checkbox"/> Above 500,000 to 1,000,000	<input type="checkbox"/> Above 1,000,000 to 3,000,000	<input type="checkbox"/>
	<input type="checkbox"/> Above 3,000,000 to 5,000,000	<input type="checkbox"/> Above 5,000,000 to 10,000,000	<input type="checkbox"/> Over 10,000,000		

Source of wealth / Income generation

<input type="checkbox"/> Business ownership	<input type="checkbox"/> Inheritance	<input type="checkbox"/> Investment	<input type="checkbox"/> Profession/ Employment	<input type="checkbox"/> Others (Please specify) .....
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Document obtained for address verification

**DECLARATION FROM APPLICANT FOR ELECTRONIC FUND TRANSFER CARD (EFTC)**

I hereby confirm that I am aware of the conditions imposed under the Exchange Control Act in the Notice published in the Gazette Extraordinary No. 1411/5 of 19th September 2005 (as may be amended or replaced from time to time) subject to which the Card may be used for transactions in foreign exchange and I hereby undertake to abide by the said conditions.

I further agree to provide any information on transactions carried out by me in foreign exchange on the Card issued to me, which Hatton National Bank PLC may require for the purpose of the Exchange Control Act.

I also affirm that I undertake to surrender the EFTC to Hatton National Bank PLC, if I migrate or leave Sri Lanka for employment abroad.

I am aware that the Authorized Dealer is required to suspend the availability of foreign exchange on EFTC if reasonable grounds exist to suspect unauthorized foreign exchange transactions are being carried out on the EFTC issued to me.

Cash and/or cheques deposited by use of the Card will only be credited to my account after verification by the bank. Cheques will not be collected to savings accounts. The statement issued by the Automated Teller Machine at the time of deposit will only represent what I purport to have deposited and shall not be binding on the Bank. The Bank's count of the amount contained in the envelope shall be conclusive. Cheques will be accepted for collection only and proceeds will not be available for drawing until the cheques are cleared and realized. (This facility will be available only at selected branches).

Individual Account holders are inter alia jointly & severally bound by these Terms and Conditions and are liable for all transactions processed by the use of the Card. All rules and regulations governing the operation of Current, Savings or any other Account shall be applicable to card transaction relating to such accounts.

**USE OF E-MAIL ADDRESS**

"The Bank will use your e-mail address to provide you with better customer services and marketing material on products, customer surveys, etc. If at any time you wish us to cease sending you direct mailings, please send us an e-mail or contact our representative, to the e-mail address or on call center telephone number indicated in the bank website. The Bank will then, at no cost to you, act on your request within 15 days and ensure that you are not included in our future direct marketing promotions."

**OPERATING INSTRUCTIONS**

- The Account / Accounts should be opened in my name.
- I hereby confirm having received a booklet containing the General Terms and Conditions applicable for Customer Accounts, Dealings and Transactions of Hatton National Bank PLC applied for by this application form (which together with the Terms and Conditions of this application shall constitute our contract with the Bank) and having read and understood/explained and understood, signed this document in agreement thereof and in acceptance of all such Terms and Conditions.
- I hereby authorize you to act on instructions given by me relating to this account/accounts and I hold myself liable of any indebtedness to the Bank created by such actions.

Signature of Applicant

**TO BE COMPLETED BY THE INTRODUCER (CURRENT ACCOUNTS ONLY)**

I, the undersigned, confirm that the applicant of this Current Account

whose signature appear above has been known to me for the past

years and is suitable to operate a Current Account with Hatton National Bank PLC.

Name of the introducer

Address of Introducer

Occupation / Profession

Account Number

Signature

<b>(For Bank Use Only)</b>	Introducer's Signature Verified
..... Name of Officer	..... Signature & Ref.No

**CUSTOMER ACKNOWLEDGEMENT**

I acknowledge receipt of:

Debit Card : Yes/No

Savings Pass Book: Yes/No

(Debit Card number)

.....  
Customer's Signature

.....  
Bank Officer's Signature

EPF No.

**FOR BANK USE ONLY**

Account Opening Form & required documents verified and found to be in order.

Interviewed and authorized to open the Current Account.

..... Signature	Sig.Ref.No. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <b>Authorized Officer</b>
Date	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

..... Signature	BASLE CODE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Sig.Ref.No. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <b>Branch Manager/Designated A Class Officer</b>
Date	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

**MIS Codes (For Quarterly Survey)**

Sector Code	<input type="text"/>
Subsector Code	<input type="text"/>
Industry Code	<input type="text"/>
Occupation Code	<input type="text"/>

.....  
Data input by (Name)   
EPF No.

Audited by ..... Signature	..... EPF No.
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**Current Account Type**

CAGEN	<input type="checkbox"/>
CASTF	<input type="checkbox"/>
CNRRRA	<input type="checkbox"/>
Others (Specify)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Data Checked by

..... Signature	..... EPF No.
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**Savings Account Type**

SAGEN	<input type="checkbox"/>
SACAP	<input type="checkbox"/>
SASTF	<input type="checkbox"/>
SACIT	<input type="checkbox"/>
SIA	<input type="checkbox"/>

Others (Specify)