INITIAL OF APPLICANT/S

OFFICER'S INITIAL



ACCOUNT OPENING APPLICATION FORM – JOINT

	ACCOON	OI EI III I I	W T LIV	CATIC	5111 5111	, ,,				
YOUR PARTNER IN PROGRESS	For Bar	ık Use Only								\Box
Date DDMMYYYY	Account No. 1.				CIF No. 1					╗╽
The Manager,	2.					2.				<u> </u>
Hatton National Bank PLC,	3.				3	3.				٦
Branch.		0 1 (0)			L : CADITAL II			` '		
We the undersigned request you to open the following account/a		•	complete	all detai	Is in CAPITAL L	ETTERS ar	ıd mark (✓) where	applica	able)
	TYPE OF A									
General Savings General Current	HNB Salary Smart	HNB	Youth		Savings -	-	Mo	ney mark	ket	
PFCA FC Advantage	Others (Specify)								
EXISTING ACCOUNT HOLDERS										
An existing account holder should complete the information per Name & NIC number should be indicated.	taining to 'Personal Detai	ls" only if there is a o	change in	the info	rmation submi	tted to th	e Bank pre	viously. H	loweve	r the
	PERSONAL DETAILS - N	MAIN APPLICANT	(A)							
I . Name in Full (Rev./Dr./Mr./Mrs./Miss/Ms.)										
2. Nationality		3. Cou	untry of Re	esidence	2					
4. Country of Permanent Residence		5. Any	other Citiz	zenship/l	PR PR					
					(Please state	the countr	y)			
6. NIC No. []] (Plea	se DDMM th copies) DDMM	[Y	Date of Iss	sue)		Г				T 1
7. Passport No.	D D IVI IVI	Y Y Y Y			8. Date of	Birth	DDM	MY	YY	Υ
(Submission of Passport Number will only apply to Non Nation		ccounts.)								\neg
9. Permanent Address (Confirmation of Address required if diff	erent from NIC)									႕
10. Communication Address (If different from the permanent ac	dress)									=
										=
11. Telephone Numbers. Residence	Office				Mobile					Щ
Fax	E-Mail									
12. Occupation	if "Busines	s" state the nature o	of Business	s						
13. Marital Status Single Married										
14. Name of Employer										
15. Address of Employer										
16. Full Name of Spouse										
										_
										_
17. Employer of Spouse										
Please forward Account Statement as indicated. (<i>Please note : A</i>	REQUIREMENT FOR AC			d for savi	inas accounts.)					
Mode of Despatch Post (Monthly)* E-mail		ail frequency	Daily	_		nthly	*Ci	irrent Ac	counts	only
	KYC DETAILS – MAI	N APPLICANT (A	N)							
To be completed by the applicant or the staff member handling Purpose of opening the account & usage.	the opening of an accou	nt on interviewing	the applic	ant.						
	Family inward remittance			Loan pay	vment					
	Savings/Investments		\vdash		pecify)					
Source of funds: Expected source and nature of credits into the										
				Farathan						
	Salary/Profit income		\vdash		emittance					
Sales and business turn over	Sale of property/Assets			Otners(s	pecify)	•••••	•••••	•••••	•••••	
Expected deposits to be routed Less than 100,000	Above 100,000	to 500,000	Above	500,000	to 1,000,000	Abov	e 1,000,000	to 3,000,0	000	
through the account p.m. (in LKR) Above 3,000,000 to 5,000,0	000 Above 5,000,00	0 to 10,000,000	Ove	er 10,000,	000					
Source of wealth/Income generation										
Business ownership Inheritance Investment	Profession/Emplo	yment Othe	ers (Please :	specify)—]
Document obtained for address verification										\exists

PERSONAL DETAILS - JOINT APPLICANT (B)
1. Name in Full (Rev./Dr./Mrs./Miss/Ms.)
2. Nationality 3. Country of Residence
4. Country of Permanent Residence 5. Any other Citizenship/PR
(Please state the country)
6. NIC No. (Please attach copies) (Please attach copies) (Please attach copies)
7. Passport No
9. Permanent Address (Confirmation of Address required if different from NIC)
9. Fermanent Address (Commination of Address required if different from NiC)
10. Telephone Numbers. Residence Office Mobile
Fax E-Mail E-Mail
11. Occupation if "Business" state the nature of Business
12. Marital Status Single Married Married
13. Name of Employer
14. Address of Employer
15. Full Name of Spouse
16 Employer of Chause
16. Employer of Spouse
KYC DETAILS – JOINT APPLICANT (B) To be completed by the applicant or the staff member handling the opening of an account on interviewing the applicant.
Purpose of opening the account & usage.
Business transactions Family inward remittance Loan payment
Employment/Professional income Savings/Investments Others(specify)
Source of funds: Expected source and nature of credits into the account
Donations/Charities (Local/Foreign) Salary/Profit income Family remittance
Sales and business turn over Sale of property/Assets Others(specify)
Expected deposits to be routed
Above 3,000,000 to 5,000,000 L Above 5,000,000 L Over 10,000,000 Over 10,000,000 Source of wealth/Income generation
Business ownership Inheritance Investment Profession/Employment Others (Please specify)
Document obtained for address verification
PERSONAL DETAILS - JOINT APPLICANT (C)
1. Name in Full (Rev./Dr./Mrs./Miss/Ms.)
2. Nationality 3. Country of Residence
4. Country of Permanent Residence 5. Any other Citizenship/PR
6. NIC No. (Please state the country)
6. NIC No.
(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. Telephone Numbers. Residence Office Mobile
Fax E-Mail
11. Occupation if "Business" state the nature of Business
12. Marrial Status Single Married Married
13. Name of Employer
To traine of Employer
INITIAL OF APPLICANT/S OFFICER'S INITI.

14. Address of Employer						
15. Full Name of Spouse						
16. Employer of Spouse						
KYC DETAILS – JOINT APPLICANT (C)						
To be completed by the applicant or the staff member handling the opening of an account on interviewing the applicant. Purpose of opening the account & usage.						
Business transactions Family inward remittance Loan payment						
Employment/Professional income Savings/Investments Others(specify)						
Source of funds: Expected source and nature of credits into the account						
Donations/Charities (Local/Foreign) Salary/Profit income Family remittance						
Sales and business turn over Sale of property/Assets Others(specify)						
Expected deposits to be routed through the account p.m. (in LKR) Less than 100,000 Above 3,000,000 to 5,000,000 Above 5,000,000 to 10,000,000 Over 10,000,000 Over 10,000,000						
Source of wealth/Income generation						
Business ownership Inheritance Investment Profession/Employment Others (Please specify)————————————————————————————————————						
Document Obtained For Address Verification						
CHANNEL SERVICES						
Internet Banking Please provide Internet Banking Facilities (Main Applicant) (A) Preferred User Login (Min 8 characters) Line of the control of the contro						
Please provide Internet Banking Facilities (Joint Applicant) (B)						
Please provide Internet Banking Facilities (Joint Applicant) (C)						
Visa Debit Card (Main applicant A)						
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 stated mobile number (Main Applicant) (A) Please provide Mobile Banking Facilities to the stated mobile number (Joint Applicant) (B) Please provide Mobile Banking Facilities to the stated mobile number (Joint Applicant) (C) SOLO (Only if either Party to Operate)						

I/Wedeclare that 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 terms and conditions applicable for the use of Electronic Fund Transfer Cards (EFTCs) as detailed in the Directions No. 03 of 2021 dated 18 March 2021 issued under the provisions of the Foreign Exchange Act, No. 12 of 2017 (As amended from time to time or replaced) 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 Hatton National Bank PLC may require for the purpose of the FEA.

I/We am/ are aware that the bank is required to suspend availability of foreign exchange on EFTC if reasonable grounds exist to suspect that foreign exchange transactions which are not permitted in terms of the Directions issued under the provisions of the FEA are being carried out on the EFTC issued to me/us and to report the matter to the Director - Department of Foreign Exchange.

I/ We also affirm that I/ We undertake to surrender the EFTCs to the bank, if I/ We migrate or leave Sri Lanka for permanent residence or employment abroad, as applicable. Further, I/we also agreed to notify $my/our\ change\ in\ residential\ status\ to\ the\ bank,\ if\ any,\ accordingly.$

We are also aware that cash and/or cheques deposited by use of the Card will only be credited to our 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 we purport to have deposited and shall not be binding on the Bank. Cheques will be accepted for collection only and proceeds will not be available for drawing until the cheques are cleared and realized.

Joint 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."

INITIAL OF APPLICANT/S	OFFICER'S INITIAL	

ne Account/Accounts should be oper	ned in the joint names of				
				and the Operating instructions should be as fo	llows.
Any one of us	All of us	Otl	her/s (Specify)		•••••
We hereby confirm having received applied for by this application form	a booklet containing the Genera (which together with the Terms a ood, signed this document in agu	al Terms and Conditions and Conditions of this a reement thereof and in	s applicable for Customer Accounts, E application shall constitute our contra acceptance of all such Terms and Col	thout reference to the representatives of the dece Dealings and Transactions of Hatton National Bank act with the Bank) and having read and Inditions.	
"I/We the undersigned hereby cor information system of the Departi	•	, ,	outhenticity of the particulars relating	ng to my/our National Identity Card/s via the	
We hereby authorize you to act on in	nstructions given by us relating to	this Account and we hol	d ourselves jointly and severally liable	for any indebtedness to the Bank created by such ac	tions.
e confirm that the contents of this n ම ඉල්ලුම් පතුයේ ඇතුළත් කරුණු අ 5த விண்ணப்பத்தில் உள்ள நியதி நி	ප හට කියවන ලද බව සහ එම	ම කරුණු අවබෝධ කර	ගෙන අප විසින් අපගේ අත්සන් යෙද		b.
	(A)		(B)		(C)
Signature of Main Applica	unt	Signature of Jo	int Applicant	Signature of Joint Applicant	
			ER (CURRENT ACCOUNTS ONLY)	
he undersigned, confirm that the ap	•				
nose signatures appear above have me of Introducer	been known to me for the past	у	ears and are suitable to operate a C	urrent Account with Hatton National Bank PLC.	
dress of Introducer					
duress of introducer					
ccupation / Profession					
ccount Number					
			(For Bank Use Only)	Introducer's Signature Verified	
			,	j	
Signature	DDMMYY	YY	Name of Officer	Signature & Ref.No	
		CUSTOMER ACKNO	WLEDGEMENT		
cknowledge receipt of:			_		
bit Card received: Yes/No l	(Debit Card number))	Customer's Signature	Bank Officer's Signature EPF No	
		FOR BANK L	JSE ONLY		
EP Yes/No					
eclaration by the Authorized De	aler for Electronic Fund Tra	nsfer Cards			
ormation and documents. Further, Note of the comments of the foreign exchange and to suspend the comments of t	Ne as the Authorized Dealer un ne availability of foreign exchan of 2021 dated 18 March 2021 i:	ndertake at all times, to nge on the EFTC if reas issued under the provi	o exercise due diligence on the tran onable grounds exist to suspect tha sions of the Foreign Exchange Act,	nt/s and we are satisfied with the bona-fide of the sactions carried out by the cardholder on his/heat foreign exchange transactions which are not No. 12 of 2017 are being carried out on the EFTC foreign Exchange.	er EFT(
ccount Opening Form & required do	cuments verified and found to	be in order.	Inte	erviewed and authorized to open the Current Ac	:count
				BASLE CODE	
 Signature	Sig.Ref.No. Autho	orized Officer	Signature	Sig.Ref.No. Branch Manager/Designated A Class Of	ficer
	Date DDM N	/ Y Y Y Y		Date DDMMYY	ΥΥ
	Date D D W	<u> </u>		Date D D W W T	1 1

OPERATING INSTRUCTIONS