



ACCOUNT OPENING APPLICATION FORM

(FOR COMPANIES REGISTERED UNDER THE COMPANIES ACT NO. 7 OF 2007)

(Please complete all details in CAPITAL LETTERS and mark (✓) where applicable)

Date

The Manager,
Hatton National Bank PLC,
 Branch

Bank Use Only	
Account No. 1.	<input type="text"/>
2.	<input type="text"/>
CIF No.	<input type="text"/>

We the undersigned, Director (s) / Company Secretary of the undermentioned company request you to open the following account(s) with your Bank.

TYPE OF ACCOUNTS

General Savings General Current Other Specify Currency

DETAILS OF THE COMPANY

Name of the company

Registered Address

Communication Address

Company Registration No. Date of incorporation Tax File No./ TIN (Mandatory)

Contact Numbers Telephone No. Fax

E-mail

Nature & purpose of business

ACCOUNT STATEMENTS

Account Statements Preferred mode (Select only one) E-mail (Free of charge) Passbook* Post** Frequency **Daily **Weekly Monthly

*Receipt of passbook deemed acknowledged upon first withdrawal with passbook. **Current Accounts Only. Charges apply for daily and weekly statements.

BOARD RESOLUTION – (USE THE FOLLOWING OR ATTACH A SEPARATE RESOLUTION SUITABLY INCORPORATING THE FOLLOWING DETAILS)

We certify the following resolution of The Board of Directors of (A) was passed at the meeting of the board held on the (B) and has been duly recorded in the Minute book of the said company.

RESOLVED:

- That an account/s in the name of (A) be opened with Hatton National Bank PLC and the account opening application be signed by two Directors or a Director and the Company Secretary.
- That the Bank be instructed to honor and debit to the Company's account/s whether in credit or overdrawn with all cheques or other orders signed, bills accepted and promissory notes made on behalf of the Company, provided that they are signed, accepted or made by (C)
- That this resolution be communicated to the Bank and remain in force until an amending resolution shall be passed by the Board of Directors and forwarded to the Bank.
- That the Bank be informed of any changes that may occur from time to time in the Directors and other authorized officers of the company.

(A) Name of the Company (B) Date of the meeting (C) The combination of signatures and their descriptions e.g.: "Any two Directors or otherwise as may be required by Article of Association."

Director

(To be signed on the Company rubber stamp)

Director / Company Secretary

KYC Details

Subsidiary/ Associate details

1) Are you a Subsidiary/ Associate of another organization? Yes No

If yes, Subsidiary of (i.e. Owned more than 50%) Ownership (%)

Associate of (i.e. Owned 20% – 50%) Ownership (%)

2) Do you have any Subsidiary/ Associate of another organization? Yes No

If yes, Provide details Ownership (%)

3) Is the Principal/ Subsidiary/ Associate listed in a local/ foreign stock exchange? Yes No

If yes, provide details

Financial details

Purpose of opening the account & usage

Business Transactions Investment Purpose Other Special Purpose (Please specify)

Source of funds

Business income Investment Bank facilities Donation Others (Please specify)

Expected deposits to be routed through the account per month (in LKR)

<input type="checkbox"/> Less than 100,000	<input type="checkbox"/> 100,000 to 500,000	<input type="checkbox"/> Above 500,000 up to 1,000,000	<input type="checkbox"/> Above 1,000,000 up to 2,000,000
<input type="checkbox"/> Above 2,000,000 up to 3,000,000	<input type="checkbox"/> Above 3,000,000 up to 5,000,000	<input type="checkbox"/> Above 5,000,000 up to 7,000,000	<input type="checkbox"/> Above 7,000,000 up to 10,000,000
<input type="checkbox"/> Above 10,000,000 (Please specify)	<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"/> <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"/>		

Name of major Shareholders (More than 10% voting shares)	National Identity Card Number/ Passport No./ Business Registration No.	% of shares held	Contact No.	Nationality/ Country of registration	Country of Residence/ Jurisdiction of Business Operation	Category of Residence (e.g.: PR Holder/ Green Card holder/ Student/ Frequent visitor etc.)/ Permanent address of entity

If any entity holding more than 10% shares, details of shareholding of such company /s and entity /ties need to be submitted as required by rules prescribed in terms of section 30 of the Extraordinary Gazette Notification 1951/13 of 27.01.2016.

Expected mode of transaction Cash Cheque Remittance Other Specify if Other

Expected type of Counterparties (if applicable) Suppliers Debtors Agents Other Specify if Other

The "Declaration of Beneficial Ownership" to be given in terms of Customer Due Diligence Rule No. 1 of 2016 issued under Section 2(3) of the Financial Transactions Reporting Act No. 6 of 2006 is attached hereto.

DETAILS OF THE AUTHORIZED SIGNATORIES

Full Name	NIC	Designation	Specimen Signature	Are you a PEP (Including family and close associates of PEPs)	
				Yes	No

- We authorize the Bank to act on the instructions of the persons empowered by the above/ attached Board resolution and hereby certify that the information provided above and in the attached annexures are true and correct.
- If for any reason the Bank is informed of a dispute amongst the Directors/ Governors of the company, any incorporated body or corporation in relation to the operation of any account opened at any branch of the Bank, the Bank has the right to limit or fully cease the operations of the account under dispute until such time the dispute is resolved to the satisfaction of the Bank.
- We hereby confirm having read and understood/explained and made to understand the General Terms and Conditions, hosted in the HNB website at www.hnb.net applicable for Customer Accounts, Data Privacy, 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) signed this document in agreement thereof and in acceptance of all such Terms and Conditions.
- We agree and undertake to notify the Bank in writing within thirty (30) calendar days if there is a change in any information we have provided to the Bank.
- As per the policy of the Central Bank of Sri Lanka (the CBSL), from time to time a deposit insurance scheme will be available and the available insurance cover shall be as declared by the CBSL from time to time. Further details relating to the deposit insurance scheme shall be available in the CBSL website.
- We hereby confirm that we have been provided with information on Deposit Accounts, retail banking tariff and the key fact document all of which have been hosted in the HNB website at www.hnb.net.

(To be signed over the rubber stamp of the company)

We confirm that the contents of this mandate were read to us and having understood the same we have placed our signature(s).
 මම මෙම ඉල්ලුම්පත්‍රයේ ඇතුළත් කරුණු අප හට කියවන ලද බව සහ ඒම කරුණු අවබෝධ කරගෙන අපි අපගේ අත්සන/අත්සන් යෙදූ බවට සහතික කරමු.
 இந்த விண்ணப்பத்தின் உள்ளடக்கங்கள் எங்களுக்கு வாசிக்கப்பட்டு நன்கு விளங்கியது என்பதை நாம் உறுதிப்படுத்துகிறோம், எமது கையொப்பம்/கையொப்பங்களை இட்டு உறுதிப்படுத்துகிறோம்.

Director

Director/ Company Secretary

MANDATORY DOCUMENTS:

- Certified copy of the Certificate of Incorporation (If not already available with the Bank)
- List of Directors duly certified by the Registrar of Companies. (Form 1/ Form 20/ Form 40) along with certified copies of the National Identity Cards of the Directors (If not already available with the Bank)
- Certified copy of the Articles of the Association (If not already available with the Bank)
- Certified copies of NIC's of the authorized signatories who are not Directors (If not already available with the Bank)
- KYC form duly completed (If not already available with the Bank)
- Certified copies of the Resolution passed by the Board of Directors regulating the opening of account (If not provided with the mandate)
- Declaration of Beneficial ownership

DOCUMENTS TO BE ATTACHED, ONLY IF APPLICABLE:

- Certified copy of the Export Development Board certificate
- Certified copy of the National Gem & Jewellery Authority certificate
- Valid documentary evidence of suppliers of input for exports/ professional service providers / foreign employment agencies
- Certified copy of the approval document of the Controller of Exchange for special Foreign Currency Accounts
- Certified copy of any license issued by a regulatory authority to carry on the business of the company

BANK USE ONLY

FATCA Yes No PEP Yes No

MIS Code (For quality survey)

Sector code Sub sector code Industry code

BASLE code Business Activity code

Current account type CAGEN CNRRA Other

Savings account type SAGEN SACAP IIA Other

If any entity holding more than 10% shares, please share details with Compliance Division in order to carry out Enhanced Customer Due Diligence as required by the Extraordinary Gazette Notification No. 1951/13 of 27. 01. 2016.

Mandate and required documents are in order

Interviewed and authorized to open the Current Account

Authorized officer

Branch Manager / Designated A Class officer

Employee No.

Employee No.

Head Office use only

Data checked by

Audited by

Employee No.

Employee No.