



ACCOUNT OPENING APPLICATION FORM – INDIVIDUAL

Date

The Manager,
Hatton National Bank PLC,

Branch.

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

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

TYPE OF ACCOUNTS

General Savings General Current Account Capital Savings HNB Salary Smart Adhishtana Money Market Savings
 Personal Foreign Currency Account FC Advantage Other Specify Currency

PERSONAL DETAILS

Title Mr Mrs Miss Ms Dr Rev Other

Name in Full

Nationality Country of Residence

Country of Permanent Residence Any other Citizenship/PR

NIC No. Date of Issue Date of Expiry

Passport / DL No. (Please attach a copy)

Date of Birth

Permanent Address

(Confirmation of Address Required if different from NIC)

Communication Address

(If different from the permanent address)

Contact Numbers Residence Office Mobile

Fax E-Mail

Occupation If Business, state the nature of Business

Marital Status Single Married Divorced Widowed

Name of Employer

Address of Employer

Full name of Spouse

Employer of Spouse

(Name & address)

CHANNEL & OTHER SERVICES

Internet Banking & Mobile Banking (Charges apply)

Please provide Internet Banking

Preferred User Login (Min 8 characters)

Please provide Mobile Banking to the mobile number stated above

Issuance of password E-mail Permanent address Communication address

Visa Debit Card (Charges apply)

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

Mother's Maiden Name

Primary account Savings Current Other

* Receipt deemed physically acknowledged upon its activation

HNB Alerts (*Charges apply)

Preferred mode of alert E mail SMS

E Banking alerts (Free) Cheque related alerts* Trade Finance*

Account balance/preferred limits* Exceeding (Credits/ Debits)** Below limit**

Account Transactions* Exceeding limit** ** Default limit is Rs.10,000/- if not specified

There can be delays/non-receipt of alerts due to reasons beyond the control of the bank. Therefore the bank will not be liable for any delays or non-receipt of any alerts.

Account Statements

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

*Current Accounts only. Tariff apply for daily and weekly statements.

**Receipt deemed acknowledged upon first withdrawal with passbook

KYC DETAILS

Purpose of Opening the Account

<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"/> Other <input type="text"/>

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

<input type="checkbox"/> Donations/Charity (Local/Foreign)	<input type="checkbox"/> Salary/Profit Income	<input type="checkbox"/> Family Remittance
<input type="checkbox"/> Sales and business turnover	<input type="checkbox"/> Sale of Property /Assets	<input type="checkbox"/> Other <input type="text"/>

Expected deposits to be routed through the account p.m.(in LKR)

<input type="checkbox"/> Less than 100,000	<input type="checkbox"/> 100,000 to 500,000	<input type="checkbox"/> Above 500,000 to 1 million	<input type="checkbox"/> Above 1 Million to 3 Million
<input type="checkbox"/> Above 3 Million to 5 Million	<input type="checkbox"/> Above 5 Million to 10 Million	<input type="checkbox"/> Over 10 Million	

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"/> Other <input type="text"/>
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Expected mode of transactions Expected type of Counterparties (if applicable)

DECLARATION BY THE APPLICANT FOR ELECTRONIC FUND TRANSFER CARD (EFTC)

I hereby confirm that I am aware of the conditions imposed under the provision of the Foreign Exchange Act, No. 12 of 2017 (As amended from time to time or replaced) on Electronic Fund Transfer Cards (EFTCs) 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 as Hatton National Bank PLC may require for the purpose of the Act. I am aware that the Authorized Dealer (Bank) is required to suspend availability of foreign exchange on EFTC if reasonable grounds exist to suspect that unauthorized foreign exchange transactions are being carried out on the EFTC issued to me and to report the matter to the Director - Department of Foreign Exchange.

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, as applicable.

I am also aware that 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 (will not apply to deposit machine equipped with online real time cash acceptance feature). Cheques will be accepted for collection only and proceeds will not be available for drawing until the cheques are cleared and realized.

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 centre 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

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 confirm that I have read/were explained and understood the Terms and Conditions governing the Internet Banking/HNB Alerts and on the website : www.hnb.net and updated from time to time.

I confirm having accepted a floating interest rate subject to change weekly / monthly for the money market account / FC Advantage account.

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

PARTICULARS OF THE INTRODUCER (CURRENT ACCOUNT 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(Introducer)

Address

Occupation

Account No

Mobile No

Land Line

Signature of the Introducer

FOR BANK USE ONLY

<p>Documents for address / name verification</p> <p>NIC / Passport <input type="checkbox"/> Billing proof <input type="checkbox"/> Driving License <input type="checkbox"/></p> <p>Other <input type="text"/></p>	<p>Personalised debit card issued Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>FATCA Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>PEP Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Destruction of non personalised card (if personalised issued)</p> <p>.....</p> <p>'B' Class Signature 'A' Class Signature</p>
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Current Account type	CAGEN <input type="checkbox"/>	CASTF <input type="checkbox"/>	Other <input type="text"/>
Savings Account type	SAGEN <input type="checkbox"/>	SACAP <input type="checkbox"/>	SASTF <input type="checkbox"/> SACIT <input type="checkbox"/> IIA <input type="checkbox"/> Other <input type="text"/>

MIS Codes (For Quarterly Survey) Sector code Sub Sector code Industry Code Occupation code Debit tax exempted Y N

EFTC Declaration

We, as the Authorized Dealer have carefully examined the information together with the relevant documents given by the applicant/s and we are satisfied with the bona-fide of these information and documents. We undertake 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 ground exists to suspect that unauthorized foreign exchange transactions are being carried out on the EFTC in violation of the undertaking and to bring the matter to the notice of the Director-Department of foreign exchange.

EFTC Declaration / Introducer signature verified/
Mandate & required documents are in order.

Authorized Officer

Employee No.

Interviewed and authorized to open the Current Account.

Branch Manager/Designated A Class Officer

Employee No.

Head office use

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Audited by

Employee No.

Data Checked by

Employee No.