SEYLAN BANK PLC
The bank with a heart

Individual Account Opening Master Mandate Form For Savings / Current / Fixed Deposit / PFCA for New Customers

Internal Account Number

For Office Use Only

Please open an account as per details provided. Currency ☐ Date D D M M Y Y Y Y

Type of Account: Current ☐ Savings ☐ PFCA ☐ Fixed Deposit ☐ Others .....

1. APPLICANT DETAILS

Title: Mr ☐ Mrs ☐ Miss ☐ Dr ☐ Rev ☐

Full Name as per NIC/Passport

NIC/Passport Number | Date of Issue D D M M Y Y Y Y | Gender: Male ☐ Female ☐

Date of Birth D D M M Y Y Y Y | Name to be Printed on Card

***CITIZENSHIP DETAILS / NATIONALITY DETAILS**

Sri Lankan ☐ Dual Citizen ☐ Foreign National ☐ If dual citizen or foreign national, please specify the country / countries

(1) (2)

***VISA DETAILS (APPLICABLE FOR FOREIGN NATIONALS)**

Parent Country | Visa Expiry Date D D M M Y Y Y Y | Passport Expiry Date D D M M Y Y Y Y

Resident Country | Passport Issued Country

*Reason to open account in Sri Lanka (for non residents only)

* IF subject to FATCA obtain declaration

ADDRESS

Permanent Address

Mailing Address (Required only if different from permanent address)

Postal code | District

CONTACT DETAILS

Mobile (1) + 9 4 7 (2)

Home | Fax

Business / Office (1) (2)

Email

EMPLOYER DETAILS

Occupation/ Designation

Employer's Name & Address

MONTHLY INCOME

Less than 50,000 ☐ 50,001 to 100,000 ☐ 100,001 to 200,000 ☐ 200,001 to 500,000 ☐ 500,001 and above ☐

1. Are you Involved in politics / hold a senior management position in the government / government related Institution? Yes ☐ No ☐
2. Are you in any way related to a person referred above? Yes ☐ No ☐

SOURCE/S OF THE ANTICIPATED CREDITS IN TO THE ACCOUNT

Sales / Business Turnover ☐ Rent Income ☐ Investment Proceeds ☐ Sale of Property / Assets ☐

Family Remittances ☐ Scholarships (Local / Foreign) ☐ Savings ☐ Membership Fee ☐

Business Profit ☐ Salary / Professional Income ☐ Others ☐

For others, please specify

2. FREQUENCY OF STATEMENTS (Not applicable for Passbook Savings Accounts)

Monthly e-Statement ☐ (Free of charge for all Accounts) or Paper Statement Frequency (Free of charge for Current Accounts only)* Monthly* ☐ Quarterly ☐ Half - Yearly ☐

3. PURPOSE OF OPERATING THE ACCOUNT

Business Transactions ☐ Loan Repayment ☐ Savings ☐

To Facilitate Family Inward Remittances ☐ Domestic Necessity ☐ To Facilitate Charity Services ☐

To Collect Employment and Professional Income ☐ Share Transactions / Investments ☐ Other (Please specify) .....

Expected mode of Transaction: Cash ☐ Cheques ☐ Swift ☐ CEFT ☐ RTGS ☐ Mobile Banking ☐ Internet Banking ☐ Transfers / Inward Remittances ☐ SLIPS ☐

Anticipated Credits in to the Account (per month)

Less than 100,000 (Approx. USD 1,000) ☐

100,001 to 500,000 (Approx. USD 1,000 to 5,000) ☐

500,001 to 1,000,000 (Approx. USD 5,000 to 10,000) ☐

1,000,001 to 5,000,000 (Approx. US$ 10,000 to 50,000) ☐

Above 5,000,001 (Approx. US$ 50,000) please indicate ☐

GRAPHIC SYSTEMS

4. APPLICABLE FOR FIXED / CALL DEPOSITS : DISPOSAL / INTEREST INSTRUCTIONS

Amount ☐☐☐☐☐☐☐☐☐☐☐☐ Period ☐☐☐☐ Months / Days Pay Interest Monthly ☐ At Maturity ☐

Debit Account Number ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Renew at maturity with / without interest for the same period specified above at your ruling rate of interest and credit interest to (Account number) ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

I authorize to email ☐ SMS ☐ my renewal notice/advices to the email address / mobile number (1) given in the Applicant Details

5. DEBIT CARD / INTERNET BANKING

Please tick the facilities required. Visa Debit Card ☐ Master Debit Card ☐ Internet Banking ☐ SMS Alerts ☐ SMS Banking ☐

Preferred User ID. (Max 10 characters) (For Internet Banking) ☐☐☐☐☐☐☐☐☐☐ Mother's Maiden Name ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

I hereby confirm that I am aware of the conditions imposed under the provision of the foreign exchange act, no. 12 of 2017 (the act) on electronic fund transfer cards (EFTs) 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 Seylan Bank 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 EFTs if reasonable grounds exists 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 EFTCs to Seylan Bank, I migrate or leave Sri Lanka for employment abroad, as applicable.

I agree and indemnify the bank as follows

- To exercise utmost care and diligence during payment of utility bills and designating accounts for funds transfers to both own accounts and third party accounts and understand and agree that the bank will be under no obligation nor duty to recover any funds already credited to accounts either intentionally or unintentionally.
- To indemnify and keep indemnified the bank from and against all actions, claims, demands, liabilities, obligations, losses, damages, costs (including without limitation, interest and legal fees) and expenses of whatever nature (whether actual or contingent) suffered or incurred sustained by or threatened against the bank whatsoever arising from or in connection with or any way relating to the bank in good faith accepting and acting on instructions placed via Seylan internet /SMS banking as authorized by this indemnity by me.
- The within indemnity shall not be affected and shall continue in full force and affect notwithstanding unless otherwise requested so in writing by me and accepted by the bank. Nevertheless transaction(s) performed during the validity of this indemnity shall treat and interpreted under the conditions of this indemnity.
- The bank may at any time terminate this facility, add or cancel functionalities at its discretion by giving reasonable notice.
- I authorize the bank to debit any of my account(s) with the bank with all and any amounts which may become payable to the bank pursuant to the within indemnity.
- Where this indemnity is given by two or more parties the liability of such parties to the bank hereunder shall be joint and several.
- This indemnity will be treated as an integral part of the bank's terms and conditions governing the usage of the banks internet / SMS banking facility.

I hereby acknowledge that,

(i) I read and understood the instructions above, in relation to the usage of Debit Card/s.
(ii) I agree and indemnify the Bank in connection to the usage of Internet Banking facility.
(iii) I am in receipt, read and understood the terms and conditions in relation to the account.
(iv) I have no objection in the Bank verifying the above details from the Department for Registration of Persons and/or other relevant entities.

And agree to comply with (i), (ii), (iii) and (iv) above. I hereby confirm that the information given are true and correct and authorize Seylan Bank PLC to open any account/s herein after requested by me using this mandate as the source document.

Customer Signature

I hereby confirm that I am in receipt of the following;

Debit Card ☐ PIN ☐ Passbook ☐

Customer Signature

6. APPLICABLE FOR CURRENT ACCOUNTS: REFERENCE / INTRODUCTION

Introduced By Title Mr ☐ Mrs ☐ Miss ☐ Dr ☐ Rev ☐ Seylan Bank ☐ Other ☐

Full Name and Address

NIC / Passport Number Account Number

Fill these areas if the introducer is not a Seylan Bank customer

Bank / Branch Telephone Number

Occupation / Business

Name & Address of Employer

I certify that I am well acquainted with the above named and I confirm and certify that he / she is suitable person to open and maintain a current account with Seylan Bank PLC

Date D D M M Y Y Y Y Signature of Introducer Authorised by (Manager/ Authorised officer)

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Customer's Permanent address confirmed / Customer's Permanent address visited for verification / Customer is personally known to me ***(Strike-through whichever is not applicable)***

Signature ..... Name and Designation ..... Staff No. .....

Documents Obtained

01. Certified copy of NIC/Passport (for FCY accounts), D/L or PP (with NIC No)	Yes ☐	No ☐
02. Billing Proof (if applicable)	Yes ☐	No ☐
03. Marriage Certificate (if applicable)	Yes ☐	No ☐
04. If PEP EDD Form obtained	Yes ☐	No ☐
05. If FATCA Liable (W9 Form) obtained	Yes ☐	No ☐
06. CRIB reports (for current accounts)	Yes ☐	No ☐
07. Debit card Issued	Yes ☐	No ☐
08. Passbook Issued	Yes ☐	No ☐
09. Internet Banking Activated	Yes ☐	No ☐
10. Customers Screening Completed using AML System	Yes ☐	No ☐
11. For CA - Introducer is a non SBK Customer obtained Independent verification	Yes ☐	No ☐

External Account Number 1

External Account Number 2

Passbook Number

Debit Card Number

Branch Customer Type

Deal Reference

Funding Account

Account Opened by .....

Branch Code Period Code Authorised by ..... Name .....

Interest Code Deal Type Grade / Designation ..... Staff ID .....

GRAPHIC SYSTEMS