

# FIXED/CALL DEPOSIT APPLICATION

Date  Branch

Tick (✓) the relevant item

- Joint  Partnership \*  
 Sole Proprietor \*  Clubs and Societies \*  
 Limited Liability Company \*  Others .....

Deal Reference Number																				
Joint Account Internal Number																				
Joint Account External Number																				
Relationship Customer Number 1																				
Relationship Customer Number 2																				
Relationship Customer Number 3																				

\* Obtain KYC Forms

Please open fixed / call deposit / other specify ..... deposit as per details provided as follows

Title of Deposit Account

Mailing Address

Contact Details Mobile No.  Home  E-mail  Business Reg. No.

Currency  Amount  Pay interest monthly  Maturity

Start date  Maturity date  No. of days

## DISPOSAL / INTEREST INSTRUCTIONS

Renew at Maturity with/without interest for  Days / Months / Years at your ruling rate of interest and credit interest / capital to

### Source of funds

- Sales and business turnover  Profit Income  Others (specify) .....  
 Contract proceeds  Donations  
 Family remittances  Commission Income  
 Gifts  Salary

Instructions with regard to withdrawal, disposal or renewal will be given by  Any one of us  All of us  Other (Specify) .....

## AUTHORISED SIGNATORIES

Please indicate the Individuals partners, directors, office bearers, authorised to operate the deposit account, supported with resolution/minutes of meeting; etc.

We hereby confirm having received, read and understood the rules and conditions for the conduct of Fixed / call / Flexi Deposit Account

	Customer 01	Customer 02	Customer 03	Customer 04
Signature	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## OFFICE USE ONLY

Deal Type	<input type="text"/>	Customer Type	<input type="text"/>	Analysis Code	<input type="text"/>
Deal Reference	<input type="text"/>	Sundry Analysis Code	<input type="text"/>	Customer subjected to FATCA	<input type="checkbox"/>
Internal Customer	<input type="text"/>	Period Code	<input type="text"/>		
Funding Account	<input type="text" value="8"/> <input type="text" value="3"/> <input type="text" value="6"/> <input type="text" value="1"/> <input type="text" value="4"/> <input type="text" value="4"/>	First Rollover	<input type="text"/>		
	<input type="text" value="8"/> <input type="text" value="3"/> <input type="text" value="6"/> <input type="text" value="1"/> <input type="text" value="4"/> <input type="text" value="4"/>	Deal Code	<input type="text"/>		
Norminated Interest Account		Interest Rate	<input type="text"/>		
		Interest Frequency & Date	<input type="text"/>		
		Capitalise Interest	<input type="checkbox"/> Y / N		
		Tax Reference	<input type="text"/>	Risk Rating	<input type="text"/>

..... Input by ..... ABM/BMG ..... Checked by .....  
 ..... Authorized by ..... Scanned by .....

Deal Reference Number

### PERSONAL DEATAILS FORM FOR JOINT PARTIES

#### PERSONAL DEATAILS JOINT PARTY 01

Customer Number\*  External Number  Occupation Code

Name in full - Mr / Mrs/Miss/Dr./Rev.

Name with initials

Permanent Address

NIC/Passport Number

Date of Issue

Date of Birth

Gender  Male  Female

Visa Expiry date\*

Parent Country ..... \* if subjected to FATCA obtain declaration

Pass Port Expiry date\*

Resident Country .....

Nationality

Citizenship  Sri Lankan  Foreign National (specify the country)

Dual citizen (specify the countries) .....

Occupation / Designation  Name and Address of Employer

#### Source of funds

- Sales and business turnover
- Contract proceeds
- Family remittances
- Gifts
- Profit Income
- Donations
- Commission Income
- Salary
- Others (specify) .....

Signature

Authorized by

#### PERSONAL DEATAILS JOINT PARTY 02

Customer Number\*  External Number  Occupation Code

Name in full - Mr / Mrs/Miss/Dr./Rev.

Name with initials

Permanent Address

NIC/Passport Number

Date of Issue

Date of Birth

Gender  Male  Female

Visa Expiry date\*

Parent Country ..... \* if subjected to FATCA obtain declaration

Pass Port Expiry date\*

Resident Country .....

Nationality

Citizenship  Sri Lankan  Foreign National (specify the country)

Dual citizen (specify the countries) .....

Occupation / Designation  Name and Address of Employer

#### Source of funds

- Sales and business turnover
- Contract proceeds
- Family remittances
- Gifts
- Profit Income
- Donations
- Commission Income
- Salary
- Others (specify) .....

Signature

Authorized by