

**SOLE PROPRIETORSHIP / PARTNERSHIP  
MASTER MANDATE**

..... Branch

Date .....

Account number

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**To be completed by the applicant**

Name of Business

Business Registration number

Dated

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Business address

Telephone number s

Fax

Business income tax file number

Nature and Purpose of Business

Principal place of Institution's business operations

Anticipated Volumes in LKR

Other connected businesses

**Applicable for sole proprietorship**

Full name of sole proprietor

ID number (NIC/Passport)

**Acceptance of terms and conditions**

I hereby acknowledge that I am in receipt of the above and have read and understood the terms and conditions and agree to comply with them. Seylan Bank PLC to open any account requested by me using this mandate as the source document.

Signature (on business rubber stamp)

Date .....

**Applicable for partnerships**

**Acceptance of terms and conditions**

We hereby acknowledge that We are in receipt of the above and have read and understood the terms and conditions and agree to comply with them. At a request made by all of us, we authorise Seylan Bank PLC to open any account in the name of our partnership using this mandate as the source document.

**Operating Instructions**

All to sign

Others please specify

.....

**Partners details/signatures on business rubber stamp of all partners**

Specimen Signature (s)

1 Full name	<input type="text"/>	<input type="text"/>
ID number	<input type="text"/>	
2 Full name	<input type="text"/>	<input type="text"/>
ID number	<input type="text"/>	
3 Full name	<input type="text"/>	<input type="text"/>
ID number	<input type="text"/>	
4 Full name	<input type="text"/>	<input type="text"/>
ID number	<input type="text"/>	
5 Full name	<input type="text"/>	<input type="text"/>
ID number	<input type="text"/>	

**INTRODUCED BY**

Name in Full	<input type="text"/>
Address	<input type="text"/>
NIC/Passport No	<input type="text"/> Issue date/Expiry date <input type="text"/>
Account Number	<input type="text"/>
Bank / Branch	<input type="text"/>
Telephone Number(s)	<input type="text"/> <input type="text"/>
Occupation	<input type="text"/>
Name & Address of Employer	<input type="text"/>

I certify that I know and am well acquainted with the above named proprietor/ partners of the firm and that his/her/their signature(s), was/were affixed in my presence. I confirm and certify that he/she/they, is/are suitable person(s) to open and maintain accounts with Seylan Bank PLC.

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Date Signature of Introducer Signature(s) verified (Authorised Officer)

**(For Bank use)**

Account Officer	<input type="text"/>	Analysis Code	<input type="text"/>	Sundry Analysis Code	<input type="text"/>
Customer type	<input type="text"/>	Account type	<input type="text"/>		

**Documents obtained**

- Photocopies of NIC/passport/DL of proprietor/ all partners
- Certified copy of Certificate of Business Registration
- KYC - Parties to business A/C (completed by active partners)

Date account opened

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Authorised Officer Asst. Branch Manager Branch Manager

Date account closed

.....  
Authorised Officer Asst. Branch Manager Branch Manager