



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

Internal Account Number

Please open an account as per details provided.

Currency

Date

DDMMYYYY

1

2

For Office Use Only

Type of Account: Current Savings PFCA Fixed Deposit Others Please specify

1. APPLICANT DETAILS (PRIMARY ACCOUNT HOLDER)

Title: Mr Mrs Miss Dr Rev

Full Name as per NIC/Passport

NIC/Passport Number: _____ Date of Issue: DDMMYYYY Gender: Male Female

Date of Birth: _____ TIN/Tax File Number: _____

*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: DDMMYYYY Passport Expiry Date: DDMMYYYY

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: _____
Postal code: _____ District: _____

CONTACT DETAILS

Mobile: (1) + 9 4 7 _____ (2) _____
Mailing Address (Required only if different from permanent address): _____ Fax: _____
Business / Office: (1) _____ (1) _____
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

2. APPLICANT DETAILS (ACCOUNT HOLDER 02)

Title: Mr Mrs Miss Dr Rev

Full Name as per NIC/Passport

NIC/Passport Number: _____ Date of Issue: DDMMYYYY Gender: Male Female

Date of Birth: _____ TIN/Tax File Number: _____

*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	<input type="text"/>	Visa Expiry Date	<input type="text"/>	Passport Expiry Date	<input type="text"/>
Resident Country	<input type="text"/>	Passport Issued Country	<input type="text"/>		
*Reason to open account in Sri Lanka (for non residents only)		* IF subject to FATCA obtain declaration			

Internal Account Number

ADDRESS	Permanent Address	<input type="text"/>
	Postal code	<input type="text"/>

CONTACT DETAILS	Mobile	(1) + 9 4 7 <input type="text"/>	(2) <input type="text"/>
	Home	<input type="text"/>	Fax <input type="text"/>
	Business / Office	(1) <input type="text"/>	(1) <input type="text"/>
	Email	<input type="text"/>	

EMPLOYER DETAILS	Occupation/ Designation	<input type="text"/>
	Employer's Name & Address	<input type="text"/>

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 <input type="checkbox"/>	Rent Income <input type="checkbox"/>	Investment Proceeds <input type="checkbox"/>
Family Remittances <input type="checkbox"/>	Scholarships (Local / Foreign) <input type="checkbox"/>	Savings <input type="checkbox"/>
Sale of Property / Assets <input type="checkbox"/>	Salary / Professional Income <input type="checkbox"/>	Others <input type="checkbox"/>
Membership Fee <input type="checkbox"/>	Business Profit <input type="checkbox"/>	<input type="text"/>

For others, please specify

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

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

(Free of charge for Current Accounts only)*

4. PURPOSE OF OPERATING THE ACCOUNT

Business Transactions <input type="checkbox"/>	Loan Repayment <input type="checkbox"/>	Savings <input type="checkbox"/>
To Facilitate Family Inward Remittances <input type="checkbox"/>	Domestic Necessity <input type="checkbox"/>	To Facilitate Charity Services <input type="checkbox"/>
To Collect Employment and Professional Income <input type="checkbox"/>	Share Transactions / Investments <input type="checkbox"/>	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) <input type="checkbox"/>	1,000,001 to 5,000,000 (Approx. US\$ 10,000 to 50,000) <input type="checkbox"/>
100,001 to 500,000 (Approx. USD 1,000 to 5,000) <input type="checkbox"/>	Above 5,000,001 (Approx. US\$ 50,000) please indicate <input type="checkbox"/>
500,001 to 1,000,000 (Approx. USD 5,000 to 10,000) <input type="checkbox"/>	<input type="text"/>

5. JOINT ACCOUNT DETAILS

Joint Account Title

Operating Instructions Any of us All of us Others (Please Specify)

Mailing Address

Mobile + 9 4 7 Home

Email

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

Debit Card

PIN

Passbook

Customer Signature
(Primary Account Holder)

Customer Signature
(Account Holder 02)

8. 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

Signature of Introducer

Authorised by (Manager/ Authorised officer)

FOR BANK USE ONLY

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 <input type="checkbox"/> No <input type="checkbox"/> | External Account Number 1 | <input type="text"/> |
| | 02. Billing Proof (if applicable) | Yes <input type="checkbox"/> No <input type="checkbox"/> | External Account Number 2 | <input type="text"/> |
| | 03. Marriage Certificate (if applicable) | Yes <input type="checkbox"/> No <input type="checkbox"/> | Passbook Number | <input type="text"/> |
| | 04. If PEP EDD Form obtained | Yes <input type="checkbox"/> No <input type="checkbox"/> | Debit Card Number | <input type="text"/> |
| | 05. If FATCA Liable (W9 Form) obtained | Yes <input type="checkbox"/> No <input type="checkbox"/> | Branch | <input type="text"/> Customer Type <input type="text"/> |
| | 06. CRIB reports (for current accounts) | Yes <input type="checkbox"/> No <input type="checkbox"/> | Deal Reference | <input type="text"/> |
| | 07. Debit card Issued | Yes <input type="checkbox"/> No <input type="checkbox"/> | Funding Account | <input type="text"/> |
| | 08. Passbook Issued | Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| | 09. Internet Banking Activated | Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| | 10. Customers Screening Completed using AML System | Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| | 11. For CA - Introducer is a non SBK Customer obtained Independent verification | Yes <input type="checkbox"/> No <input type="checkbox"/> | | |

Account Opened by Primary Account Holder Basic Number Joint Account Basic Number

Account Holder 2 Basic Number

Branch Code Period Code Customer Type

Interest Code Deal Type

Authorised by

Authorised by

Name

Name

Staff ID

Staff ID

Grade / Designation

Grade / Designation