(X) SEYLAN	Individual Account Opening Master Mandate Form For
BANK PLC The bank with a heart	Savings / Current / Fixed Deposit / PFCA for New Customers
	Please open an account as per details provided. Currency Date DDMMYYYYY For Office Use Only
Type of Currer Account	Savings PFCA Fixed Deposit Others
1. APPLICANT DET	AILS
Title	Mr Mrs Miss Dr Rev
Full Name as per NIC/Passport	
•	Data of large
NIC/Passport Numb Date of Birth	
	NILS / NATIONALITY DETAILS
Sri Lankan	Dual Citizen Foreign National If dual citizen or foreign national, please specify the country / countries
(1)	(2)
VISA DETAILS (AF	PLICABLE FOR FOREIGN NATIONALS)
Parent Country	Visa Expiry Date DDMMYYYY Passport Expiry Date DDMMYYY
Resident Country	Passport Issued Country
Reason to open	* IF subject to FATCA obtain declaration
ccount in Sri Lank for non residents onl	
Permanent Address	
Mailing Addr	295
Mailing Addr (Required only from permaner	f different
Postal code	District
Mobile	(1) + 9 4 7
5≤ Home	(1) + 9 4 7 (2) Fax
Business / 0	ffice (1) (2)
Email	
∠ Occupation/ [	esignation
Employer's	
Name & Add	ress
10NTHLY INCOME	
ess than 50,000.	50,001 to 100,000 100,001 to 200,000 200,001 to 500,000 500,001 and above
,	in politics / hold a senior management position in the government / government related Institution?  Yes No Yes No
	ANTICIPATED CREDITS IN TO THE ACCOUNT
Sales / Business Tu	
amily Remittances	Scholarships (Local / Foreign) Savings Membership Fee
Business Profit	Salary / Professional Income Others  Others  For others, please specify
2. FREQUENCY OF	STATEMENTS (Not applicable for Passbook Savings Accounts)
Monthly e-Stateme	
DI IDDOCE OF O	(Free of charge for Current Accounts only)*
Business Transacti	recating the Account  Ins Loan Repayment Savings
	Inward Remittances Domestic Necessity To Facilitate Charity Services
	ent and Professional Income Share Transactions / Investments Other (Please specify)
Expected mode o Transaction	Cash Cheques Swift CEFT RTGS Mobile Banking Internet Banking  Transfers / Inward Remittances SLIPS
Anticipated Credi	
n to the Account per month)	100,001 to 500,000 (Approx. USD 1,000 to 5,000) Above 5,000,001 (Approx. US\$ 50,000) please indicate

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

4. APPLICABLE FO	R FIXED /	/ CALL D	EPOS	ITS : DI	SPOSA	L / INTE	REST	INSTR	UCTION	NS .													
Amount						Perio				Month	s / Day	/S		Pav	/ Int	erest	Mon	thly		At	: Mat	urity	
Debit Account Num	her		1 1							Do.	- יאוםחג	t matu	ritv w	,	,			,				,	ecifie
						(0		\		1100	JICW 0	Tillate	illey vv	C117 VV	711110	, GC 1111		. 101	LIIC	Juine	, рсп	10 <b>u</b> 3p	CCITICO
above at your ruling						•		,		, , , , ,		(1)			•		<u> </u>	.,					
l authorize to email	S	SMS	my	renewa	al notice	e/advices	s to the	email	addres	s / mobil	e num	ber(1)	given	in the	App	licant	Deta	ils					
5. DEBIT CARD / IN	TERNET	BANKIN	IG																				
Please tick the facil	ities requ	ired. \	/isa De	ebit Car	d _	Ma	ster D	ebit Ca	rd	Inte	rnet B	anking			SMS	Alert	s		9	SMS E	Banki	ing	
Preferred User ID. (I (For Internet Banking)	Max 10 cha	aracters)							Mo Na	ther's Ma me	aiden												
I hereby confirm that I am								exchang	e act, no.	12 of 2017	7 (the ac	t) on elec	tronic fu	ınd tran:	sfer c	ards (E	FTs) su	bject	to wh	ich the	e card	may be	used fo
transactions in foreign exc I further agree to provide	-	-			-			e on the	card issu	ed to me as	s Seylan	Bank ma	v require	for the	purp	ose of t	he act.						
I am aware that the autho	rized dealer	(bank) is re	quired t	to suspend	d availabil	ity of forei	gn excha	nge on E			-							hange	e trans	saction	ıs are t	being ca	arried ou
on the EFTC issued to me I also affirm that I underta									ployment	abroad, as	applicab	le.											
I agree and indemnify	the bank a	s follows									•••												
To exercise utmost of bank will be under n		-			-		-							s and th	hird p	arty a	count	s and	unde	erstand	d and	agree 1	that the
To indemnify and ke	ep indemni	ified the b	ank fro	m and ag	ainst all	actions, cla	aims, de	mands, l	iabilities,	obligations	s, losses	, damag	es, cost	•	_						_	,	
expenses of whateve to the bank in good	•				,				-		_				rising	from (	or in co	nnec	tion v	with or	r any v	way re	lating
The within indemnit	y shall not l	be affecte	ed and s	shall cont	inue in fu	ıll force ar	nd affec	notwit	hstanding	g unless ot	herwise	reques	ted so ir		g by ı	me and	I ассер	ted b	y the	bank.	Neve	rtheles	SS
<ul><li>transaction(s) perfo</li><li>The bank may at an</li></ul>		-			-								<i>i</i> .										
<ul><li>I authorize the bank</li><li>Where this indemnit</li></ul>		-	,	. ,			-							suant to	o the	within	indem	nity.					
This indemnity will be		-									•			anking	facili	ity.							
I hereby acknowledge,										ebit Cards/s king facility							nfirm			in rece			ollowin
			eipt, rea	ad and un	derstood	the terms	and cond	tions in	relation to	the accou	nt			Debi	it Caı	rd		PIN			Pa	assboo	ok
and agree to comply with I hereby confirm the infor			and corre	ect and		Custo Signa									tome natur								
I hereby authorize Seylan in after requested by me					ent	Jigilio								Jigi i									
	-																						
C 4551 C451 C 501	D CHIDDE	NT ACC		c pcc		· / INITO	opus.	TON															
6. APPLICABLE FOI			OUNT:				ODUCT			Dov							Soyla	n Ra	ank			Other	
Introduced By	Title	<b>NT ACC</b>	OUNT:	S: REFE		E / INTR Miss	ODUCT	TION Dr		Rev							Seyla	n Ba	ınk		C	Other	
			OUNT				ODUCT			Rev							Seyla	n Ba	nk		C	Other	
Introduced By Full Name and Address			DUNT:				ODUCT										Seyla	n Ba	enk		C	Other	
Introduced By Full Name and			OUNT				ODUCT				ccount	Numbe	er				Seyla	n Ba	ank		C	Other	
Introduced By Full Name and Address NIC / Passport	Title	Mr		Mrs	ERENCE	Miss					ccount	Numbe	PFT				Seyla	n Ba	ank		C	Other	
Introduced By Full Name and Address NIC / Passport Number	Title	Mr		Mrs	ERENCE	Miss						Numbe Feleph		ımber			Seyla	n Ba	ank		C	Other	
Introduced By Full Name and Address  NIC / Passport Number Fill these areas if t Bank / Branch Occupation /	Title	Mr		Mrs	ERENCE	Miss								ımber			Seyla	n Ba	nnk			Other	
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