

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

Internal Account Number

Please open an account as per details provided. Currency   Date

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 Birth

#### \*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            Passport Expiry Date

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)

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 ☐

### 2. APPLICANT DETAILS (ACCOUNT HOLDER 02)

Title Mr ☐ Mrs ☐ Miss ☐ Dr ☐ Rev ☐

Full Name as per NIC/Passport

NIC/Passport Number

Date of Birth

#### \*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

Resident Country           Passport Expiry Date

\* IF subject to FATCA obtain declaration

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

Internal Account Number																									
ADDRESS	Permanent Address																								
	Postal code																								
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 <input type="checkbox"/> 50,001 to 100,000 <input type="checkbox"/> 100,001 to 200,000 <input type="checkbox"/> 200,001 to 500,000 <input type="checkbox"/> 500,001 and above <input type="checkbox"/>																									
1. Are you Involved in politics / hold a senior Management position in the government / government related Institution?    Yes <input type="checkbox"/> No <input type="checkbox"/>																									
2. Are you in any way related to a person referred above?    Yes <input type="checkbox"/> No <input type="checkbox"/>																									
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"/> <span style="float: right;">For others, please specify</span> Membership Fee <input type="checkbox"/> Business Profit <input type="checkbox"/>																									
3. FREQUENCY OF STATEMENTS (Not applicable for Passbook Savings Accounts)																									
Monthly e-Statement <input type="checkbox"/> (Free of charge for all Accounts)    or    Paper Statement Frequency    Monthly* <input type="checkbox"/> Quarterly <input type="checkbox"/> Half - Yearly <input type="checkbox"/> <small>(Free of charge for Current Accounts only)*</small>																									
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) _____ <b>Expected mode of Transaction</b> Cash <input type="checkbox"/> Cheques <input type="checkbox"/> Swift <input type="checkbox"/> CEFT <input type="checkbox"/> RTGS <input type="checkbox"/> Mobile Banking <input type="checkbox"/> Internet Banking <input type="checkbox"/> Transfers / Inward Remittances <input type="checkbox"/> SLIPS <input type="checkbox"/>																									
<b>Anticipated Credits in to the Account (per month)</b> 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"/>																									
5. JOINT ACCOUNT DETAILS																									
Joint Account Title																									
Operating Instructions    Any of us <input type="checkbox"/> All of us <input type="checkbox"/> Others (Please Specify)																									
Mailing Address																									
Mobile    + 9 4 7    Home																									
Email																									
6. APPLICABLE FOR FIXED / CALL DEPOSITS : DISPOSAL / INTEREST INSTRUCTIONS																									
Amount    Period    Months / Days																									
Pay Interest    Monthly <input type="checkbox"/> At Maturity <input type="checkbox"/> 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/We authorize to email    SMS    my renewal notice/advices to the email address / mobile number given in joint account details																									
7. DEBIT CARD / INTERNET BANKING																									
Please tick the facilities required.    Visa Debit Card <input type="checkbox"/> Master Debit Card <input type="checkbox"/> Internet Banking <input type="checkbox"/> SMS Alerts <input type="checkbox"/> SMS Banking <input type="checkbox"/>																									
Name to be Printed on Card																									
Preferred User ID. (Max 10 characters)    Mother's Maiden Name																									

I / We hereby confirm that I / We am / are 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 / We hereby undertake to abide by the said conditions.

I / We further agree to provide any information on transactions carried out by me/us in foreign exchange on the card issued to me/us as Seylan Bank may require for the purpose of the act.

I / We am / are 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/us and to report the matter to the director- department of foreign exchange.

I / We also affirm that I / We undertake to surrender the EFTCs to Seylan Bank, I / We migrate or leave Sri Lanka for employment abroad, as applicable.

I/We 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/us.
- The within indemnity shall not be affected and shall continue in full force and affect notwithstanding unless otherwise requested so in writing by me/us 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/We authorize the bank to debit any of my/our 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/We hereby acknowledge, (i). That I/We read and understood the instructions above, in relation to the usage if Debit Cards/s.  
(ii). That I/We agree and indemnify the Bank in connection to the usage of internet Banking facility.  
(iii). That I/We am / are in receipt, read and understood the terms and conditions in relation to the account

and agree to comply with i,ii and iii, above

I/We hereby confirm the information given are true and correct and I/We hereby authorize Seylan Bank PLC to open any account here in after requested by me/us using this mandate as the source document

Customer Signature  
(Primary Account Holder)

Customer Signature  
(Account Holder 02)

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 / they is / are suitable person(s) to open and maintain a current account with Seylan Bank PLC

Date

Signature of  
Introducer

Authorised by  
(Manager/ Authorised officer)

## FOR BANK USE ONLY

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"/> |
| 02. Billing Proof (if applicable)   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 03. Marriage Certificate (if applicable)  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 04. If PEP EDD Form obtained  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 05. If FATCA Liable (W9 Form) obtained  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 06. CRIB reports (for current accounts)   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 07. Debit card Issued   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 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"/> |

External Account Number 1

External Account Number 2

Passbook Number

Debit Card Number

Branch

Deal Reference

Funding Account

Account Opened by

Authorised by

Name

Staff ID

Grade / Designation

Primary Account Holder Basic Number  Joint Account Basic Number

Account Holder 2 Basic Number

Branch Code  Period Code  Customer Type

Interest Code  Deal Type