

Branch

Currency

Date

Please open a Seylfie current account / passbook savings account / e-statement savings account as per details provided as follows.

External Account Number Internal Number

Digital interest - Select the interest earning options.

Credit Digital interest to Mobile No.

☐ 0% ☐ 25% ☐ 50% ☐ 75% New SIM ☐ Old SIM ☐

Note : Digital interest will be paid only for Seylfie savings accounts and if the interest is less than LKR 50, only rupee interest will be provided.

Maximum digital interest Paid will be LKR 2,000.00

APPLICANT'S DETAILS

Name in full as in NIC/Passport
Mr / Mrs/Miss/Dr./Rev.

Name with initials

NIC/Passport Number Date of Issue Gender ☐ Male ☐ Female

Date of Birth Visa Expiry date*

Passport Expiry date* Passport Issue Country

Parent Country Resident Country
* if subject to FATCA obtain declaration

Citizenship ☐ Sri Lankan ☐ Foreign National (specify the country)
☐ Dual citizen (specify the country)

* Reason for open the Account in Sri Lanka (For non residents only)
Permanent Address

Mailing Address (If differs to Permanent Address)

Postal Code District

Contact Details Home Office

Mobile 1 Mobile 2

Fax No. ☐ To receive promotional offers by SMS/E-mails.

Statements to be Emailed

Occupation / Designation

Employer's Name & Address

Purpose of opening the A/C

Expected Mode of Transactions ☐ Cash ☐ Cheques ☐ Swift ☐ RTGS ☐ Mobile Banking ☐ Internet Banking ☐ Ceft

Source of funds

☐ Sales and business turnover ☐ Donations ☐ Anticipated Volumes Expected/usual average volumes of deposits into the account in rupees per month
☐ Contract proceeds ☐ Loan proceeds/repayment ☐ Less than 100,000 (Approx. US\$ 1,000)
☐ Family remittances ☐ Salary ☐ 100,001 to 500,000 (Approx. US\$ 1,000 to 5,000)
☐ Gifts ☐ Others (specify) ☐ 500,001 to 1,000,000 (Approx. US\$ 5,000 to 10,000)
☐ Interest Income ☐ Above 1,000,001 (Approx. US\$ 10,000) please indicate

Monthly Income (LKR) ☐ Less than 50,000 ☐ 50,001 to 100,000 ☐ 100,001 to 200,000 ☐ 200,001 to 500,000 ☐ 500,001 and above

Are you Involved in politics / hold a senior Management position in the government / environment related Institution Yes ☐ No ☐

Are you in any way related to a person referred above Yes ☐ No ☐

Acceptance of Terms and Conditions: I hereby acknowledge that I am in receipt, read and understood the terms and conditions and agree to comply with them, I authorize you to convert this account on my reaching 26 years and transfer the balance to a normal savings account with this mandate taken as the source document.

Date

Signature

DEBIT CARD / INTERNET BANKING

Please tick the facilities Required. Visa Debit Card ☐ Master Debit Card ☐ Internet Banking ☐ SMS Alerts ☐ SMS Banking ☐

Name to be Printed on Card

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Preferred User ID. (Max 10 characters)
(For Internet Banking)

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Mother's Maiden Name

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

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

I am 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 and to report the matter to the director- department of foreign exchange.

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

APPLICABLE FOR CURRENT ACCOUNTS: REFERENCE / INTRODUCTION

Introduced By Title Mr ☐ Mrs ☐ Miss ☐ Dr ☐ Rev ☐ Seylan Bank ☐ Other ☐

Full Name and Address

NIC / Passport Number

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Account Number

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Fill these areas if the introducer is not a Seylan Bank customer

Bank / Branch

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Telephone Number

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Occupation / Business

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Name & Address of Employer

I certify that I am well acquainted with the above named

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and I confirm and certify that he / she is suitable person to open and maintain a current account with Seylan Bank PLC

Date

D	D	M	M	Y	Y	Y	Y
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Signature of Introducer

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Authorised by
(Manager/ Authorised officer)

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For Office Use only

Customer Type Account Type Account Officer Analysis Code Sundry Analysis Code

* Customer subject to FATCA ☐ Yes ☐ No (If yes please obtain declaration)

Occupation Code Default Tax Ref.

Account opened on (System date)

D	D	M	M	Y	Y	Y	Y
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Digital int Code

ASC-SC 150

Documents Obtained

☐

A Certified Copy of the NIC/PP-(NIC Number is Mandatory.)

☐

Duly completed reference/introduction form CSV172(I)-(for current accounts only)

Customer subject to PEP

☐

Yes

☐

No

Authorized by

Account opened by

Checked by

Scanned by