

SOLE PROPRIETORSHIP / PARTNERSHIP MASTER MANDATE FORM

Branch Currency Date

External Account Number Internal Number

Registered Name of Business

Business Registration Number Dated

Registered Address of the Business

Postal Code

Contact Details Office Fax No.

Business income tax file Number Mobile

Email

Nature of Business

Principal place of Institution's Business Operations

Purpose of Operating the Account ☐ Business Transactions ☐ Savings ☐ Salary Payments ☐ Others (Please specify)

☐ Collection of Sales ☐ Investment Purpose

Source of Anticipated Credits ☐ Business Turnover ☐ Investment Income ☐ Contract Proceeds ☐ Salary ☐ Profit Income

☐ Others (Please specify)

Anticipated Credits in LKR in to the account (per month) ☐ Less than 100,000 (Approx. US\$ 1,000) ☐ 100,001 to 500,000 (Approx. US\$ 1,000 to 5,000) ☐ 500,001 to 1,000,000 (Approx. US\$ 5,000 to 10,000)

☐ 1,000,001 to 5,000,000 (Approx. US\$ 10,000) ☐ above 5,000,000 (Approx. US\$ 50,000)

Other connected Business

Percentage (%) ownership of each partner (applicable for partnerships)	Name	Ownership %
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Expected Mode of Transactions ☐ Cash ☐ Cheques ☐ Swift ☐ RTGS ☐ Mobile Banking ☐ Internet Banking ☐ Ceft

Applicable for sole proprietorship

Full name of sole proprietor

NIC/Passport Number

Internal Customer No. External Customer No.

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.

Date Signature (on business rubber stamp)

[illegible]

Acceptance of terms and conditions

Operating Instructions

- 1503

[illegible]

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[illegible]

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[illegible]

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[illegible]

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Introduced By (Applicable for Current Accounts)

* Title of Account	<input type="text"/>																										
Name in full - Mr/Mrs/Miss/Dr./Rev.	<input type="text"/>																										
Permanent Address	<input type="text"/>																										
NIC / Passport Number	<input type="text"/>													Business Registration Number	<input type="text"/>												
Account Number	<input type="text"/>																										
Bank / Branch	<input type="text"/>																										
Telephone Number	<input type="text"/>																										
Occupation / Business	<input type="text"/>																										
Name & Address of Employer	<input type="text"/>																										
* I certify that I know and am well acquainted with the above named	<input type="text"/>																										

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	For Office Use Only Authorized By (Signature(s) Verified)
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Office Use Only

Account Officer	<input type="text"/>	Analysis Code	<input type="text"/>	Sundry Analysis Code	<input type="text"/>	No of Partners Attached to the account	<input type="text"/>
Customer Type	<input type="text"/>	Account Type	<input type="text"/>	Account opened		<input type="text"/>	

Documents Obtained

- Certified Photocopies of NIC/Passport of proprietor/all partners ☐
- Certified photocopies of Certificate of Business Registration ☐
- KYCs of Parties to business Account KYC profile form "A" From the Proprietor / All Partners ☐
- Introduction (Only for Current Account) ☐
- CRIB (Only for Current Account) ☐
- FATCA Form obtained (If Applicable) ☐
- PEP Form obtained (If Applicable) ☐

FATCA Status of Account	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
PEP Status of Account	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

..... Authorized by Account opened by Checked by Scanned by
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APPLICATION FORM FOR SEYLAN VISA/ MASTER DEBIT CARDS/ INTERNET/ SMS

Account Number:

Date: _____

Mother's Maiden Name:

(Mother's Surname Before Marriage)

PLEASE TICK FACILITIES REQUIRED

☐ VISA DEBIT CARD

INTERNET BANKING

(Preferred User ID for Internet)

(Customer Initial)

☐ MASTER DEBIT CARD

☒ SMS ALERT

SMS BANKING

(Preferred Mobile Number)

(Customer Initial)

I/ WE HAVE READ, UNDERSTOOD AND AGREE TO ABIDE BY THE RULES AND CONDITIONS OF CONDUCT FOR SEYLAN VISA/ MASTER DEBIT CARD FACILITY. I/ WE AGREE TO ACCEPT LIABILITY OF ALL TRANSACTIONS PERFORMED UNTIL REPORTING LOSS OF MY/ OUR CARD/S. I/ WE ACKNOWLEDGE HAVING READ AND UNDERSTOOD THE TERMS AND CONDITIONS APPLICABLE TO SEYLAN INTERNET/ SMS BANKING SERVICE AND AGREE TO ABIDE BY THE TERMS AND CONDITIONS LAID DOWN THEREIN.

DECLARATION BY THE APPLICANT/S FOR ELECTRONIC FUND TRANSFER CARDS (EFTC)

I/ WE (BASIC CARDHOLDER / JOINT CARDHOLDER), (BASIC CARDHOLDER / JOINT CARDHOLDER) DECLARE THAT ALL DETAILS GIVEN ABOVE BY ME/US ON THIS FORM ARE TRUE AND CORRECT.

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 (EFTCs) 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 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 EFTC IF REASONABLE GROUNDS EXIST 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 BANK, I/WE MIGRATE OR LEAVE SRI LANKA FOR EMPLOYMENT ABROAD, AS APPLICABLE.

<p>DD.MM.YY</p>	<p>SIGNATURE OF THE BASIC CARDHOLDER</p>	<p>SIGNATURE OF THE JOINT CARDHOLDER/S</p>	<p>DEBIT CARD/ PIN RECEIVED</p>
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PART 3 – RECOMMENDATIONS

FOR BANK USE ONLY

CARD NO.

I, AS THE AUTHORIZED OFFICER HAVE CAREFULLY EXAMINED THE INFORMATION TOGETHER WITH RELEVANT DOCUMENTS GIVEN BY THE APPLICANT/S AND SATISFIED WITH THE BONA-FIDE OF THESE INFORMATION AND DOCUMENTS. I UNDERTAKE TO EXERCISE DUE DILIGENCE ON THE TRANSACTIONS CARRIED OUT BY THE CARDHOLDER ON HIS/HER EFTC IN FOREIGN EXCHANGE AND TO SUSPEND THE AVAILABILITY OF FOREIGN EXCHANGE ON EFTC IF REASONABLE GROUNDS EXIST TO SUSPECT THAT UNAUTHORIZED FOREIGN EXCHANGE TRANSACTIONS ARE BEING CARRIED OUT ON THE EFTC IN VIOLATION OF THE UNDERTAKING AND TO BRING THE MATTER TO THE NOTICE OF THE DIRECTOR-DEPARTMENT OF FOREIGN EXCHANGE.

NO ACTIVE CARDS



NO RESTRICTION OF
ACCOUNTS



DD.MM.YY

AUTHORIZED OFFICER

BRANCH STAMP & SIGNATURE OF MANAGER