

Date

D	D	M	M	Y	Y	Y	Y
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The Manager
HATTON NATIONAL BANK PLC
..... Branch

Dear Sir / Madam
Please open a Minor's Savings Account as follows :
(PLEASE USE CAPITAL LETTERS) *Please (✓) the box as appropriate



For Bank Use Only																					
Account No.	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>																				
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School Unit Code No.	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>																				

TYPE OF ACCOUNT

Singithi Kirikatiyo Singithi TEEN Singithi Surakum Currency

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PERSONAL DETAILS OF THE MINOR

1. Full Name (Master/Miss)

2. Date of Birth (Attach a copy of the birth certificate)

D	D	M	M	Y	Y	Y	Y
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 (If NIC is available, please attach a copy) 3. NIC No.

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4. Address

PERSONAL DETAILS OF THE PARENT / GUARDIAN

1. Full Name (Dr/Mr/Mrs/Ms/.....)

2. Address (Confirmation of address is required if different from NIC)

3. NIC No.

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 } Please attach a copy } Date of Issue

D	D	M	M	Y	Y	Y	Y
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Passport No.

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4. Relationship to the minor Father Mother Any Other Please Specify

5. Nationality

6. Country of residence

7. Country of permanent residence

8. Any other citizenship / PR (Please state the country)

9. Telephone Numbers: Residence

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 Office

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 Mobile

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 Email

10. Occupation If "Business" state the nature of Business

11. Name & Address of the Employer

KYC DETAILS OF THE PARENT / GUARDIAN

Source of funds: Expected source and nature of credits into the account

<input type="checkbox"/> Donations / Charities (Local / Foreign)	<input type="checkbox"/> Salary / Profit Income	<input type="checkbox"/> Family Remittance
<input type="checkbox"/> Sales and Business Turn Over	<input type="checkbox"/> Sale of Property / Assets	<input type="checkbox"/> Others(Specify)

Expected deposits to be routed through the account p.m. (in LKR)

<input type="checkbox"/> Less than 100,000	<input type="checkbox"/> Above 100,000 to 500,000	<input type="checkbox"/> Above 500,000 to 1,000,000
<input type="checkbox"/> Above 1,000,000 to 3,000,000	<input type="checkbox"/> Above 3,000,000 to 5,000,000	<input type="checkbox"/> Above 5,000,000 to 10,000,000
		<input type="checkbox"/> Over 10,000,000

Document obtained for address verification

Please open the account in the name of the above mentioned minor.
I hereby agree to conform to the rules governing Minor Savings Accounts as detailed overleaf and in the pass book furnished by Hatton National Bank PLC.
I hereby confirm having received a booklet containing the General Terms and Conditions applicable for Customer Accounts, Dealings and Transactions of Hatton National Bank PLC applied for by this application form (which together with the Terms and Conditions of this application shall constitute our contract with the Bank) and having read and understood/explained and signed this document in agreement thereof and in acceptance of all such Terms and Conditions.

I hereby authorize you to act on instructions given by me relating to this account and I hold myself liable for any indebtedness to the Bank created by such actions.
 I confirm that the contents of this mandate were read out to me and having understood the same I have placed my signature.

- මෙම ලේඛණ පත්‍රයේ අංකයන් කරණු මා හට කියවන ලද බව සහ එම කරණු අවබෝධ කරගෙන මා විසින් මගේ අත්සන යොදා බවට සහතික කරමි.
- இந்த விண்ணப்பத்தில் உள்ள நியதி நபந்தனைகள் எனக்கு வாசித்துக்காட்டப்பட்டது என்றும் நான் அதனை விளங்கிக்கொண்டு இதில் கைச்சாத்திட்டேன் என்றும் உறுதிப்படுத்துகிறேன்.

Minor savings passbook received Yes / No

Signature of the Parent / Guardian

INITIAL OF APPLICANT/S	OFFICER'S INITIAL

