



ACCOUNT OPENING APPLICATION FORM – JOINT

Date _____
 The Manager,
 Hatton National Bank PLC,

 Branch.

For Bank Use Only	
Account No. 1.	CIF No. 1.
2.	2.
3.	3.

We the undersigned request you to open the following account/accounts in our names with your Bank. (Please complete all details in CAPITAL LETTERS and mark (✓) where applicable.)

TYPE OF ACCOUNTS

General Savings General Current Account Capital Savings Privilege Account Yauwanabhimana Adhishtana
 NRFC/RFC/Other (Specify) _____ Currency _____

EXISTING ACCOUNT HOLDERS

An existing account holder should complete the information pertaining to 'Personal Details' only if there is a change in the information submitted to the Bank previously. However the Name & NIC number should be indicated.

PERSONAL DETAILS - MAIN APPLICANT (A)

1. Name in Full (Rev./Dr./Mr./Mrs./Miss/Ms.) _____

2. Nationality _____

3. Country of Residence _____

4. Country of Permanent Residence _____

5. Any other Citizenship/PR _____

6. NIC No. _____

} (Please attach copies)

} (Date of Issue)

(Please state the country)

7. Passport No. _____

8. Date of Birth _____

(Submission of Passport Number will only apply to Non Nationals opening permitted accounts.)

9. Permanent Address (Confirmation of Address required if different from NIC) _____

10. Communication Address (If different from the permanent address) _____

11. Telephone Numbers. Residence _____

Office _____

Mobile _____

Fax _____

E-Mail _____

12. Occupation _____

if "Business" state the nature of Business _____

13. Marital Status Single Married Divorced Widowed

14. Name of Employer _____

15. Address of Employer _____

16. Full Name of Spouse _____

17. Employer of Spouse _____

REQUIREMENT FOR ACCOUNT STATEMENT

Please forward Account Statement as indicated.

Mode of Despatch Post (Monthly)* E-mail E-mail frequency Daily Weekly Monthly *Current Accounts only

KYC DETAILS – MAIN APPLICANT (A)

(To be completed by the staff member handling the opening of an account on interviewing the applicant.)

Purpose of opening the account & usage.

<input type="checkbox"/> Business transactions	<input type="checkbox"/> Family inward remittance	<input type="checkbox"/> Loan payment
<input type="checkbox"/> Employment/Professional income	<input type="checkbox"/> Savings/Investments	<input type="checkbox"/> Others(specify)

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	

Source of wealth/Income generation

<input type="checkbox"/> Business ownership	<input type="checkbox"/> Inheritance	<input type="checkbox"/> Investment	<input type="checkbox"/> Profession/Employment	<input type="checkbox"/> Others (Please specify)
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Document obtained for address verification _____

INITIAL OF APPLICANT/S	OFFICER'S INITIAL

PERSONAL DETAILS - JOINT APPLICANT (B)

1. Name in Full (Rev./Dr./Mr./Mrs./Miss/Ms.)

2. Nationality

3. Country of Residence

4. Country of Permanent Residence

5. Any other Citizenship/PR

6. NIC No.

} (Please attach copies)

} (Date of Issue)

(Please state the country)

7. Passport No.

8. Date of Birth

(Submission of Passport Number will only apply to Non Nationals opening permitted accounts.)

9. Permanent Address (Confirmation of Address required if different from NIC)

10. Telephone Numbers. Residence

Office

Mobile

Fax

E-Mail

11. Occupation

if "Business" state the nature of Business

12. Marital Status

Single

Married

Divorced

Widowed

13. Name of Employer

14. Address of Employer

15. Full Name of Spouse

16. Employer of Spouse

KYC DETAILS – JOINT APPLICANT (B)

(To be completed by the staff member handling the opening of an account on interviewing the applicant.)

Purpose of opening the account & usage.

<input type="checkbox"/> Business transactions	<input type="checkbox"/> Family inward remittance	<input type="checkbox"/> Loan payment
<input type="checkbox"/> Employment/Professional income	<input type="checkbox"/> Savings/Investments	<input type="checkbox"/> Others(specify)

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	

Source of wealth/Income generation

<input type="checkbox"/> Business ownership	<input type="checkbox"/> Inheritance	<input type="checkbox"/> Investment	<input type="checkbox"/> Profession/Employment	<input type="checkbox"/> Others (Please specify)
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Document obtained for address verification

PERSONAL DETAILS - JOINT APPLICANT (C)

1. Name in Full (Rev./Dr./Mr./Mrs./Miss/Ms.)

2. Nationality

3. Country of Residence

4. Country of Permanent Residence

5. Any other Citizenship/PR

6. NIC No.

} (Please attach copies)

} (Date of Issue)

(Please state the country)

7. Passport No.

8. Date of Birth

(Submission of Passport Number will only apply to Non Nationals opening permitted accounts.)

9. Permanent Address (Confirmation of Address required if different from NIC)

10. Telephone Numbers. Residence

Office

Mobile

Fax

E-Mail

11. Occupation

if "Business" state the nature of Business

12. Marital Status

Single

Married

Divorced

Widowed

13. Name of Employer

INITIAL OF APPLICANT/S	OFFICER'S INITIAL

14. Address of Employer

15. Full Name of Spouse

16. Employer of Spouse

KYC DETAILS – JOINT APPLICANT (C)

(To be completed by the staff member handling the opening of an account on interviewing the applicant.)
Purpose of opening the account & usage.

<input type="checkbox"/> Business transactions	<input type="checkbox"/> Family inward remittance	<input type="checkbox"/> Loan payment
<input type="checkbox"/> Employment/Professional income	<input type="checkbox"/> Savings/Investments	<input type="checkbox"/> Others(specify)

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	

Source of wealth/ Income generation

<input type="checkbox"/> Business ownership	<input type="checkbox"/> Inheritance	<input type="checkbox"/> Investment	<input type="checkbox"/> Profession/Employment	<input type="checkbox"/> Others (Please specify)
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Document Obtained For Address Verification

CHANNEL SERVICES

Internet Banking	Preferred User Login (Min 8 characters)
Please provide Internet Banking Facilities (Main Applicant) (A)	<input type="checkbox"/>
Please provide Internet Banking Facilities (Joint Applicant) (B)	<input type="checkbox"/>
Please provide Internet Banking Facilities (Joint Applicant) (C)	<input type="checkbox"/>

Visa Debit Card (Main applicant A)
Please issue International Visa Debit Card with ATM & Shopping (POS) <input type="checkbox"/> Please provide SMS alert facility to the mobile number stated above <input type="checkbox"/>
Mother's Maiden Name (Security Requirement for Visa/Debit Card)

Mobile Banking
Please provide Mobile Banking Facilities to the stated mobile number (Main Applicant) (A) <input type="checkbox"/>
Please provide Mobile Banking Facilities to the stated mobile number (Joint Applicant) (B) <input type="checkbox"/>
Please provide Mobile Banking Facilities to the stated mobile number (Joint Applicant) (C) <input type="checkbox"/>

Issue of Password for Internet / Mobile Banking	Permanent Address	Communication Address
Please send my Password to the Address stated above (Main Applicant) (A)	<input type="checkbox"/>	<input type="checkbox"/>
Please send my Password to the Address stated above (Joint Applicant) (B)	<input type="checkbox"/>	<input type="checkbox"/>
Please send my Password to the Address stated above (Joint Applicant) (C)	<input type="checkbox"/>	<input type="checkbox"/>

DECLARATION FROM APPLICANT/S FOR ELECTRONIC FUND TRANSFER CARD (EFTC)

We hereby confirm that we are aware of the conditions imposed under the Exchange Control Act in the Notice published in the Gazette Extraordinary No. 1411/5 of 19th September 2005 (as may be amended or replaced from time to time) subject to which the Card may be used for transactions in foreign exchange and we hereby undertake to abide by the said conditions.

We further agree to provide any information on transactions carried out by us in foreign exchange on the Card issued to us, which Hatton National Bank PLC may require for the purpose of the Exchange Control Act.

We also affirm that we undertake to surrender the EFTC/s to Hatton National Bank PLC, if we migrate or leave Sri Lanka for employment abroad.

We are aware that the Authorized Dealer is required to suspend the availability of foreign exchange on EFTC, if reasonable grounds exist to suspect unauthorized foreign exchange transactions are being carried out on the EFTC issued to us.

Cash and/or cheques deposited by use of the Card will only be credited to my account after verification by the bank. Cheques will not be collected to savings accounts. The statement issued by the Automated Teller Machine at the time of deposit will only represent what we purport to have deposited and shall not be binding on the Bank. The Bank's count of the amount contained in the envelope shall be conclusive. Cheques will be accepted for collection only and proceeds will not be available for drawing until the cheques are cleared and realized. (This facility will be available only at selected branches).

Joint Account holders are inter alia jointly & severally bound by these Terms and Conditions and are liable for all transactions processed by the use of the Card.

All rules and regulations governing the operation of Current, Savings or any other Account shall be applicable to card transaction relating to such accounts.

USE OF E-MAIL ADDRESS

"The Bank will use your e-mail address to provide you with better customer services and marketing material on products, customer surveys, etc. If at any time you wish us to cease sending you direct mailings, please send us an e-mail or contact our representative, to the e-mail address or on call center telephone number indicated in the bank website. The Bank will then, at no cost to you, act on your request within 15 days and ensure that you are not included in our future direct marketing promotions."

INITIAL OF APPLICANT/S	OFFICER'S INITIAL

OPERATING INSTRUCTIONS

The Account/Accounts should be opened in the joint names of

and the Operating instructions should be as follows.

- Any one of us All of us Other/s (Specify)

- In the event of the demise of any one of us, the balance at the credit of the account will be payable to the survivor/survivors without reference to the representatives of the deceased.
- We 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 understood, signed this document in agreement thereof and in acceptance of all such Terms and Conditions.
- We hereby authorize you to act on instructions given by us relating to this Account and we hold ourselves jointly and severally liable for any indebtedness to the Bank created by such actions.

(A)

Signature of Main Applicant

(B)

Signature of Joint Applicant

(C)

Signature of Joint Applicant

TO BE COMPLETED BY THE INTRODUCER (CURRENT ACCOUNTS ONLY)

I, the undersigned, confirm that the applicants of this Current Account
 whose signatures appear above have been known to me for the past..... years and are suitable to operate a Current Account with Hatton National Bank PLC.

Name of Introducer

Address of Introducer

Occupation / Profession

Account Number

Signature D D M M Y Y Y Y

(For Bank Use Only)	Introducer's Signature Verified
..... Name of Officer Signature & Ref.No

CUSTOMER ACKNOWLEDGEMENT

I acknowledge receipt of:

Debit Card received: Yes/No (Debit Card number)

Savings Pass Book: Yes/No

.....
Customer's Signature Bank Officer's Signature EPF No.

FOR BANK USE ONLY

Account Opening Form & required documents verified and found to be in order.

Interviewed and authorized to open the Current Account.

.....
Signature

Sig.Ref.No.
Authorized Officer

Date D D M M Y Y Y Y

.....
Signature

BASLE CODE
Sig.Ref.No.
Branch Manager/Designated A Class Officer

Date D D M M Y Y Y Y

MIS Codes (For Quartely Survey)

Sector Code
 Subsector Code
 Industry Code
 Occupation Code

.....
Data input by (Name)
EPF No.

Audited by

.....
Signature
EPF No.

Current Account Type

CAGEN
 CASTF
 CNRRA
 Others (Specify)

Data Checked by

.....
Signature
EPF No.

Savings Account Type

SAGEN
 SACAP
 SASTF
 SACIT
 SIA

Others (Specify)

INITIAL OF APPLICANT/S	OFFICER'S INITIAL