	G 141
	ACCOUNT OPENING APPLICATION FORM – JOINT
YOUR PARTNER IN PROGE	For Bank Use Only
Date D D M M Y Y Y The Manager, Hatton National Bank PLC,	Account No. 1. CIF No. 1. 2. 3.
	Branch.
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 HNB Salary Smart HNB Youth Savings + Money market
PFCA	FC Advantage Others (Specify) Image Image
An existing account holder shou	EXISTING ACCOUNT HOLDERS Id 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 i	ndicated.
1. Name in Full (Rev./Dr./Mr./Mrs.	PERSONAL DETAILS - MAIN APPLICANT (A)
2. Nationality	3. Country of Residence
4. Country of Permanent Reside	ence 5. Any other Citizenship/PR
	(Please state the country)
6. NIC No.	(Please DDMMYYYYY) attach copies)
7. Passport No. (Submission of Passport Numb	attach copies/ D M M Y Y Y X 8. Date of Birth D D M Y <t< td=""></t<>
9. Permanent Address (Confirm	ation of Address required if different from NIC)
10. Communication Address (If c	lifferent from the permanent address)
11. Telephone Numbers. Reside	ence Office Office Mobile
Fax	E-Mail
12. Occupation 13. Marital Status Single	if "Business" state the nature of Business e Married
14. Name of Employer	
15. Address of Employer	
16. Full Name of Spouse	
17. Employer of Spouse	
	REQUIREMENT FOR ACCOUNT STATEMENT
	ent as indicated. (Please note : A passbook will not be issued if e-statements are requested for savings accounts.)
Mode of Despatch Post (Mon	
To be completed by the applicar	KYC DETAILS – MAIN APPLICANT (A) at or the staff member handling the opening of an account on interviewing the applicant.
Purpose of opening the account	
Business transactions	Family inward remittance Loan payment
Employment/Profession	
	e and nature of credits into the account
Donations/Charities (Lo	
Sales and business turn	over Sale of property/Assets Others(specify)
Expected deposits to be routed through the account p.m. (in LKR)	Less than 100,000 Above 100,000 to 500,000 Above 500,000 to 1,000,000 Above 1,000,000 to 3,000,000 Above 3,000,000 to 5,000,000 Above 5,000,000 to 10,000,000 Over 10,000, 000
Source of wealth/Income generation	
Business ownership	Inheritance Investment Profession/Employment Others (Please specify)
Document obtained for address	verification
	INMAL OF APPLICANT/S OFFICER'S INMAL

PERSONAL [DETAILS	JOINT AI	PPLICANT (B)
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1. Name in Full (Rev./Dr./Mr	/Mrs./Miss/Ms.)			
2. Nationality	3. Country of Residence			
4. Country of Permanent F	Residence 5. Any other Citizenship/PR			
	(Please state the country)			
6. NIC No.	Image: Control of loss of los			
• • •	Number will only apply to Non Nationals opening permitted accounts.)			
9. Permanent Address (Co	nfirmation of Address required if different from NIC)			
10. Telephone Numbers. F	tesidence Office Mobile			
Fa	x E-Mail			
11. Occupation	if "Business" state the nature of Business			
12. Marital Status	Single Married			
13. Name of Employer				
14. Address of Employer				
15. Full Name of Spouse				
15.1 di Name of Spouse				
16. Employer of Spouse				
To be completed by the apr	KYC DETAILS – JOINT APPLICANT (B) licant or the staff member handling the opening of an account on interviewing the applicant.			
Purpose of opening the acc				
Business transactio	ns Family inward remittance Loan payment			
Employment/Profe	ssional income Savings/Investments Others(specify)			
Source of funds: Expected s	ource and nature of credits into the account			
Donations/Charitie	s (Local/Foreign) Salary/Profit income Family remittance			
Sales and business	turn over Sale of property/Assets Others(specify)			
Expected deposits to be rout	ed Less than 100,000 Above 100,000 to 500,000 Above 500,000 to 1,000,000 Above 1,000,000 to 3,000,000			
through the account p.m. (in				
Source of wealth / Income g				
Business ownership	Inheritance Investment Profession/Employment Others (Please specify)—————————————————————			
Document obtained for add	dress verification			
	PERSONAL DETAILS - JOINT APPLICANT (C)			
1. Name in Full (Rev./Dr./Mr.				
2. Nationality	3. Country of Residence			
4. Country of Permanent R	esidence 5. Any other Citizenship/PR			
(Please state the country)				
6. NIC No. (Please attach copies) DDMMYYYYY (Cate of Issue)				
7. Passport No.	Autor copies/ D D M Y			
	nfirmation of Address required if different from NIC)			
10. Telephone Numbers. R	esidence Office Mobile			
Fa:				
11. Occupation	if "Business" state the nature of Business			
12. Marital Status Single Married				
13. Name of Employer				
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	INITIAL OF APPLICANT/S OFFICER'S INITIAL			

14. Address of Employer	
15. Full Name of Spouse	
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16. Employer of Spouse	
	KYC DETAILS – JOINT APPLICANT (C)
To be completed by the app Purpose of opening the acc	plicant or the staff member handling the opening of an account on interviewing the applicant. count & usage.
Business transactio	
Employment/Profe	essional income Savings/Investments Others(specify)
Source of funds: Expected s	source and nature of credits into the account
Donations/Charitie	es (Local/Foreign) Salary/Profit income Family remittance
Sales and business	turn over Sale of property/Assets Others(specify)
Expected deposits to be rout	ted Less than 100,000 Above 100,000 to 500,000 Above 500,000 to 1,000,000 Above 1,000,000 to 3,000,000
through the account p.m. (in	LKR) Above 3,000,000 to 5,000,000 Above 5,000,000 to 10,000,000 Over 10,000, 000
Source of wealth / Income g	
Business ownership	Inheritance Profession / Employment Others (Please specify)
Document Obtained For Ad	dress Verification
	CHANNEL SERVICES
Internet Banking	Preferred User Login (Min 8 characters)
Please provide Internet Ba	anking Facilities (Main Applicant) (A)
Please provide Internet Ba	anking Facilities (Joint Applicant) (B)
Please provide Internet Ba	anking Facilities (Joint Applicant) (C)
Visa Debit Card (Mai	
Please issue International	Visa Debit Card with ATM & Shopping (POS) Please provide SMS alert facility to the mobile number stated above
Mother's Maiden Name (S	Security Requirement for Visa/Debit Card)
Mobile Banking	
	nking Facilities to the stated mobile number (Main Applicant) (A)
	nking Facilities to the stated mobile number (Joint Applicant) (B) nking Facilities to the stated mobile number (Joint Applicant) (C)
SOLO (Only if either Party	
Issue of Password fo	r Internet / Mobile Banking Permanent Address Communication Address
Please send my Password	to the Address stated above (Main Applicant) (A)
	to the Address stated above (Joint Applicant) (B)
Please send my Password	to the Address stated above (Joint Applicant) (C)
DECLARATION FROM	M APPLICANT/S FOR ELECTRONIC FUND TRANSFER CARD (EFTC)
I/Wedeclare that all details give	n above by me/us on this form are true and correct.

I/We hereby confirm that I/ We am/ are aware of the terms and conditions applicable for the use of Electronic Fund Transfer Cards (EFTCs) as detailed in the Directions No. 03 of 2021 dated 18 March 2021 issued under the provisions of the Foreign Exchange Act, No. 12 of 2017 (As amended from time to time or replaced) 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 Hatton National Bank PLC may require for the purpose of the FEA.
I/We am/ are aware that the bank is required to suspend availability of foreign exchange on EFTC if reasonable grounds exist to suspect that foreign exchange transactions which are not permitted in terms of the Directions issued under the provisions of the FEA are being carried out on the EFTC issued to me/us and to report the matter to the Director - Department of Foreign Exchange.

the Directions issued under the provisions of the FEA are being carried out on the EFTC issued to me/us and to report the matter to the Director - Department of Foreign Exchange. // We also affirm that // We undertake to surrender the EFTCs to the bank, if I/ We migrate or leave Sri Lanka for permanent residence or employment abroad, as applicable. Further, I/we also agreed to notify

my/our change in residential status to the bank, if *y* we migrate on eave an Lanka to permanent residence of employment abload, as applicable, runner, *y* we also agreed to notify my/our change in residential status to the bank, if any, accordingly.

We are also aware that cash and/or cheques deposited by use of the Card will only be credited to our 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. Cheques will be accepted for collection only and proceeds will not be available for drawing until the cheques are cleared and realized.

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
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DEDAT	NC IN	CTDU	CTIONS
PERAL	ING IN	ISTRU	CHONS

The Account/Accounts	should be opened	d in the	ioint 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 confirm having accepted a floating interest rate subject to change weekly for the Money Market Account.
- "I/We the undersigned hereby consent to the prescribed officers of HNB verifying the authenticity of the particulars relating to my/our National Identity Card/s via the information system of the Department for Registration of Persons"
- 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. We confirm that the contents of this mandate were read out to us and having understood same we have placed our signatures

. මෙම ඉල්ලුම් පතුයේ ඇතුළත් කරුණු අප හට කියවන ලද බව සහ එම කරුණු අවරෝධ කරගෙන අප විසින් අපරග් අත්සන් යෙදු බව අපි සහතික කරමු. இந்த விண்ணப்பத்தில் உள்ள நியதி நிபந்தனைகள் எமக்கு வாசித்துக்காட்டப்பட்டது என்றும் நாம் அதனை விளங்கிக்கொண்டு இதில கைச்சாத்திட்டோம் என்றும் உறுதிப்படுத்துகிறோம்.

இந்த விண்ணப்பத்தில் உள்ள நியதி நிபந்தனைகள் எமக்கு வாக -	ித்துக்காட்டப்பட்டது என்றும் நாம்	அதனை விளங்கிக்கொண்டு இதில்	கைச்சாத்திட்டோம் என்றும் உறுதிப்படுத்துகிறோம்.
(A)		(B)	(C)
Signature of Main Applicant	Signature of Joint	Applicant	Signature of Joint Applicant
		(CURRENT ACCOUNTS ONLY)	
I, the undersigned, confirm that the applicants of this Current			
whose signatures appear above have been known to me for t Name of Introducer	he past year	s and are suitable to operate a Cur	rent Account with Hatton National Bank PLC.
Address of Introducer			
Occupation / Profession			
Account Number			
		(For Bank Use Only)	Introducer's Signature Verified
Signature		Name of Officer	Signature & Ref.No
	CUSTOMER ACKNOWI	LEDGEMENT	
l acknowledge receipt of:			
Debit Card received: Yes/No			
Savings Pass Book: Yes/No (Debit Card n	umber)	Customer's Signature	Bank Officer's Signature EPF No.
	FOR BANK LISE		

PEP Yes/No

Declaration by the Authorized Dealer for Electronic Fund Transfer Cards

We, as the Authorized Dealer have carefully examined the information together with relevant documents given by the applicant/s and we are satisfied with the bona-fide of these information and documents. Further, We as the Authorized Dealer undertake at all times, 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 the EFTC if reasonable grounds exist to suspect that foreign exchange transactions which are not permitted in terms of Direction No. 03 of 2021 dated 18 March 2021 issued under the provisions of the Foreign Exchange Act, No. 12 of 2017 are being carried out on the EFTC, in violation of the undertaking given by the card holders and to bring the matter to the attention of the Director - Department of Foreign Exchange.

Account Opening Form & required documents verified and found to be in order.		Interv	viewed and authorized to open the Current Account.
Signature	Sig.Ref.No.	Signature	BASLE CODE
	Date DDMMYYYY		D D M Y Y Y

NDO - CEYLON