



HNB

SAVINGS ACCOUNT OPENING FORM (FOR MINOR)

Date

SAV - 10

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. CIF No. School Unit Code No.

TYPE OF ACCOUNT

☐☐☐☐

Currency

PERSONAL DETAILS OF THE MINOR

- Full Name (Master/Miss)
- Date of Birth (Attach a copy of the birth certificate) 3. NIC No.
(If NIC is available, please attach a copy)
- Address

PERSONAL DETAILS OF THE PARENT / GUARDIAN

- Full Name (Dr/Mr/Mrs/Ms/.....)
- Address (Confirmation of address is required if different from NIC)
- NIC No. } Please attach a copy } Date of Issue
Passport No.
- Nationality
- Country of residence
- Country of permanent residence
- Any other citizenship / PR (Please state the country)
- Telephone Numbers Residence Office
Mobile Email
- Occupation if "Business" state the nature of Business
- Name & Address of the Employer

CHANNEL SERVICES

Minor Deposit Card Please issue HNB Minor Deposit Card with ATM & POS deposit facility only ☐ Please provide SMS alert facility to the mobile number stated above ☐

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"/> Over 10,000, 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 | |

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 same I have placed my signature.☐ මම මෙම පනතේ අංශයන් කියා ඇති බව සහ එම කියා ඇති අංශයන් කියා ඇති බව සහතික කරමි.☐ இந்த விண்ணப்பத்தில் உள்ள நியதி நிபந்தனைகள் எனக்கு வாசித்துக்காட்டப்பட்டது என்றும் நான் அதனை விளங்கிக்கொண்டு இதில் கைச்சாத்திட்டேன் என்றும் உறுதிப்படுத்துகிறேன்.

Minor savings passbook recieved Yes / No

Signature of the Parent / Guardian

| | |
|------------------------|----------------------|
| INITIAL OF APPLICANT/S | OFFICER'S INITIAL |
| <input type="text"/> | <input type="text"/> |

STANDING ORDER INSTRUCTIONS - OPTIONAL

Applicable only if the parent/guardian maintains a Savings / Current Account in HNB.

Please transfer from the following Account:

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

2. Account No.

3. Date to be transferred on

4. Commencing from

5. Transfer frequency (Please mark (✓) as appropriate)

☐ Daily

☐ Weekly

☐ Monthly

☐ Quarterly

☐ Half Yearly

☐ Annually

6. Transaction Value /

Currency

7. Transaction Value in words

I/We hereby request and authorize you, until you receive notice to the contrary in writing, to make the periodical payment stated above according to the instructions contained therein, to the debit of my / our indicated account with your bank and credit the Minor Saving account of..... (Minor's name) opened with this application.

In view of the bank undertaking to make the remittance, it is expressly agreed and understood that the bank is relieved from all liability and claims for loss or damage, which may arise through error, omission or delay or otherwise howsoever. It is also understood that in the event there being insufficient funds in my / our account to meet payment on dates specified, the bank cannot accept responsibility for ensuring that instructions are carried out when funds subsequently become available. The bank will also cancel this instruction without reference, in the event two payments are defaulted for lack of funds. It is also understood and agreed that standard bank commissions and charges including for setting up, effecting payments, cancellation, amendment and non availability of funds on the due date shall apply.

Signature - Main Account Holder

Signature - Joint Account Holder

HATTON NATIONAL BANK PLC RULES GOVERNING THE OPENING OF SAVINGS ACCOUNTS (MINOR)

1. A savings deposit account for a minor may be opened by persons acceptable to the Bank.
2. Accounts are not opened in joint names of two or more minors or when the parties involved include minors as well as adults.
3. The minimum initial deposit which an account may be opened shall be Rs.1000/- for "Singithi Kirikatiyo", Rs.500/- for "Singithi Lama" and, for HNB Teen and each subsequent deposit shall be for an amount not less than Rs. 50/-.
4. The beneficiary of the Minor's account shall be the Minor who shall be termed as the account holder. In the event of incapacity of the minor the proceeds of the account will be disbursed to the parent (s) / Guardian or the account will be converted into a normal Savings Account (Where the proceeds of the account are disbursed to the parent (s) / Guardian, a receipt signed by the parent (s) / Guardian will be obtained)
5. The minor in whose name the account is opened will be the beneficiary of the deposits made to the account. Hence no withdrawals will generally be permitted from the account until the minor attains the age of majority. On reaching the age of majority, the beneficiary will be required to complete and submit to the Bank a new savings account opening form and thereafter the account will be continued as an adult / major savings account, under the same account number.
6. Balances lying in the minor account cannot be assigned to the bank as security for advances
7. A pass book will be issued free of charge for each account opened and no charge will be made for any book issued in continuation of the original pass book. However "Singithi Surekum" Account Holders, will receive only a bank statement.
8. On opening a savings deposit account, the Account Holder will be required to adhere to the rules governing the conduct of savings account, embodied in the savings pass book and in the booklet containing the general terms and conditions applicable for customer accounts dealings and transactions of Hatton National Bank PLC.
9. The Bank's Books, records and accounts shall be conclusive and binding. Any certificate, printout or statement of account issued by the Bank shall be final and conclusive evidence against customer of the correctness thereof in any legal proceeding or otherwise.
10. The rate of interest payable on the Minor's Savings Account may be displayed by the Bank at its various branches in Sri Lanka and the said interest rate will be subject to change without prior notice to account holder or to the Parent (s) / Guardian named in the account opening form. Interest on the Minor's Savings Account will accrue, daily or as otherwise determined by the Bank (in its absolute discretion) and will be credited to the Minor's Savings Account monthly.

FOR BANK USE ONLY

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

Signature

Sig.Ref.No.

Authorized Officer

Date

Signature verification of Standing order

Signature

Sig. Ref. No.

Authorized officer

Date