



ACCOUNT OPENING APPLICATION FORM – INDIVIDUAL (SAVINGS AND OTHERS)

Date

DDMMYYYY

The Manager,
Hatton National Bank PLC,

Branch

For Bank Use Only

Account No. 1.

2.

3.

CIF No. 1.

I the undersigned request you to open the following account(s) in my name with your Bank (Please complete all details in CAPITAL LETTERS and mark (✓) where applicable).

TYPE OF ACCOUNTS

General Savings ☐ HNB Youth ☐ HNB Salary Smart ☐ Savings + ☐ Money Market Savings ☐
Personal Foreign Currency Account ☐ Foreign Currency Advantage ☐ Other ☐ Specify Currency

PERSONAL DETAILS

1. Title Mr. ☐ Mrs. ☐ Miss. ☐ Ms. ☐ Dr. ☐ Rev. ☐ Other

2. Name in Full

3. NIC No. Date of Issue DDMMYYYY } (Please attach a copy)

4. Passport / DL No. DDMMYYYY } (Please attach a copy)

5. Date of Birth DDMMYYYY 6. I am a Tax Payer Yes ☐ No ☐ If Yes, Tax File No/TIN (Mandatory)

7. Permanent Address

(Confirmation of address required if different from NIC)

8. Communication Address

(If different from the permanent address)

District of Permanent Residency

9. Contact Numbers Mobile Office

Residence

E-mail

10. Occupation If Business, State the Nature of Business

(Including Self-Employment)

11. Name of Employer

12. Address of Employer

13. Citizenship :

- ☐ Sri Lankan (A)
☐ Sri Lankan with dual citizenship (B)
☐ Foreign National with dual citizenship (C)
☐ Foreign National (D)
☐ Sri Lankan with PR & TR (E)

- ☐ Resident in Sri Lanka
☐ Non Resident

Country of Residence

.....

For (B) (C) (D) and (E)

Country of Birth Nationality

Type of Visa ☐ Permanent Residence ☐ Green Card

☐ Temporary Residence ☐(Specify)

Expiry Date DDMMYYYY

14. In case of Foreign Passport Holders, please indicate the purpose of opening the account:

CHANNEL & OTHER SERVICES

Electronic Fund Transfer Card (EFTC) (Charges apply)

Please issue International Visa Debit Card with ATM & Shopping (POS)* ☐

Link to existing Card ☐

Mother's Maiden Name

Primary Account Savings ☐ Current ☐ Other

Card No.

Enable HNB Internet/ Mobile Banking Facility ☐

* I confirm the safe receipt of the PIN and the Debit Card.
Signature

HNB Alerts

Preferred Mode of Alert SMS ☐ E-mail ☐ Account Transactions* ☐

Account Balance ☐

*Charges apply

**There can be delays/non-receipt of alerts due to reasons beyond the control of the Bank. Therefore the Bank will not be liable for any delays or non-receipt of any alerts.

Account Statements

Preferred Mode (Select only one) E-Passbook ☐ E-Statement ☐ Savings Passbook** ☐ Frequency Daily ☐ Weekly ☐ Monthly ☐

** Receipt of Passbook deemed acknowledged upon first withdrawal with passbook

KYC DETAILS

Purpose of Opening the Account			
<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"/> Other <input type="text"/>	
Source of funds: Expected source and nature of credits into the account			
<input type="checkbox"/> Donations/Charity (Local/Foreign)	<input type="checkbox"/> Salary/Profit Income	<input type="checkbox"/> Family Remittance	
<input type="checkbox"/> Sales and Business Turnover	<input type="checkbox"/> Sale of Property/Assets	<input type="checkbox"/> Other <input type="text"/>	
Expected deposits to be routed through the account p.m.(in LKR)			
<input type="checkbox"/> Less than 50,000	<input type="checkbox"/> Above 50,000 to 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 Million to 3 Million	<input type="checkbox"/> Above 3 Million to 5 Million	<input type="checkbox"/> Above 5 Million to 10 Million	<input type="checkbox"/> Over 10 Million (Please specify)
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"/> Other <input type="text"/>
Expected Mode of Transactions/Delivery Channels : <input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Fund Transfers <input type="checkbox"/> All mode of forms			
Are you a Politically Exposed Person (PEP) Yes <input type="checkbox"/> No <input type="checkbox"/>			
(Including family and close associates of PEPs)			

DECLARATION

1. ELECTRONIC FUND TRANSFER CARD (EFTC)

I hereby confirm that I am aware of the terms and conditions applicable for the use of Electronic Fund Transfer Cards (the EFTC) as detailed in the **Directions No. 03 of 2021 dated 18th March 2021 issued under the provisions of the Foreign Exchange Act, No. 12 of 2017** (the FEA) subject to which the card may be used for transactions in foreign exchange and I hereby undertake to abide by the said conditions.

I further agree to provide any information on transactions carried out by me in foreign exchange on the card issued to me as **Hatton National Bank PLC (the Bank)** may require for the purpose of the FEA.

I am aware that the Bank is required to suspend availability of foreign exchange under the EFTC if reasonable grounds exist to suspect that foreign exchange transactions which are not permitted in terms of the **Directions No. 03 of 2021 dated 18th March 2021** issued under the provisions of the FEA are being carried out on the EFTC issued to me and to report the matter to the Director – Department of Foreign Exchange.

I also affirm that I undertake to surrender the EFTCs to the Bank, if I migrate or leave Sri Lanka for permanent residence or employment abroad, as applicable. **Further, I also agreed to notify my change in residential status to the Bank, if any accordingly.**

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

- I hereby confirm having read and understood/explained and made to understand the General Terms and Conditions, hosted in the HNB website at www.hnb.net applicable for Customer Accounts, Data Privacy, 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) signed this document in agreement thereof and in acceptance of all such Terms and Conditions.
- As per the policy of Central Bank of Sri Lanka (the CBSL), from time to time a deposit insurance scheme will be available and the available insurance cover shall be as declared by the CBSL from time to time. Further details relating to the deposit insurance scheme shall be available in the CBSL website.
- I agree and undertake to notify the Bank in writing within thirty (30) calendar days if there is a change in any information provided to the Bank.
- I confirm that I have read/ explained and made to understand the Terms and Conditions governing the Internet Banking /HNB Alerts which is available on the website: www.hnb.net and updated from time to time.
- I hereby authorize you to act on instructions given by me relating to this account/accounts and I hold myself liable of any indebtedness to the Bank created by such actions.
- I declare that all details given by me on this form are true and correct.
- I confirm having accepted a floating interest rate subject to change weekly, for the Money Market Account.
- I hereby confirm that I have been provided with information on Deposit Accounts, Retail Banking Tariff and the key fact document all of which have been hosted in the HNB site at www.hnb.net.

☐ I confirm that the contents of this mandate were read to me and having understood the same I have placed my signature.

☐ මම මෙම ලේඛනයේ අන්තර්ගත කරුණු මා මා කියවන ලද බව සහ එම කරුණු අවබෝධ කරගෙන මා විසින් මාගේ අත්සන යෙදූ බවට සහතික කරමි.

☐ இந்த விளம்பரத்தின் உள்ளடக்கங்கள் எனக்கு வாசிக்கப்பட்டு நன்கு விளங்கியது என்பதை நான் உறுதிசெய்வதோடு நான் கையொப்பத்தை இட்டு உறுதிசெய்துள்ளேன்.

Signature of Applicant

FOR BANK USE ONLY

To be completed, if the Mandate is collected outside the branch location.

I confirm that the mandate and connected documents are verified and are in order

Signature of the ALPH/Authorised Staff

Employee No.

Documents for Address/Name verification NIC/Passport <input type="checkbox"/> Billing Proof <input type="checkbox"/> Driving License <input type="checkbox"/> Other <input type="text"/>		Personalised Debit Card Issued FATCA Yes <input type="checkbox"/> No <input type="checkbox"/> PEP Yes <input type="checkbox"/> No <input type="checkbox"/>	Destruction of Non Personalised Card (If Personalised Card is Issued) 'B' Class Signature 'A' Class Signature
Savings Account Type SAGEN <input type="checkbox"/> SACAP <input type="checkbox"/> SASTF <input type="checkbox"/> SACIT <input type="checkbox"/> IIA <input type="checkbox"/> Other <input type="text"/>			
MIS Codes (For Quarterly Survey) Sector Code <input type="text"/> Sub Sector Code <input type="text"/> Industry Code <input type="text"/> Occupation Code <input type="text"/> Business Activity Code <input type="text"/> Employer Code <input type="text"/>			
Cross Selling Check (✓) DL <input type="checkbox"/> SOLO <input type="checkbox"/> FAS <input type="checkbox"/> MCA <input type="checkbox"/> DR. CARD <input type="checkbox"/>			

EFTC Declaration

We as the Authorized Dealer 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. Further, we 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 **Directions No. 03 of 2021 dated 18th 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 cardholders and to bring the matter to the attention of the Director – Department of Foreign Exchange.

EFTC Declaration/Introducer signature verified/
Mandate and required documents are in order.

Authorized Officer

Employee No.

Head Office Use

Audited by

Employee No.

Data Checked by

Employee No.