



# ACCOUNT OPENING APPLICATION FORM – INDIVIDUAL (SAVINGS AND OTHERS)

Date

The Manager,  
Hatton National Bank PLC,  
            Branch

For Bank Use Only	
Account No. 1.	<input type="text"/>
2.	<input type="text"/>
3.	<input type="text"/>
CIF No. 1.	<input type="text"/>

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     Capital Savings     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.

4. Passport / DL No.     Date of Issue           } (Please attach a copy)    Date of Expiry

5. Date of Birth              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     Employer Code

12. Address of Employer

13. Citizenship :

<input type="checkbox"/> Sri Lankan ( A ) <input type="checkbox"/> Sri Lankan with dual citizenship ( B ) <input type="checkbox"/> Foreign National with dual citizenship ( C ) <input type="checkbox"/> Foreign National ( D ) <input type="checkbox"/> Sri Lankan with PR & TR ( E )	<input type="checkbox"/> Resident in Sri Lanka <input type="checkbox"/> Non Resident Country of Residence .....	For ( B ) ( C ) ( D ) and ( E ) Country of Birth <input type="text"/> Nationality <input type="text"/> Type of Visa <input type="checkbox"/> Permanent Residence <input type="checkbox"/> Green Card <input type="checkbox"/> Temporary Residence <input type="checkbox"/> .....(Specify) Expiry Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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14. In case of Foreign Passport Holders, please indicate the purpose of opening the account:  
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### 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.

\* 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 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"/> Above 10 Million (Please specify)	<input type="text"/>

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"/>
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Expected Mode of Transactions/Delivery Channels :  Cash  Cheque  Fund Transfers  All mode of forms

Are you a Politically Exposed Person (PEP) Yes  No   
(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 ඉල්ලුම්පත්‍රයේ අදාළ කරුණු මා හට කියවන ලද බව සහ එම කරුණු අවබෝධ කරගෙන මා විසින් මාගේ අත්සන ලෙසු බවට සහතික කරමි.
- இந்த விண்ணப்பத்தின் உள்ளடக்கங்கள் எனக்கு வாசிக்கப்பட்டு நன்கு விளங்கியது என்பதை நான் உறுதிசெய்வதோடு நான் கையொப்பத்தை இட்டு உறுதிசெய்யுள்ளேன்.

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.

<b>Documents for Address/Name verification</b>	Personalised Debit Card Issued FATCA PEP	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Destruction of Non Personalised Card (If Personalised Card is Issued)
NIC/Passport <input type="checkbox"/> Billing Proof <input type="checkbox"/> Driving License <input type="checkbox"/>					
Other <input type="text"/>					

Savings Account Type SAGEN  SACAP  SASTF  SACIT  IIA  Other

MIS Codes (For Quarterly Survey) Sector Code  Sub Sector Code  Industry Code  Occupation Code  Business Activity Code

Cross Selling Check ( ✓ ) DL  SOLO  FAS  MCA  DR. CARD

**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.