

ACCOUNT OPENING APPLICATION FORM – JOINT

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"/>
2.	<input type="text"/>
3.	<input type="text"/>

We the undersigned request you to open the following account/account(s) 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
 PFA
 FC Advantage
 Others (Specify)

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. } } (Date of Issue)

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

8. Date of Birth

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

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. (Please note: A passbook will not be issued if e-statements are requested for savings accounts.)
 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 applicant or 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
(Please state the country)

6. NIC No. } (Please attach copies) } (Date of Issue)
 7. Passport No. } } (Date of Issue)
(Submission of Passport Number will only apply to Non Nationals opening permitted accounts.)

8. Date of Birth

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

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 applicant or the staff member handling the opening of an account on interviewing the applicant.

Purpose of opening the account & usage.

Business transactions Family inward remittance Loan payment
 Employment/Professional income Savings/Investments Others(specify)

Source of funds: Expected source and nature of credits into the account

Donations/Charities (Local/Foreign) Salary/Profit income Family remittance
 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

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
(Please state the country)

6. NIC No. } (Please attach copies) } (Date of Issue)
 7. Passport No. } } (Date of Issue)
(Submission of Passport Number will only apply to Non Nationals opening permitted accounts.)

8. Date of Birth

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

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 applicant or 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"/>	<input type="text"/>
Please provide Internet Banking Facilities (Joint Applicant) (B) <input type="checkbox"/>	<input type="text"/>
Please provide Internet Banking Facilities (Joint Applicant) (C) <input type="checkbox"/>	<input type="text"/>

Visa Debit Card (Main applicant A)

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 (Security Requirement for Visa/Debit Card)

Mobile Banking

Please provide Mobile Banking Facilities to the stated mobile number (Main Applicant) (A)

Please provide Mobile Banking Facilities to the stated mobile number (Joint Applicant) (B)

Please provide Mobile Banking Facilities to the stated mobile number (Joint Applicant) (C)

SOLO (Only if either Party to Operate)

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)

I/We declare that all details given 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.

I/ We also affirm that I/ 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 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

