

# PERSONAL ACCOUNT OPENING APPLICATION (INDIVIDUAL)



FOR BANK USE ONLY

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Scanning Ref No.	2 0										
CIF											
Account Number											
Account Number											
Account Number											
Account Number											
Account Number											

CCY				
Category	II	ID	IB	IV
Lead Closure Emp ID				
Lead Generator Emp ID				
Promo Code				

I, undersigned request you to open the following account/s in my name at your bank pursuant to the details given hereunder. I undertake to inform the bank immediately in the event of any change in any information provided by me herein. I hereby authorise the bank to open any subsequent accounts that I may request on the basis of such information provided by me herein and from time to time. I understand and accept the risks to me associated with opening subsequent accounts by instructions sent to the bank through letter or email.

**Account Type :** Select Account Type (Mark ✓ in the selected box)

Current Account	Savings Account	
Personal Current Account <input type="checkbox"/> Salary Saver Current <input type="checkbox"/>	Statement Savings <input type="checkbox"/> Kids Investment Plan <input type="checkbox"/>	Passbook Savings <input type="checkbox"/> Personal Investment Plan <input type="checkbox"/> Nations MaxBonus <input type="checkbox"/> Nations Tax Planner <input type="checkbox"/> Nations Prabuddha <input type="checkbox"/> Salary Saver Saving <input type="checkbox"/> Nations Mega Saver <input type="checkbox"/> Other (Specify) .....
Fixed Deposit	Foreign Currency Account	Currency Type
Maturity Fixed Deposit <input type="checkbox"/> Monthly Fixed Deposit <input type="checkbox"/> Flexi Fixed Deposit <input type="checkbox"/> Annual Fixed Deposit <input type="checkbox"/>	PFC <input type="checkbox"/> BFC <input type="checkbox"/> IIA <input type="checkbox"/> Other (Specify) .....	USD <input type="checkbox"/> EUR <input type="checkbox"/> GBP <input type="checkbox"/> EURO <input type="checkbox"/> Other (Specify) .....

Please complete this application in BLOCK LETTERS. \* Mandatory Fields

## PERSONAL INFORMATION

Title: \* Mr  Mrs  Miss  Ms  Dr  Other ..... Gender \* Male  Female

Full Name: \* \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 (Please underline your first name)

Surname: \* \* \_\_\_\_\_  
 \_\_\_\_\_

NIC / PP No: \* \_\_\_\_\_

Date of birth: \* \_\_\_\_\_

Nationality: \* Sri Lankan  Other  \_\_\_\_\_

Marital Status: \* Single  Married  Widowed  Divorced

Contact No: \_\_\_\_\_

Residence: \_\_\_\_\_

Mobile: \* \_\_\_\_\_

Office: \_\_\_\_\_ Ext: \_\_\_\_\_

E-mail: \* .....

## CONTACT INFORMATION

Permanent address: \* \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

District: \* \_\_\_\_\_

Correspondence address:  (\*✓ same as permanent address)  
 (Please fill if different from your permanent address)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

District: \* \_\_\_\_\_

All your correspondence including monthly statements will be delivered to this address.

Foreign address\* \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## DEBIT CARD

Card Type: Non Personalised  Personalised

Name to appear on Personalised: \_\_\_\_\_  
 (Maximum 19 characters including spaces)

Mother's maiden Name: \_\_\_\_\_  
 \_\_\_\_\_

Debit transaction account: \_\_\_\_\_  
 \_\_\_\_\_

## VALUE ADDED SERVICES

You will be automatically enrolled for these services. If you **DO NOT** wish to utilize this service. (x)

Online Banking  Online banking Account will be suspended if inactive for more than three months from date of activation.

E-advice / E-statement  PDF E-advice will be released on a monthly basis. (Paper Statements will not be released)

SMS Transaction Alert

Mobile Banking

All Value Added Services are subject to the bank's standard terms and conditions.



