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

Current Account		Savings Account					
Personal Current Account <input type="checkbox"/>	Statement Savings <input type="checkbox"/>	Passbook Savings <input type="checkbox"/>	Nations MaxBonus <input type="checkbox"/>	Nations Prabuddha <input type="checkbox"/>	Nations Mega Saver <input type="checkbox"/>		
Nation Salary Saver Current <input type="checkbox"/>	Kidz Investment Plan <input type="checkbox"/>	Personal Investment Plan <input type="checkbox"/>	Nations Tax Planner <input type="checkbox"/>	Salary Saver Saving <input type="checkbox"/>	Other (Specify) .....		

Fixed Deposit		Foreign Currency Account		Currency Type		
Maturity Fixed Deposit <input type="checkbox"/>	Monthly Fixed Deposit <input type="checkbox"/>	PFC <input type="checkbox"/>	BFC <input type="checkbox"/>	USD <input type="checkbox"/>	EUR <input type="checkbox"/>	GBP <input type="checkbox"/>
Flexi Fixed Deposit <input type="checkbox"/>	Annual Fixed Deposit <input type="checkbox"/>	IIA <input type="checkbox"/>	Other (Specify) .....	EURO <input type="checkbox"/>	Other (Specify) .....	

PERSONAL INFORMATION - Primary Applicant

PERSONAL INFORMATION - Joint Applicant

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

Full Name : \* Male ☐ Female ☐


(Please underline your first name)

Sure name : \*

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NIC | PP No : \*

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Nationality : \* Sri Lankan ☐ Other ☐

Marital Status : \* Single ☐ Married ☐ Widowed ☐ Divorced ☐

Date of birth : \*

D	D	M	M	Y	Y	Y	Y
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Contact No :

Residence :

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Mobile : \*

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Office :

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E-mail : \* .....

Ext : .....

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## DEBIT CARD

Card Type: Non Personalised ☐ Personalised ☐

Name to appear on Personalised :

(Maximum 19 characters including spaces)

Mother's maiden Name :

Debit card transaction account :

Card Type: Non Personalised ☐ Personalised ☐

Name to appear on Personalised :

(Maximum 19 characters including spaces)

Mother's maiden Name :

Debit card transaction account :

## VALUE ADDED SERVICES

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

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.

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SMS Transaction Alert ☐

Mobile Banking ☐

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

## EMPLOYMENT / FINANCIAL INFORMATION

Occupation : \*

Salaried ☐ Self-employed ☐ Self-employed professional ☐

Retired ☐ Housewife ☐ Student ☐

Priest ☐ Unemployed income earner ☐

Occupation : if self employed professional \*

Doctor ☐ Accountant ☐ Lawyer ☐ Architect ☐

Engineer ☐ Others (Please specify)

Field of employment / business : \*

Manufacturing ☐ Trading ☐ Agriculture ☐ Financial ☐

Others (Please specify)

Designation\*

Proprietor ☐ Partner ☐ Director / CEO ☐ Executive ☐

Senior / Corporate Manager ☐ Manager ☐ Non Executive ☐

Others (Please specify)

Name of Employer / Business: \*

Address of Employer / Business: \*(include department)

Designation :

Monthly Income \* Less than Rs.20,000 ☐ Rs.20,000 - 49,999 ☐

Rs.50,000 - 99,999 ☐ Rs.100,000 - 199,999 ☐

Rs.20,000 - 299,999 ☐ Above Rs. 300,000 ☐

Occupation : \*

Salaried ☐ Self-employed ☐ Self-employed professional ☐

Retired ☐ Housewife ☐ Student ☐

Priest ☐ Unemployed income earner ☐

Occupation : if self employed professional \*

Doctor ☐ Accountant ☐ Lawyer ☐ Architect ☐

Engineer ☐ Others (Please specify)

Field of employment / business : \*

Manufacturing ☐ Trading ☐ Agriculture ☐ Financial ☐

Others (Please specify)

Designation\*

Proprietor ☐ Partner ☐ Director / CEO ☐ Executive ☐

Senior / Corporate Manager ☐ Manager ☐ Non Executive ☐

Others (Please specify)

Name of Employer / Business: \*

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Monthly Income \* Less than Rs.20,000 ☐ Rs.20,000 - 49,999 ☐

Rs.50,000 - 99,999 ☐ Rs.100,000 - 199,999 ☐

Rs.20,000 - 299,999 ☐ Above Rs. 300,000 ☐

## KYC INFORMATION

Purpose of opening the account \*

Salary Remittance ☐ Business Profit ☐ Loan Repayment ☐ Savings ☐ Investment Purpose ☐ Crediting of Interest ☐

Utility Bill Payment ☐ Education Purpose ☐ Others (Please specify)

Source of credits to A/C \*

Salary Income ☐ Savings ☐ Business Profit ☐ Remittances ☐ Donation / Charity ☐ Commission Income ☐

Interest/income from Investments ☐ Sales of Assets ☐ Others (Pls specify)

Expected mode of transaction \*

Cash Deposits ☐ Cash Withdrawals ☐ Cheque Debits ☐ Cheque Credits ☐ CLIPS/CEFT In ☐ CLIPS/CEFT Out ☐

ITT ☐ OTT ☐ All of the above ☐ Others (Please specify)



Anticipated monthly inflows of funds to the account \*

Less than Rs.100,000/- ☐ Rs. 1,000,000 to 499,999/- ☐ Rs. 5,000,000 to 999,999/- ☐ Rs. 1,000,000 to 1,99,999/- ☐  
Rs.2,000,000 to 2,999,999/- ☐ Rs. 3,000,000 to 3,999,999/- ☐ Rs. 4,000,000 to 4,999,999/- ☐ over Rs.5,000,000/- ☐

Wealth generated from \*

Profession or Employment ☐ Business Ownership ☐ Inheritance ☐ Investments ☐ Others (Pls specify) ☐

Indentification of Politically Exposed Persons \*

Are you :

Invloed in politcs / holding a position in any political party OR a member of the Cabinet / parliament / Other local government authority OR holding an executive position in a government institution

In any way related to any of the person referred to above if yes, please state the relationship

primary Applicant

Yes ☐ No ☐

Yes ☐ No ☐


Yes ☐ No ☐

Country

Yes ☐ No ☐

Country

Yes ☐ No ☐

Country

Relationships with other countries \*

Are you a citizen of another country (includes dual citizenships)

Are you a resident of another country (include green card holders)

Are you a tax payer of another country

Tax identification Number of the above spcified country

joint Applicant

Yes ☐ No ☐

Yes ☐ No ☐


Yes ☐ No ☐

Country

Yes ☐ No ☐

Country

Yes ☐ No ☐

Country

TERM DEPOSIT (FIXED DEPOSIT/CALL DEPOSIT)

Call Deposit: ☐ Fixed Deposit ☐ Currency LKR ☐ Amount:  Period : Months  Days

Interest payable : Monthly ☐ Maturity ☐ Renewel Instruction : Renew Capital & Interest ☐ Renew Capital Only ☐ Do not Renew ☐

Payment of Capital : Nations A/C No:  Amount:

Payment of Interest : Nations A/C No:  Amount:

Debit Instructions : Nations A/C No:

INTRODUCTION (CURRENT ACCOUNTS ONLY.TO BE COMPLETED BY THE INTRODUCER)

I the undersigned hereby confirm that the applicant of this current account is personally known to me and I consider him / her a suitable person to conduct a current account with Nation Trust Bank PLC.

Name of the introducer:  NIC :

Address of the introducer:

Current Account Number:

Date :

Signature / Seal

SV

For Current Account only: Name that should appear on the cheque book \*

NOMINATION

Nomination required : Yes ☐ No ☐

If yes, please attach the completed nomination form and collect the acknowledgement from the bank official. Nomination is not aplicable in the case of current account.

OPERATING INSTRUCTIONS

☐ All of us ☐ Any .....of us ☐ Others (Please specify)

# DECLARATION FOR ELECTRONIC FUND TRANSFER CARDS

To; Direct- Department of Foreign Exchange  
(To be filled by the Applicant/s to obtain foreign exchange against Credit/Debit or any other Electronic Fund Transfer Card)

II/We..... (Primary/Supplementary Cardholder), ..... (Primary/ Supplementary Cardholder) declare that all details given above by me/us on this form are true and correct.

II/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 (Annexed) 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/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 Nations Trust Bank may require for the purpose of the Act.

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 annexed 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.

Date

Signature of Basic Cardholder

Signature of Supplementary Cardholder

I, as the Authorized Officer of the bank 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, I as the Authorized Officer of the bank 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 18 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 card holders and to **bring the matter to the attention of the Director - Department of Foreign Exchange.**

Date

Signature of the Authorized Officer

I/we hereby confirm that copies of the General Business Conditions and other terms and conditions of Nations Trust Bank PLC applicable to the products(s)/service(s)which I/we have applied for hereunder together with details relevant to such product(s)/service(s) were given and explained to me/us in the language of my/our choice before the signing here of and I/we have read and understood the details terms and conditions there in contained and agree and consent to be bound thereby.

In the event of the death of any one of us, we authorize the Bank to pay the monies in the Joint account to the surviving account holder/s.

Primary Applicant

Joint Applicant

CIF:

Name :

CIF:

Name :

## FOR BANK USE ONLY

### Declaration for Electronic Fund Transfer Cards

I, as the Authorized Officer of the bank 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, I as the Authorized Officer of the bank 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 18 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 card holders and to **bring the matter to the attention of the Director - Department of Foreign Exchange.**

Copy of NIC / PP

Statement of other banks

Copy of Resident Visa

Other.....

Tenancy agreement

Recent utility bills (specify)

Employment contract

Letter from a public authority

Income tax receipt / Assessment Notice

Nomination form

Name screened against SDN List

Data verified and Signature witnessed by .....

Document checked by .....

ARM Code .....

Manager / Assistant Manager (Name,Employee ID & Signature)

Date

Terms and Conditions handover

I hereby confirm that below mentioned Terms & Conditions were handed over to the customer.

GBC

NKIP

NPIP

NSS

Savings

Foreign Currency T&C

Others .....

Staff ID

Signature