

SUBSEQUENT ACCOUNT OPENING FORM



FOR BANK USE ONLY

Scanning Ref No.

2 0

D D M M Y Y Y Y

Primary Applicant	Joint Applicant	CCY
CIF		
Account Number		
Account Number		
Account Number		
Account Number		

Promo Code	Lead Closure Emp ID
Lead Generator Emp ID	Category
P <input type="checkbox"/> MA <input type="checkbox"/> M <input type="checkbox"/>	II <input type="checkbox"/> IZ <input type="checkbox"/> IP <input type="checkbox"/> IQ <input type="checkbox"/>

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

Account Type:	<input type="checkbox"/> Personal Current	<input type="checkbox"/> Nations Saver	<input type="checkbox"/> Passbook Savings	<input type="checkbox"/> Fixed Deposit	<input type="checkbox"/> Call Deposit	<input type="checkbox"/> Nations Salary Saver
	<input type="checkbox"/> RFC	<input type="checkbox"/> NRFC	<input type="checkbox"/> RNNFC	<input type="checkbox"/> Maxbonus	<input type="checkbox"/> Mega Saver	Others (Pls specify)

Currency :	<input type="checkbox"/> LKR	<input type="checkbox"/> USD	<input type="checkbox"/> GBP	<input type="checkbox"/> EURO	Other (Pls specify)
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Initial deposit : Amount	Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Cheque No :	Account No :
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Purpose of opening the account *

Salary Remittance	<input type="checkbox"/> Business Profit	<input type="checkbox"/> Loan Repayment	<input type="checkbox"/> Savings	<input type="checkbox"/> Investment Purpose	<input type="checkbox"/> Crediting of Interest
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Utility Bill Payment	<input type="checkbox"/> Education Purpose	<input type="checkbox"/> Others (pls specify)
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Source of credits to A/C *

Salary Income	<input type="checkbox"/> Savings	<input type="checkbox"/> Business Profit	<input type="checkbox"/> Remittances	<input type="checkbox"/> Donation / Charity	<input type="checkbox"/> Commission Income
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Interest/income from Investments	<input type="checkbox"/> Sale of Assets	<input type="checkbox"/> Others (pls specify)
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Please complete this application in BLOCK LETTERS. * Mandatory Fields

PERSONAL INFORMATION – Primary Applicant

Name in full : Title : * Mr Mrs Miss Ms Dr Other.....

NIC No : *

Correspondence address: (if different from your permanent address, All your correspondence including monthly statements will be delivered to this address)

District :

PERSONAL INFORMATION – Joint Applicant

Name in full : Title : * Mr Mrs Miss Ms Dr Other.....

NIC No : *

Correspondence address: (if different from your permanent address, All your correspondence including monthly statements will be delivered to this address)

District :

TERM DEPOSIT (FIXED DEPOSIT / CALL DEPOSIT / CERTIFICATE OF DEPOSIT)

Call deposit ☐ CCY

Certificate of deposit ☐ LKR

Period Months Years

Payment of Interest Bank Branch

Payment of Capital Bank Branch

Fixed deposit ☐ CCY

Period Interest payable

Months Years Monthly Maturity

A/C No.

A/C No.

NOMINATION

Nomination required: Yes No ☐ If yes, please attach the completed nomination form and collect the acknowledgement from the bank official. Nomination is not applicable in the case of current and joint account.

VALUE ADDED SERVICES *

Debit Non Personalised ☐ Personalised ☐

Name to appear on Debit Card : (Maximum 19 characters including spaces)

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

Mother's maiden Name

You will be automatically enrolled for these services

1) Online Banking	<input type="checkbox"/>
2) E-advice / E-statement	<input type="checkbox"/>
3) SMS Transaction alert	<input type="checkbox"/>
4) Mobile Banking	<input type="checkbox"/>
5) E-box	<input type="checkbox"/>

I/We do not wish to utilize this service.

Debit Non Personalised ☐ Personalised ☐

Name to appear on Debit Card : (Maximum 19 characters including spaces)

Mother's maiden Name

You will be automatically enrolled for these services

1) Online Banking	<input type="checkbox"/>
2) E-advice / E-statement	<input type="checkbox"/>
3) SMS Transaction alert	<input type="checkbox"/>
4) Mobile Banking	<input type="checkbox"/>
5) E-box	<input type="checkbox"/>

I/We do not wish to utilize this service.

Paper statement will be sent only if both e-statement and E-box services are opted out.

All value Added Services are subject to the bank’s standard terms and conditions. Online banking account will be suspended if inactive for more than 3 months from date of activation.

E-mail Address

Mobile Number

DECLARATION BY THE APPLICANT/S FOR ELECTRONIC FUND TRANSFER CARDS

To: The Controller of Exchange
(To be filled by the Applicant/s to obtain foreign exchange against Debit or any other Electronic Fund Transfer Card)
I/We.....(Basic Cardholder/Supplementary Cardholder),.....(Basic Cardholder/Supplementary Cardholder) 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 conditions imposed under the Exchange Control Act in the Notice published in the Extraordinary Gazette No: 1411/5 of 19th September 2005 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 PLC may require for the purpose of Exchange Control Act. I/We also affirm that I/we undertake to surrender the Credit Card/s to Nations Trust Bank, if I/we migrate or leave Sri Lanka for employment abroad. I/We am/are aware that the Authorised Dealer is required to suspend availability of foreign exchange on EFTC if reasonable grounds exist to suspect that unauthorised foreign exchange transactions are being carried out on the EFTC issued to me/us.

Date:

Primary Card Applicant

Supplementary Card Applicant

I,(Name of the Officer) have carefully examined the information together with relevant document submitted by..... (Name of the Cardholder/s) and satisfied myself that the said information and documents are in conformity with Exchange Control requirements and the internal policies of the Bank. The Bank undertakes 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 unauthorised foreign exchange transactions are being carried out on the EFTC in violation of the undertaking given by the Cardholder’ and to bring the matter to the notice of the Controller of Exchange.

Date :

Signature of the Authorised Officer on behalf of the Bank

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 Nations Trust Bank PLC.

Name of the introducer

NIC

Address of the introducer

Current Account number

SV

Date

Signature/Seal

COMPLETE ONLY IN CASE OF A CATEGORY UPGRADE

Please upgrade my account to Inner Circle ☐ Private Banking ☐

I/We hereby confirm that copies of the General Business Conditions and other terms and conditions of Nations Trust Bank PLC applicable to the product(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 hereof and I/we have read and understood the details terms and conditions therein contained and agree and consent to be bound thereby.

OPERATING INSTRUCTIONS

☐ All of us

☐ Any _____ of us

☐ Others (please specify)

Primary Applicant

Signature

CIF :

Name :

Date :

Joint Applicant

Signature

CIF :

Name :

Date :

I declare that the information given to the Bank in relation to Politically Exposed Persons and relationship with other countries remain unchanged/ has changed.

Signature

FOR BANK USE ONLY

Bulk card number (Primary applicant)

Debit transaction account (Primary applicant)

Copy of NIC / PP

Tenancy agreement

Letter from a Public Authority

Name screened against SDN List

Statement of other banks

Recent utility bills (Specify)

Income tax receipt/Assessment Notice

Date verified

Signature verified

Document checked by

ARM Code

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

Bulk card number (Joint applicant)

Debit transaction account (Joint applicant)

Signature witnessed

Identity checked

Nomination form

Copy of Resident Visa

Employment contract

Other

Terms and Conditions handover

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

☐ GBC

☐ NSS

☐ Savings

☐ Others

Staff ID

Signature

SUBAOF/2016/12/01

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