BANK OF CEYLON
Bankers to the Nation

ACCOUNT OPENING APPLICATION

PERSONAL / JOINT

DOMESTIC / FOREIGN CURRENCY

Bank use only

A/C No.		Approved by
CIF 1		
CIF 2		Manager
Ref. No.		

The Manager, Bank of Ceylon: _____

Please open an Individual/ Joint account as per details provided by me/us

Select Account Type (Mark ✓ in the selected box)

Current Account	Savings Account		Foreign Currency Account	Currency Type	
☐ Personal	☐ Regular	☐ Senior Citizens	☐ PFC	☐ USD	☐ AUD
☐ Prestige Plus	☐ 18+	☐ Kantha Ran Ginum	☐ BFC	☐ GBP	☐ JPY
☐ _____	☐ Ran Ulpatha	☐ Other _____	☐ Other _____	☐ EUR	☐ _____

Basic Information	**Applicant 1**	**Applicant 2**
Name with Initials		
NIC No. *(Passport for Foreign Nationals)* *(A copy should be attached hereto)*		

To be filled by Existing Customers - *to update previously submitted information (If any changes available only)*

Mobile Phone No.		
Email Address		
Residential Status	☐ Sri Lanka ☐ Other (Specify) _____	☐ Sri Lanka ☐ Other (Specify) _____
Tax Identification Number	_____	_____

Account Related Information				
Online Banking[1]	☐ Yes	☐ No	☐ Yes	☐ No
Debit Card[1]	☐ Yes	☐ No	☐ Yes	☐ No
	☐ Link to Existing Card	☐ Apply for a New Card	☐ Link to Existing Card	☐ Apply for a New Card
	Card No.			
Cardless Withdrawal[1]	☐ Yes	☐ No	☐ Yes	☐ No
	☐ Own Account-LKR	☐ Third party Fund Transfer - LKR	☐ Own Account - LKR	☐ Third party Fund Transfer -LKR
Agent Banking[1]	☐ Yes	☐ No	☐ Yes	☐ No
SMS Alerts	☐ Yes	☐ No	☐ Yes	☐ No
	☐ All Credits	☐ All Debits OR	☐ Debit Card Transactions only	

*1. For Joint AC's – Online banking, Debit cards, Cardless withdrawal and Agent Banking Service (BOC Connect) will be available only for accounts with operating instructions with **Either of us** OR **Anyone***

Permanent Address/ Mailing Address *(If differs from Primary Applicant's Permanent Address)*

	Postal Code

Account Statement type *(Current/ Foreign Currency/ Savings Accounts only)*

☐ Printed ☐ E-Statement

Account Statement Frequency *(Current/ Foreign Currency Accounts only)*

☐ Monthly ☐ Weekly ☐ Daily

Name to be appeared on Cheque book (for Current AC's only)

Other Information

Purpose of Opening the Account & Usage	☐ Business Transactions	☐ Employment/Professional Income	☐ Loan Repayment/Bill Payment
	☐ Remittances	☐ Share Transactions/ Investments	☐ Savings
	☐ Social/Charity work	☐ Upkeep of Family/ Person	☐ Other (Specify) _____
Anticipated Volumes per month (in LKR)	☐ Less than 100,000	☐ 100,000 - 500,000	☐ 500,000 - 1,000,000 ☐ 1,000,000 – 2,000,000
	☐ 2,000,000 – 3,000,000	☐ 3,000,000 – 5,000,000	☐ Above 5,000,000
Expected Mode/s of Transactions	☐ Cash	☐ Cheque	☐ Fund Transfers ☐ Inward Remittances
Source of Earnings			
Expected type of counterparties (If applicable)			

Are you a US Person under the Foreign Account Tax Compliance Act (FATCA) of the US? ☐ Yes[2] ☐ No

2. If yes please submit FATCA declaration

Operating Instructions for Joint Accounts

We hereby authorize you to act on instruction given by **Either of us / Both / Anyone / All (*Please delete inapplicable word)*** relating to this account. In the event of the death of anyone of us the balance at credit of the account will be payable to the survivor/s without reference to the representatives of the deceased.

Declaration

- Having duly read and understood the terms and conditions applicable to this account I / We agree to comply with and to be bound by such terms and conditions, the rules of the bank governing the conduct of this Account and other services including Debit card; Internet & Mobile banking; E-statements, SMS alerts; Cardless cash withdrawal; Agent Banking Service (BOC Connect) & Standing Orders. I/ We acknowledge the receipt of a copy of the Terms and conditions governing the above facilities.
- Further, I/We hereby agree to the general terms and conditions of the Bank applicable for depositors and agree to abide by the same. We understand that the said terms are subject to revision from time to time and agree to keep ourselves updated of such changes and be bound by the terms as are in force from time to time.
- Having duly read and understood the terms and conditions of this account, I / We agree to comply with and to be bound by such terms and conditions and the rules of the bank governing the conduct of this Account and other services including Debit card; Internet & Mobile banking; Mobile App; SMS alerts; Cardless cash withdrawal; Agent Banking Service (BOC Connect) & E-statements. I/ We acknowledge the receipt of a copy of the Terms and conditions governing the above facilities
- In the event if I/We become a US Person under the Foreign Account Tax Compliance Act (FATCA) of US. I/We do hereby undertake to inform the said fact to the bank immediately
- In the event of foreign currency account, I / We agree to comply with and to be bound by the Directions, Regulations, Circulars and Guidelines on Foreign Exchange issued by the Central Bank of Sri Lanka from time to time.
- I/we hereby grant my/our consent to receive promotional massages pertaining to other products and services of the bank. And I am/ We are aware that I/we can withdraw my/our consent at any time and shall inform the bank in writing to discontinue this facility in such event.

Applicant 1 Signature		Applicant 2 Signature	
Date	D D M M Y Y Y Y	Date	D D M M Y Y Y Y

Nomination (Savings Account only) ☐ Yes ☐ No *(Cross out the section)*

	Nominee 1	Nominee 2
Full Name of Nominee		
Address of Nominee		
NIC/Passport No.	Payment %	Payment %

I / We do hereby nominate the above named as my/our nominee/s to receive all monies lying in the account on my/our death subject to the provisions of Section 14 of Bank of Ceylon Ordinance. We are aware in the event of the death of any one of joint account holders the nomination becomes invalid.

Signatures:

Applicant 1 ..... Date .....

Applicant 2 ..... Date .....

Witness:

Name of the Bank Officer .....

Address .....

Signature .....

Introduction (For Current Accounts / Cheque Deposit Saving Accounts only)

I am well acquainted with _____ whose signature/s appear overleaf and his/her/their signature/s was/were affixed in my presence. I certify that he/she/they is/are suitable person/s to open and maintain a Current/Savings Account with Bank of Ceylon.

Name & Designation*: .....

Address: .....

Current Account No: .....

Date: .....

Signature (Place Seal if available)

Bank use only: Verified by

**Any persons acceptable to the bank, but not limited to existing current account customers, Government officials and Others*

Funding using Existing A/C* ☐ **Yes**[3] ☐ **No** *(Cross out the section)* *3.Both Accounts should be in the same Currency*

Debit [Currency & Amount] from my Savings/ Current Account bearing number [ ][ ][ ][ ][ ][ ][ ][ ] to fund this new Account

* *Existing account to be debited one time to make the initial deposit to the New Account*

Declaration by Joint Account Holder/s for issuing Debit Card/ Internet Banking Facilities/ Agent Banking Service / Cardless withdrawal facility

I / We have no objections in giving Debit card / Internet banking facilities/ Cardless withdrawal facility to

Mr/ Ms _____

Declaration for Electronic Fund Transfer Cards (To: Director, Department of Foreign Exchange, Central Bank of Sri Lanka)

(To be filled by the Applicant/s to obtain foreign exchange against Debit or any other Electronic Fund Transfer Card [EFTC).

I / We _____ (Applicant/ 1), _____ (Applicant 2), declare that all the 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 provision of the Foreign Exchange Act, No. 12 of 2017 (the Act) on Electronic Fund Transfer Cards (EFTC) 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/s issued to me/us as the Bank of Ceylon may require for the purpose of the Act. I/We am/are aware that the Authorised Dealer (bank) is required to suspend availability of foreign exchange on EFTC if reasonable ground exists to suspect that unauthorised foreign exchange transactions are being carried out on the EFTC issued to me/us and 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.

Applicant 1 Signature ..... Applicant 2 Signature .....

Bank use only

Declaration for Electronic Fund Transfer Cards

I_____ (Name of the officer) as the Authorised Officer have carefully examined the information together with relevant documents submitted by the applicant/s and satisfied with the bona-fide of these information and documents. I undertake 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 ground exists to suspect that unauthorised foreign exchange transactions are being carried out on the EFTC in violation of the undertaking and to bring the matter to the notice of the Director, Department of Foreign Exchange.

Any other remarks

Declaration of the Authorized Officer

I have carefully examined the above information together with the relevant documents submitted by the customer and satisfied myself that the said information and documents are in conformity with the Financial Transaction Reporting Act No 6 of 2006 and the Internal Policies & circulars of the Bank. Further I have updated the CIF according to the information.

Date [ ] PF Number [ ] Signature [ ]

Acknowledgement – I/We have received the following

Savings Account Passbook ☐ Yes ☐ No Internet banking (Login & PIN) ☐ Yes ☐ No Debit Card & PIN ☐ Yes ☐ NO

Applicants' Signatures: 1……. 2……..

Date:…….