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	Passbook Savings		SmartGen (Statement) Savings	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)*		

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

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

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.			
SMS Alerts	☐ Yes	☐ No	☐ Yes	☐ No
	☐ All Credits	☐ All Debits	OR ☐ Debit Card Transactions only	

*1. For Joint AC's – Online banking & Debit cards will be available only for accounts with operating instructions with **Either of us** OR **Anyone***

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

Postal Code

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

☐ Printed ☐ E-Statement

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

☐ Monthly ☐ Weekly ☐ Daily

Name to appear on Cheque book (for Current AC's)

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 of Transactions	☐ Cash	☐ Cheque	☐ Fund Transfers	☐ Inward Remittances

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

Declaration

Operating Instructions for Joint Accounts

We hereby authorize you to act on instruction given by **Either of us / Both / Anyone / All** 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 without reference to the representatives of the deceased.

I / We agree to comply with and to be bound by the rules of the bank governing the conduct of this Account and Other services including Debit card; Internet & Mobile banking; Mobile App; SMS alerts & E-statements which I / We have read and understood. I/ We acknowledge the receipt of a copy of the Terms and conditions governing the above facilities.

In the event if I become a US Person under the Foreign Account Tax Compliance Act (FATCA) of US. I do hereby undertake to inform the said fact to the bank immediately

For foreign currency accounts: I / We agree to comply with and to be bound by the Exchange Control Regulations & Rules of the Bank governing the conduct of this account.

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 (Except for Current Account) ☐ 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 .....

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

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

Declaration by Joint Account Holder/s for issuing Debit Card/ Internet Banking Facilities

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

Mr/ Ms _____ 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 Debit card/s to The Bank of Ceylon if I/We migrate or leave Sri Lanka for employment abroad.

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

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

Applicants' Signatures ....