

ගිණුම් විවෘත කිරීමේ අයදුම්පත

ඉතිරිකිරීමේ ගිණුම් - ව්‍යාපාර / සමිති හා වෙනත් සංවිධාන

ACCOUNT OPENING FORM

(This Form is available in Tamil & English also)

Savings Accounts - Business / Clubs / Societies / Organizations



දිනය  
Date

D	D	M	M	Y	Y	Y	Y

බැංකුවේ ප්‍රයෝජනය සඳහා / Only for Bank Use

Account Number										
CIF Number										
1.						Manager's Signature				
2.										
3.										

සලකුණකරු / The Manager  
ජාතික ඉතිරිකිරීමේ බැංකුව / National Savings Bank

.....

සතුටුදායකව මා / අප / ආයතනය නමින් ඉතිරිකිරීමේ ගිණුමක් පහත සඳහන් විස්තර වලට අනුකූලව විවෘත කරන්න.

Please open a savings account in my / our name / s in the name of our organization as per the details given below.

අදාළ කොටුවක “√” යොදන්න. / Please mark “√” in the relevant cage

සාමාන්‍ය / Normal       වෙනත් / Others

ව්‍යාපාර / සමිති / වෙනත් සංවිධාන පිළිබඳ විස්තර / Details of Business / Club / Society / Organization  
 තනි ව්‍යාපාරයේ / හවුල් ව්‍යාපාරයේ / සීමිත සම්පාතයේ (පුද්ගල / පොදු) / සමිතියේ / සංවිධානයේ නම / Name of Firm / Partnership / Limited Liability (Private / Public) Company / Club / Society / Organization

ලියාපදිංචි / සංස්ථාපනය කළ දිනය / Date of Registration / Incorporation					ලියාපදිංචි අංකය / Registration No				

ලිපිනය / Address


ව්‍යාපාර කටයුතු කරන ප්‍රධාන ස්ථානය / Principle place of business operation

--	--	--	--	--	--	--	--	--	--

දුරකථන අංකය / Telephone No      ජංගම දුරකථන අංකය / Mobile No.      ඊ - මේල් ලිපිනය / E-Mail Address

--	--	--	--	--	--	--	--	--	--

ගිණුම මෙහෙයවීම පිළිබඳ විස්තර / Account Operating Instructions


බඳු වලට යටත් වන්නේ නම් බදු ලිපිගොනු අංකය / If Liable for Tax File No.

--	--	--	--	--	--	--	--	--	--

තනි අයිතිකරු / හවුල් කරුවන් / අධ්‍යක්ෂවරු / බලයලත් නිලධාරීන් පිළිබඳ විස්තර / Details of Sole Proprietor / Partners / Directors / Office Bearers

(1) මුලකුරු සමඟ නම (මහතා / මහත්මිය / මහත්මිය /.....) / Name with Initials (Mr / Mrs / Miss / .....)

--	--	--	--	--	--	--	--	--	--

මුලකුරු වලින් නැඟින්නේ නම් / Names Denoted by Initials

--	--	--	--	--	--	--	--	--	--

හැඳුනුම්පත් අංකය / ID No.      උපන් දිනය / Date of Birth      පුරවැසිකම්පා / Nationality      උපන් ස්ථානය / Place of Birth

--	--	--	--	--	--	--	--

ස්ථිර ලිපිනය / Permanent Address

--	--	--	--	--	--	--	--	--	--

දුරකථන අංකය / Telephone No.      ජංගම දුරකථන අංකය / Mobile No.      ඊ - මේල් / E - Mail

--	--	--	--	--	--	--	--	--	--

ආදායම් බදු ගෙවීම් / නොගෙවීම්. / I am / I am not a Tax payer

සමිති / සංවිධාන නම් පමණක් නිල නාමය  
Designation Only in the case of Clubs / Societies / Organization

--	--	--	--	--	--	--	--	--	--

ගෙවීම් නම් ලිපිගොනු අංකය / If yes Tax file No.

--	--	--	--	--	--	--	--	--	--

(2) මුලකුරු සමග නම (මහතා / මහත්මිය / මෙනවිය/.....) / Name with Initials (Mr / Mrs / Miss / .....)

Grid for name with initials

මුලකුරු වලින් හැඳින්වෙන නම් / Names Denoted by Initials

Grid for names denoted by initials

හැඳුනුම්පත් අංකය / ID No.

උපන් දිනය / Date of Birth

පුරවැසිකම / Nationality

උපන් ස්ථානය / Place of Birth

Grid for ID No., Date of Birth, Nationality, Place of Birth

ස්ථිර ලිපිනය / Permanent Address

Grid for permanent address

දුරකථන අංකය / Telephone No.

ජංගම දුරකථන අංකය / Mobile No.

ඊ - මේල් / E - Mail

Grid for Telephone No., Mobile No., E-Mail

ආදායම් බදු ගෙවීම් / කොගෙවීම්. / I am / I am not a Tax payer

සමිති / සංවිධාන නම් පමණක් නිල නාමය  
Designation Only in the case of Clubs / Societies / Organization

ගෙවීම් නම් ලිපිගොනු අංකය / If yes Tax file No.

Grid for Tax file No.

(3) මුලකුරු සමග නම (මහතා / මහත්මිය / මෙනවිය/.....) / Name with Initials (Mr / Mrs / Miss / .....)

Grid for name with initials

මුලකුරු වලින් හැඳින්වෙන නම් / Names Denoted by Initials

Grid for names denoted by initials

හැඳුනුම්පත් අංකය / ID No.

උපන් දිනය / Date of Birth

පුරවැසිකම / Nationality

උපන් ස්ථානය / Place of Birth

Grid for ID No., Date of Birth, Nationality, Place of Birth

ස්ථිර ලිපිනය / Permanent Address

Grid for permanent address

දුරකථන අංකය / Telephone No.

ජංගම දුරකථන අංකය / Mobile No.

ඊ - මේල් / E - Mail

Grid for Telephone No., Mobile No., E-Mail

ආදායම් බදු ගෙවීම් / කොගෙවීම්. / I am / I am not a Tax payer

සමිති / සංවිධාන නම් පමණක් නිල නාමය  
Designation Only in the case of Clubs / Societies / Organization

ගෙවීම් නම් ලිපිගොනු අංකය / If yes Tax file No.

Grid for Tax file No.

(4) මුලකුරු සමග නම (මහතා / මහත්මිය / මෙනවිය/.....) / Name with Initials (Mr / Mrs / Miss / .....)

Grid for name with initials

මුලකුරු වලින් හැඳින්වෙන නම් / Names Denoted by Initials

Grid for names denoted by initials

හැඳුනුම්පත් අංකය / ID No.

උපන් දිනය / Date of Birth

පුරවැසිකම / Nationality

උපන් ස්ථානය / Place of Birth

Grid for ID No., Date of Birth, Nationality, Place of Birth

ස්ථිර ලිපිනය / Permanent Address

Grid for permanent address

දුරකථන අංකය / Telephone No.

ජංගම දුරකථන අංකය / Mobile No.

ඊ - මේල් / E - Mail

Grid for Telephone No., Mobile No., E-Mail

ආදායම් බදු ගෙවීම් / කොගෙවීම්. / I am / I am not a Tax payer

සමිති / සංවිධාන නම් පමණක් නිල නාමය  
Designation Only in the case of Clubs / Societies / Organization

ගෙවීම් නම් ලිපිගොනු අංකය / If yes Tax file No.

Grid for Tax file No.

මම ගිණුම පවත්වාගෙන යාම සම්බන්ධයෙන් පවත්නා නීතිරීති, ව්‍යවස්ථා හා රෙගුලාසි මම / අපි කියවා තේරුම්ගත් බව මෙයින් සහතික කරන අතර, පුද්ගලිකව මා / අප වෙත දැනුම්දීමක් නොකළද මෙම ගිණුම සම්බන්ධ නීතිරීති හා රෙගුලාසිවලට එකඟවීමට සහ ඉදිරියේදී කලින් කලට බැංකුව පනවනු ලබන නීතිරීති පිළිපැයීමටත් ඉන් බැඳී සිටීමටත් එකඟ වෙමි/වෙමු.

I/We have read & understood the rules & regulations for the conduct of this account and I/We hereby agree to comply with and be bound by the rules and regulations made or imposed by the Bank with regard to this account and which may come into effect and be enforced by the Bank from time to time notwithstanding the fact that such rules and regulations have not been personally notified to me/us.

Blank box for Signature (1)

Blank box for Signature (2)

Blank box for Signature (3)

Blank box for Signature (4)

අත්සන / Signature (1)

අත්සන / Signature (2)

අත්සන / Signature (3)

අත්සන / Signature (4)

බැංකුවේ ප්‍රයෝජනය සඳහා පමණි / Bank Use Only

Product Code

Authorized By

Input By

# KYC Form

For Institutions / Associations / Clubs and Societies / Trusts / NGOs

(Requirement in terms of the Financial Transaction Reporting Act No. 6 of 2006 and other Applicable Laws)



**For Bank Use Only**

Date	
A/c Number	
Branch Code	
Manager's Signature	

**PART - I**

**SECTION (A) - Basic information of the Account**

1. Name of the Organization :

2. Business Registration No :

3. Local Address :

4. Nature & Purpose of Business / Organization :

5. Foreign Address (If any) :

6. Countries involved in the Business (If any) :

**Tick one or more appropriate boxes**

7. Purpose of Opening the Account:

Business                       Investment                       Social & Charity  
 Trust                               Loan Payment                       Others (Specify) .....

8. Source of Funds : (Expected source and nature of credits into the account)

Sales and Business Turnover                       Contract Proceeds                       Investment Proceeds  
 Commission Income                       Donations/Charities (Local/Foreign)                       Membership Contributions  
 Export Proceeds                       Profit/Professional Income                       Others (Specify) .....

9. Anticipated Volume : (Expected/Usual average volumes of deposits into the account in rupees per month)

Less than 500,000/- (or equivalent FC value)                       1,000,000/- to 1,500,000/- (or equivalent FC value)  
 500,000/- to 1,000,000/-(or equivalent FC value)                       Over 1,500,000/- (or equivalent FC value)

10. Expected mode of Transactions :

Cash                                       Cheque                                       Foreign Remittance  
 Standing Order                       Slips/TT/Wire Transfer/RTGS                       Others (Specify).....

11. Does the organization have any foreign investors or share holders ? (i.e. a Non Citizen/ Dual Citizen/ Non Resident)

Yes                       No

If "Yes" please state :

Name	Country	Percentage of Investment

**SECTION (B) - Mandatory Checks - For Bank Use Only**

(✓) tick one or more appropriate boxes

**1. Customer Type :**

- Proprietorship       Public Company       Clubs/Societies/Associations       Trust/Charities  
 Partnership       Private Company       Gov./Institution/Bank       NGOs/NPOs

**2. Geographical Area :**

Is the organization's registered place of business situated within a reasonable distance to the Branch ?

- Yes      *If "No" reason for opening account out of the geographical area of the Organization :*  
 No

**3. Are the office Bearers/Directors (Including family and close associates) Politically Exposed Persons?**

- Yes       No

**4. Does the organization has any linkage ownership with US ?**  Yes       No

If "Yes" have you filled FATCA Declaration Form :  Yes       No

**5. Other Details/Remarks/Notes (If any) :**

Manager's Name ..... Signature ..... EPF No: .....

Branch Seal: ..... Date: .....

**Required Documents in the case of Proprietorship/Partnership :**

- Copy of the Business Registration
- KYC forms of Proprietors /Partners
- Partnership deed/agreement if available

**Required Documents in the case of Limited Liability Company :**

- Certificate of Incorporation
- Copy of Articles of Association
- Copy of Board Resolution regarding the conduct of the account
- KYC of all Directors
- List of major shareholders with equity interest of more than ten percent
- Copy of certificate to commence business (*for public companies*)
- Copy of Export Development Board approved letter (*If applicable*)
- Copy of Board of Investment agreement (*If applicable*)
- Copy of form 01/ form 40
- Copy of form 20 (*If applicable*)
- Copy of form 44 (*If applicable*)
- Copy of form 45 (*If applicable*)
- List of subsidiaries and affiliates
- Latest Audited Accounts (*If available*)

**Required Documents in the case of**

**Clubs, Societies, Charities, Associations, Trust and Non-Governmental Organizations :**

- Copy of the Registration Document/ Constitution Charter etc...
- Committee or Board Resolution authorizing the account opening
- KYC for all authorized signatories
- Other connected Institutions/Associates/Organizations
- Trust Deed (*For Trust Accounts Only*)

Copies shall be certified by the Manager or Authorized Officer

## Declaration of Beneficial Ownership

### Customer Identification :

Names and Designations of Natural Person Opening Account	1. .... 2. .... 3. ....
Name, Reg.No. and Address of Organization for which the Account is being opened	
Name, Deed No., Trustee and Address of Legal Arrangement for which the account is being opened	

I/We declare that I/we ;

<input type="checkbox"/>	am/are the sole beneficial owner/s* of the customer of this account.
<input type="checkbox"/>	am/are not the beneficial owner of the customer of this account.

Identifying information for all beneficial owners that own or control 10% or more of the customer's equity, beneficial owners on whose behalf the account is being operated and at least one person who exercises effective control of the legal entity regardless of whether such person is already listed.

Name	NIC or Passport No. / Country of issue/ Country of Citizenship	Date of Birth	Current Address	Source of Beneficial Ownership 1 = Equity (Indicate %) 2 = Effective Control 3 = Person on whose behalf the account is operated	Check if Politically Exposed Person (PEP)
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

\* Beneficial owner as "a natural person who ultimately owns or controls a customer or the person on whose behalf a transaction is being conducted and includes the person who exercises ultimate effective control over a person or a legal agreement."

**Details of the Natural Person Authorized to Act on behalf of the Customer**

(01) Name :

NIC/Passport :

Date of Birth :

Signature :

(By signing you attest to the veracity of all information contained herein)

(02) Name :

NIC/Passport :

Date of Birth :

Signature :

(By signing you attest to the veracity of all information contained herein)

(03) Name :

NIC/Passport :

Date of Birth :

Signature :

(By signing you attest to the veracity of all information contained herein)

**Verification of Beneficial Ownership**

- Copies of Passport / NIC
- Constitution of the Organization

**Authorized Financial Institution Official**

Name :

Title :

Date :

Signature :

(By signing you attest that you have identified the customer whose signature is on this form and have witnessed the said signature)