

NDB bank		PERSONAL ACCOUNT OPENING FORM									
Our Commitment. Your Success.		For Bank use only									
National Development Bank PLC (Company Reg. No. PQ 27)		Date D D	/ Y Y Y	CID - Primary Holder Araliya Potentia							
The Manager				CID - Frimary Holder				==			
National Development Bank PLCBran	ch	Account Numb	oer		CID - JOI	Int Hol	der			Yes No	
I/We am/are pleased to request you to ope		y/our Name/s ii	n the Ba	ınk's books	of record	and a	vail of the ot	her services	offered by	y the Bank.	
In the event I/We do not require one or mo								ective service	e/s.		
Account Type (Tick only one type. Separate Current Savings Fixed Depo	_		quired fo	_					🔲		
In Currency Type LKR USD	EUR AUD	GBP	SGD [	JPY [	HKD		Other (Speci	fy)			
1. Personal Information											
(i) Title Primary Holder Mr./Mrs./Dr./Rev./0	•				Joint Holder						
(ii) Name with initials	Mr./Mrs./Dr./Rev./Other			IVII.	Mr./Mrs./Dr./Rev./Other						
(ii) Name with initials											
(iii) e-mail											
(iv) Mobile No											
2. Cheque Book Requirement (Current	Accounts only)			ı							
(i) Pls issue a cheque book as mentioned a	and dobit	N. 61									
my / our Account with the cost.		No of Leaves	Ш	10 Leaves		<u>ы</u> :	25 Leaves				
3. Statement	_		_								
(i) I / We require a statement of Account at	the end of each $lacksquare$	■ Week L	Mont	h <b>L</b> Ot	her						
4. Fixed and Call Deposit Details											
(i) Amount of Deposit (In Figures)		In Words									
(ii) Please debit my / our Account	and place a	a Fixed / Call De	eposit for	r 🔲 01 Mor	nth 03	Month	ns 🔲 06 Mo	nths 12 M	onths _	Other	
(iii) Please renew the deposit exclusive / inclusive of interest for Months / Days											
(iv) Please credit / remit interest at maturity	y / monthly to Accou	unt No			at						
(v) Please credit / remit interest and capita	al at maturity to Acc	ount No			at						
5. Other Services											
You will be automatically registered for	r the following Ser	vices. Please	Tick (	<b>/ ) "No"</b> if y	ou do no	ot wish	n to obtain a	any of these	services		
(i) e-Statement No	],				No						
(ii) Mobile Banking No I / We do not require these			e service	es	No		I / We d	o not require	these se	rvices	
(iii) SMS alert for Accounts No					No						
(iv) Debit Card No	]				No						
In the event you require a Instant	Personalized				Instar		Personali	zed			
Bobit oura pioaco iiii	printed on Card	Max 20 Characters			Name to b	oe prin	ted on Card				
the details (You May require to sign Item										Max 20 Characters	
No. 11 Overleaf)  Mother's maiden name				Mathania a							
(V) Primary Account Number for Debit Card Transactions	den name				Mothers	naiden	name				
6. Purpose of Account											
7. Non residents - Reason for opening the	Account in a foreig	n jurisdiction									
8. Expected type of transactions	Cas	sh	CI	heque		Fund	s Transfer		Other		
9. Source of Funds that would be	☐ Far	nily Remittance	es	Sala	Salary / Profit Income Investment Proceeds					ceeds	
routed through Account Commis		mmission Incor	Cor	ntract Prod	ceeds		Sale of Property / Assets				
	Gift	t		Sale	e / Busine	ss Tur	nover	Others	(Specify	)	
10. Anticipated Volumes (Expected usual average value of deposits into the Account in Sri Lankan Rupees per month)  Less than LKR 1,00 *For Foreign Currency Account					1,000,00				-KR 5,000	0,000	
Account will be Operated by	Me			nyone of Us							
I / We confirm that I / We have read and under											
and Conditions relating to Other Services sha	all apply to the Accou	ınt opened by th	nis mand	ate.							
Further, I / We have signed the Personal According and Conditions applicable to this According to the Accord			eptance	of the said To	erms and	Condit	ions and con	firm having re	ceived a c	copy each of the	
Terms and Conditions applicable to this Account and Other Services.  I / We also undertake to inform the Bank in writing of any changes and submit any documents, the Bank requires from time to time.											
Signature of Primary Holder			;	Signature o	of Joint I	Holde	r				
For Bank use only - CID :				For Bank use	only - CID	:					
a			1 1								

Signature Witnessed by : ..... Signature Verfied by : ..... Signature Witnessed by : ..... Signature Verfied by : ...... Full Signature : ..... EPF No : ..... Full Signature : ..... EPF No : .... Full Signature : ..... EPF No : .... Full Signature : ..... EPF No : ....

11. CENTRAL BANK OF SRI LANKA  Declaration by the Applicant/s for Electronic Fund Transfer Cards									
To: Director-Department of Foreign Exch	nange	oit Card)							
(To be filled by the Applicant/s to obtain foreign exchange against Debit Card).  I/We									
I/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 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 National Development Bank PLC (the bank) may require for the purpose of the FEA.									
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 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 Debit Card/sto 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.									
DD.MM.YYYY. Signature of the Basic 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.									
DD.MM.YYYY. Signature of the Authorized Officer									
12. INTRODUCER'S DETAILS (Applicab	le to Current Accounts)								
Name									
NIC No									
Residential Address									
Mobile No									
Fixed Line Phone (Residence)									
Introducer's NDB Current Account No									
Occupation / Designation									
Employer / Nature of Business									
Address of Employer / Business									
Phone Number (Office)									
I hereby confirm that I have known the party / parties named overleaf for years and he / she / they are suitable to open and operate a Current Account with National Development Bank PLC.									
DD.MM.YYYY									
Signature of the Introducer Date Name :									
For Bank use only									
Introducer's Signature verified by :									
Signature :									
Name of staff member :									
EPF :									
Account opened by (EPF, Name, Signature)		Authorized by (EPF, Name, Signature)		Date					
E-statement Input by (EPF,Name, Signature)		Authorized by (EPF, Name, Signature)	Date						
Mobile Banking user ID created by (EPF,Name, Signature)		Authorized by (EPF, Name, Signature)	Date						
Debit Card created by (EPF,Name, Signature)		Authorized by (EPF, Name, Signature)							
Debit Card Number issued for Primary Account holder  Debit Card Number issued for Joint Holder									
					J				
Shared Services Use				T T					
Operating Instr. Captured by (EPF,Name, Signature)		Authorized by (EPF, Name, Signature)		Date	-				