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The Manager
National Development Bank PLC

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PERSONAL ACCOUNT OPENING FORM

[illegible]

I/We am/are pleased to request you to open an Account in my/our Name/s in the Bank's books of record and avail of the other services offered by the Bank. In the event I/We do not require one or more of the other services offered, I/We will indicate same in the tick box of the respective service/s.

Account Type (Tick only one type. Separate Account Opening Forms are required for each category of Accounts)

Current ☐ Savings ☐ Fixed Deposit ☐ Call Deposit ☐ PFCA ☐ Other (Specify) ☐

In Currency Type LKR ☐ USD ☐ EUR ☐ AUD ☐ GBP ☐ SGD ☐ JPY ☐ HKD ☐ Other (Specify) ☐

1. Personal Information

	Primary Holder	Joint Holder
(i) Title	Mr./Mrs./Ms./Dr./Rev./Other	Mr./Mrs./Dr./Rev./Other
(ii) Name with initials		
(iii) e-mail		
(iv) Mobile No.		

2. Cheque Book Requirement (Current Accounts only)

(i) Pls issue a cheque book as mentioned and debit my / our Account with the cost.	No of Leaves	<input type="checkbox"/> 10 Leaves	<input type="checkbox"/> 25 Leaves
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3. Statement

(i) I / We require a statement of Account at the end of each ☐ Week ☐ Month ☐ Other

4. Fixed and Call Deposit Details

(i) Amount of Deposit (In Figures)	In Words
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(ii) Please debit my / our Account _____ and place a Fixed / Call Deposit for ☐ 01 Month ☐ 03 Months ☐ 06 Months ☐ 12 Months ☐ Other

(iii) Please renew the deposit exclusive / inclusive of interest for _____ Months / Days

(iv) Please credit / remit interest at maturity / monthly to Account No _____ at _____

(v) Please credit / remit interest and capital at maturity to Account No _____ at _____

5. Other Services

You will be **automatically** registered for the following Services. **Please Tick (✓) "No"** if you do not wish to obtain any of these services.

(i) e-Statement	No <input type="checkbox"/>	I/We do not require these services	No <input type="checkbox"/>	I/We do not require these services
(ii) Mobile Banking	No <input type="checkbox"/>		No <input type="checkbox"/>	
(iii) SMS alert for Accounts	No <input type="checkbox"/>		No <input type="checkbox"/>	
(iv) Debit Card	No <input type="checkbox"/>		No <input type="checkbox"/>	
In the event you require a Debit Card please fill the details (You May require to sign Item No. 11 Overleaf)	<input type="checkbox"/> Instant <input type="checkbox"/> Personalized Name to be printed on Card <div style="border: 1px solid black; width: 100%; height: 20px;"></div> <div style="border: 1px solid black; width: 100%; height: 20px;"></div> <div style="text-align: right;">Max 20 Characters</div> Mother's maiden name <div style="border: 1px solid black; width: 100%; height: 20px;"></div>		<input type="checkbox"/> Instant <input type="checkbox"/> Personalized Name to be printed on Card <div style="border: 1px solid black; width: 100%; height: 20px;"></div> <div style="border: 1px solid black; width: 100%; height: 20px;"></div> <div style="text-align: right;">Max 20 Characters</div> Mother's maiden name <div style="border: 1px solid black; width: 100%; height: 20px;"></div>	
(v) Primary Account Number for Debit Card Transactions				

6. Purpose of Account

7. Non residents - Reason for opening the Account in a foreign jurisdiction

8. Expected type of transactions	<input type="checkbox"/> Cash	<input type="checkbox"/> Cheque	<input type="checkbox"/> Funds Transfer	<input type="checkbox"/> Other
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9. Source of Funds that would be routed through Account	<input type="checkbox"/> Family Remittances	<input type="checkbox"/> Salary / Profit Income	<input type="checkbox"/> Investment Proceeds
	<input type="checkbox"/> Commission Income	<input type="checkbox"/> Contract Proceeds	<input type="checkbox"/> Sale of Property / Assets
	<input type="checkbox"/> Gift	<input type="checkbox"/> Sale / Business Turnover	<input type="checkbox"/> Others (Specify).....

10. Anticipated Volumes	<input type="checkbox"/> Less than LKR 1,000,000	<input type="checkbox"/> LKR 1,000,000 to 5,000,000	<input type="checkbox"/> Over LKR 5,000,000
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*For Foreign Currency Accounts please use the prevailing exchange rate to arrive at the value

Account will be Operated by ☐ Me ☐ Jointly ☐ Anyone of Us ☐ Other (Specify)

I / We confirm that I / We have read and understood the Personal Account Terms and Conditions and agree that the said Terms and Conditions and Bank's specific Terms and Conditions relating to Other Services shall apply to the Account opened by this mandate.

Further, I / We have signed the Personal Account Opening Form as a token of acceptance of the said Terms and Conditions and confirm having received a 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

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For Bank use only - CID :

Signature Witnessed by :	Signature Verified by :
Full Signature : EPF No :	Full Signature : EPF No :

Signature of Joint Holder

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For Bank use only - CID :

Signature Witnessed by :	Signature Verified by :
Full Signature : EPF No :	Full Signature : EPF No :

Declaration by the Applicant/s for Electronic Fund Transfer Cards

Signature of the Authorized Officer

Name :

Operating Instr. Captured by (EPF, Name, Signature)	Authorized by (EPF, Name, Signature)	Date
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