

1. BANK USE

Branch : _____ Date :

Client No : CCY : Account No.

Account Title : _____

Note: Please complete in block letters (✓) where applicable and sign after reading the declaration and mandate printed overleaf. Please open an account for as per details provided below.

2. APPLICANT'S PARTICULARS

Name : _____
(Full legal name as it appears in the Certificate of registration)

Registered Address: _____
(Full Address as it appears in the Certificate of registration)

Industry: _____ VAT / TAX Number : _____

Business Registration No : _____ Date of Incorporation :

Country/Place of Incorporation : _____ Resident Non Resident

Correspondence Address : _____

Web Site : _____ Email address : _____

Office Telephone No 1 : _____ Office Telephone No 2 : _____

Fax : _____ Contact Person : _____

3. BUSINESS CATEGORY

Public Limited Company Partnership Sole Proprietorship Association /Club / Society

Limited Company Co-operative Institution Trust Provincial Council

Private Limited Non Government Organization Others (Please specify) _____

4. ACCOUNT TYPE

Currency of Account Sri Lankan Rupees Foreign Currency _____ (Please Specify Currency)

Banking Unit DBU Domestic Banking Unit FCBU Foreign Currency Banking Unit

Current Account Normal Other _____ (Please Specify)

Savings Account Normal Other _____ (Please Specify)

Call Account Normal Other _____ (Please Specify)

Fixed / Certificate of Deposit Period _____

Renewal Auto Times : _____ & Monthly Interest Credit to Account No: _____

Rollover Auto Times : _____ with Interest

Bank Use Only

Interest Rate _____

Interest Rate _____

* Subject to Foreign Exchange Act No. 12 of 2017

5. ACCOUNT STATEMENT

Note: Please note that delivery of Statement (Hard Copy) for any frequency other than half year shall be subject to charges as per the Bank Tariff

Dispatch statement via E-mail Mail

Statement frequency Monthly Quarterly Half Yearly Annually

6. INITIAL DEPOSIT

Initial Deposit Amount : _____

Initial Deposit Via : Cash Remittance/Account Transfer Cheque _____ Other _____
(Details) (Please Specify)

7. CHEQUE BOOK REQUISITION

Please issue us a cheque book of _____ leaves and debit charges incurred to this account.

For Bank Use : Cheque Range , From _____ To _____

8. BENEFICIAL OWNER

Are there any beneficial owners with regard to this account/s? No Yes If yes, Provide Beneficiary Details

Full Name _____ NIC/PP/NDL/BRN/DEED (if trust) No : _____

Address. _____

Is PEP? No Yes source of beneficial ownership _____ D.O.B :- _____

9. DETAILS OF PARTNERS / OFFICERS / TRUSTEES / DIRECTOR / ETC.

Please provide the information , as required below.

	(1)	(2)	(3)
Full Name.	_____	_____	_____
Title & Share%. <small>Chairman/ CEO/ Director Trustee/ President/ Partner or etc.</small>	_____	_____	_____
NIC/PP/NDL	_____	_____	_____
Nationality.	_____	_____	_____
Date of Birth	_____	_____	_____
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Resident Status	<input type="checkbox"/> Resident <input type="checkbox"/> Non-Resident	<input type="checkbox"/> Resident <input type="checkbox"/> Non-Resident	<input type="checkbox"/> Resident <input type="checkbox"/> Non-Resident
Permanent Address.	_____ _____ _____	_____ _____ _____	_____ _____ _____
Email :	_____	_____	_____
Mobile No :	_____	_____	_____
Telephone Residence :	_____	_____	_____
Signature & Date.	_____	_____	_____

Bank use only-Client No :

(Please use an annexure if required)

10. DECLARATION

I/We hereby request to open an Account(s) with MCB Bank Ltd (the "Bank"). I/We hereby authorize the Bank to act on operating instructions given in mandate/board resolution . I/We represent that the information provided by me/us in this form and in any other document (s) provided by me/us to the Bank is true, accurate and complete. I/We also irrevocably agree to sign any document that may be required by the Bank from time to time in connection with operation of account(s). I/We hereby agree to be bound by the prevailing terms and conditions of the Bank applicable to Account(s) opened by me/us with the Bank. I/We further agree to be bound by any additional terms and conditions governing any facilities, products and /or services offered by the Bank as I/We may apply for and/or utilize from time to time.

Authorized Signatory

Authorized Signatory

11. INTRODUCTION

I am / We are pleased to introduce the above applicant (s) to the MCB Bank Ltd Sri Lanka, for the purpose of opening an account. My/our

MCB Account Holder's Client No : Client Name : _____

BRN No: _____ Contact Person: _____ Contact No: _____

Date : _____

Authorized Signature (Please affix company seal)

12. BANK USE ONLY

- | | | |
|---|--|--|
| <input type="checkbox"/> Mandate Fully Complete | <input type="checkbox"/> Land/Mobile Phone Indicated | <input type="checkbox"/> Address Verification Document Obtained |
| <input type="checkbox"/> KYC / FATCA Forms Complete | <input type="checkbox"/> BRC/ Trust DEED Sighted | <input type="checkbox"/> Thanking Letter Dispatched - Customer |
| <input type="checkbox"/> Risk Category- Low/Medium/High Risk | <input type="checkbox"/> FD Certificate Printed | <input type="checkbox"/> Thanking Letter Dispatched - Introducer |
| <input type="checkbox"/> Checked Special Reference Lists/PEPs | <input type="checkbox"/> Introduction Obtained | <input type="checkbox"/> Signature Scanned and attached |

Created by (CSO)

Authorized By (BOM)

Approved By (BM)