



1. BANK USE

Branch : **MCB Bank Staff:** Yes No **Date :**

Client No. : **CCY :** **Account No.**

Account Title :

Please complete in block letters, mark (✓) where applicable and sign after reading the declaration printed overleaf. Please open an account for me/us as per details provided below.

2. APPLICANT'S PARTICULARS

PRIMARY APPLICANT	JOINT APPLICANT
Relationship to Primary Applicant :	
Title : <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss. <input type="checkbox"/> Dr. <input type="checkbox"/> Other _____ (Please Specify)	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss. <input type="checkbox"/> Dr. <input type="checkbox"/> Other _____ (Please Specify)
Full Name : (as in NIC /Passport) (Please underline surname)	
Permanent/Resident Address: <small>Address verification required if differ from NIC (Please submit utility bill not over three months old or any other reliable proof of residence)</small>	
Since (Year) : _____	Since (Year) : _____
Correspondence Address :	
NIC/NDL/PP No.: (NIC Number is mandatory for Sri Lankans)	
Expiry Date _____	Expiry Date _____
Mother's Maiden Name :	
Date of Birth : <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Place of Birth : _____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Place of Birth : _____
Telephone Number(s) : (Mandatory)	
_____ (Residence) _____ (Mobile)	_____ (Residence) _____ (Mobile)
_____ (Office) _____ (Fax)	_____ (Office) _____ (Fax)
E-mail Address :	
Nationality : (If Dual Citizen please specify Country Citizenship Period)	
Gender :	
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Resident <input type="checkbox"/> Non - Resident	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Resident <input type="checkbox"/> Non - Resident
<input type="checkbox"/> Single <input type="checkbox"/> Married	<input type="checkbox"/> Single <input type="checkbox"/> Married
Occupation:	
<input type="checkbox"/> Salaried <input type="checkbox"/> Self-Employed <input type="checkbox"/> Own Business	<input type="checkbox"/> Salaried <input type="checkbox"/> Self-Employed <input type="checkbox"/> Own Business
<input type="checkbox"/> Student <input type="checkbox"/> Retired <input type="checkbox"/> Other _____ (Please Submit a copy of BRC)	<input type="checkbox"/> Student <input type="checkbox"/> Retired <input type="checkbox"/> Other _____ (Please Submit a copy of BRC)
Employer Name / Owned Business Name :	
Employer Address :	
Contact Person Name. _____ Contact No. _____	Contact Person Name. _____ Contact No. _____

3. ACCOUNT TYPE

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

Banking Unit : DBU (Domestic Banking Unit) FCBU (Foreign Currency Banking Unit)

Nature of Account : Sole (individual) Joint No. of Joint Applicants* _____
*Use separate sheet for more than 2 applicants

Account Category : Current Account Savings Account Call Deposit

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

4. CORRESPONDENCE

(Note : Below instructions will apply for other accounts opened subsequently)

Bank Correspondence	Dispatch to: <input type="checkbox"/> Primary Applicant <input type="checkbox"/> Joint Applicant
Account Statements	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 <input type="checkbox"/> Email <input type="checkbox"/> Mail Savings Account : <input type="checkbox"/> Passbook <input type="checkbox"/> Statement (Only Half Yearly) Current Account : Statements Frequency <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half Yearly <input type="checkbox"/> Annual

5. SOURCE OF FUNDS

Initial Deposit Amount : _____ Source of Funds (Please Specify) _____
Funds Received By : Cash Cheque Remittance / Account Transfer

6. CHEQUE BOOK

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

Bank use :	Cheque Range
From	_____
To	_____

7. BENEFICIAL OWNERS

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

Full Name _____
Address _____
N.I.C./P.P./NDL No. _____ Is PEP? No Yes If Yes Please Specify _____
DOB :- _____

8. 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. 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.

..... Primary Applicant's Signature Joint Applicant's Signature

9. INTRODUCTION (Please Note This Section Is Mandatory)

The Manager
MCB Bank Limited, Sri Lanka.

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

MCB Account Holder's Client Number _____ Name _____
NIC / NDL / PP No. _____ Contact No. : _____
_____ Date _____ Signature _____

10. BANK USE ONLY

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

Created by (CSO) _____ Authorized By (BOM) _____ Approved By (BM) _____