



#### 04. Know Your Customer - Primary Applicant

##### 4.1 Employment Information

Employment status	Self Employed	<input type="checkbox"/>	Part-time employed	<input type="checkbox"/>	Retired	<input type="checkbox"/>
	Full -time employed	<input type="checkbox"/>	Not currently employed	<input type="checkbox"/>	Others (Specify)	<input type="checkbox"/>

##### Nature of Business

Manufacturing	<input type="checkbox"/>	Transport	<input type="checkbox"/>	Restaurants	<input type="checkbox"/>	Real Estate	<input type="checkbox"/>	Others (Specify)
Finance/Insurance	<input type="checkbox"/>	Hotel / Boarding house	<input type="checkbox"/>	Import/ Export	<input type="checkbox"/>	Public Services	<input type="checkbox"/>	.....
Construction	<input type="checkbox"/>	Casino / Gambling house / Night clubs	<input type="checkbox"/>	Wholesale	<input type="checkbox"/>	Gem and Jewelry	<input type="checkbox"/>	
Retail	<input type="checkbox"/>	Personal & Household Services	<input type="checkbox"/>	Communications	<input type="checkbox"/>	Business Services	<input type="checkbox"/>	

##### 4.2 Other Information

Ownership of wealth (If property is on rent/ lease, please indicate)	Residential Property	<input type="checkbox"/>	Financial assets	<input type="checkbox"/>
	Business premises	<input type="checkbox"/>	Investments	<input type="checkbox"/>
	Motor Vehicles	<input type="checkbox"/>	Other (Specify)	<input type="checkbox"/>
Source of Wealth: Wealth generated from	Business/ Ownership	<input type="checkbox"/>	Inheritance	<input type="checkbox"/>
	Investments	<input type="checkbox"/>	Other (Specify)	<input type="checkbox"/>
	Profession/ Employment	<input type="checkbox"/>	.....	<input type="checkbox"/>
Other connected Business/ Professional activities and Interest				
Are you or any of your immediate family is a politically exposed person (PEP)? (Refer definition below) ( )		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If yes please specify				

##### 4.3. Expected Mode of Transactions

Cash  Cheque  Electronic Fund Transfer  Other (Please Specify) .....

##### 4.4 Purpose for opening, maintaining and the account usage

Savings	<input type="checkbox"/>	Utility Bill Payment	<input type="checkbox"/>	Loan Repayment	<input type="checkbox"/>
Investment Purpose	<input type="checkbox"/>	Business Transactions	<input type="checkbox"/>	Share Transactions	<input type="checkbox"/>
Employment/ Professional Income	<input type="checkbox"/>	Family Remittance	<input type="checkbox"/>	Other .....	

Foreign Passport holders (Dual Citizens / Resident in or Employed in Sri Lanka) (Please give the reason for opening the account in Sri Lanka)

##### 4.5 Source of Funds Expected Source and nature of credits into the account (As appropriate)

Family Remittances	<input type="checkbox"/>	Commission Income	<input type="checkbox"/>	Contract Proceeds	<input type="checkbox"/>	Sale/ Business Turnover	<input type="checkbox"/>
Investment Proceeds	<input type="checkbox"/>	Sale of property/assets	<input type="checkbox"/>	Gift	<input type="checkbox"/>	Salary/ Profit Income	<input type="checkbox"/>
Others (Please specify).....							

##### 4.6 Average Monthly Income

Less than 50,000	<input type="checkbox"/>	100,001 to 250,000	<input type="checkbox"/>	500,001 to 1,000,000	<input type="checkbox"/>
50,001 to 100,000	<input type="checkbox"/>	250,001 to 500,000	<input type="checkbox"/>	More than 1,000,000	<input type="checkbox"/>

##### 4.7 Anticipated Volumes : Expected/ Usual average volumes of deposits into the account in Rupees per month

\* Expected / Usual average volumes of deposits into the account in rupees per month

Less than 100,000	<input type="checkbox"/>	500,001 to 1,000,000	<input type="checkbox"/>	5,000,001 to 10,000, 000	<input type="checkbox"/>
100,001 to 500,000	<input type="checkbox"/>	1,000,001 to 5,000, 000	<input type="checkbox"/>	More than 10,000,000	<input type="checkbox"/>

#### 05 Know Your Customer - Joint Applicant

##### 5.1 Employment Information

Employment status	Self Employed	<input type="checkbox"/>	Part-time employed	<input type="checkbox"/>	Retired	<input type="checkbox"/>
	Full -time employed	<input type="checkbox"/>	Not currently employed	<input type="checkbox"/>	Others (Specify)	<input type="checkbox"/>

##### Nature of Business

Manufacturing	<input type="checkbox"/>	Transport	<input type="checkbox"/>	Restaurants	<input type="checkbox"/>	Real Estate	<input type="checkbox"/>	Others (Specify)
Finance/Insurance	<input type="checkbox"/>	Hotel / Boarding house	<input type="checkbox"/>	Import/ Export	<input type="checkbox"/>	Public Services	<input type="checkbox"/>	.....
Construction	<input type="checkbox"/>	Casino / Gambling house / Night clubs	<input type="checkbox"/>	Wholesale	<input type="checkbox"/>	Gem and Jewelry	<input type="checkbox"/>	
Retail	<input type="checkbox"/>	Personal & Household Services	<input type="checkbox"/>	Communications	<input type="checkbox"/>	Business Services	<input type="checkbox"/>	

<b>5.2 Other Information</b>				
Ownership of wealth (If property is on rent/ lease, please indicate)	Residential Property	<input type="checkbox"/>	Financial assets	<input type="checkbox"/>
	Business premises	<input type="checkbox"/>	Investments	<input type="checkbox"/>
	Motor Vehicles	<input type="checkbox"/>	Other (Specify)	<input type="checkbox"/>
Source of Wealth: Wealth generated from	Business/ Ownership	<input type="checkbox"/>	Inheritance	<input type="checkbox"/>
	Investments	<input type="checkbox"/>	Other (Specify)	<input type="checkbox"/>
	Profession/ Employment	<input type="checkbox"/>	.....	<input type="checkbox"/>
Other connected Business/ Professional activities and Interest				
Are you or any of your immediate family is a politically exposed person (PEP)? (Refer definition below) ( )				
Yes <input type="checkbox"/> No <input type="checkbox"/>				
If yes please specify				

<b>5.3 Expected Mode of Transactions</b>						
Cash	<input type="checkbox"/>	Cheque	<input type="checkbox"/>	Electronic Fund Transfer	<input type="checkbox"/>	Other (Please Specify) .....

<b>5.4 Purpose for opening, maintaining and the account usage</b>					
Savings	<input type="checkbox"/>	Utility Bill Payment	<input type="checkbox"/>	Loan Repayment	<input type="checkbox"/>
Investment Purpose	<input type="checkbox"/>	Business Transactions	<input type="checkbox"/>	Share Transactions	<input type="checkbox"/>
Employment/ Professional Income	<input type="checkbox"/>	Family Remittance	<input type="checkbox"/>	Other .....	<input type="checkbox"/>
Foreign Passport holders (Dual Citizens / Resident in or Employed in Sri Lanka) (Please give the reason for opening the account in Sri Lanka)					

<b>5.5 Source of Funds Expected Source and bature of credits into the account (As appropriate)</b>							
Family Remittances	<input type="checkbox"/>	Commission Income	<input type="checkbox"/>	Contract Proceeds	<input type="checkbox"/>	Sale/ Business Turnover	<input type="checkbox"/>
Investment Proceeds	<input type="checkbox"/>	Sale of property/assets	<input type="checkbox"/>	Gift	<input type="checkbox"/>	Salary/ Profit Income	<input type="checkbox"/>
Others (Please specify).....							

<b>5.6 Average Monthly Income</b>					
Less than 50,000	<input type="checkbox"/>	100,001 to 250,000	<input type="checkbox"/>	500,001 to 1,000,000	<input type="checkbox"/>
50,001 to 100,000	<input type="checkbox"/>	250,001 to 500,000	<input type="checkbox"/>	More than 1,000,000	<input type="checkbox"/>

<b>5.7 Anticipated Volumes : Expected/ Usual average volumes of deposits into the account in Rupees per month</b>					
* Expected / Usual average volumes of deposits into the account in rupees per month					
Less than 100,000	<input type="checkbox"/>	500,001 to 1,000,000	<input type="checkbox"/>	5,000,001 to 10,000, 000	<input type="checkbox"/>
100,001 to 500,000	<input type="checkbox"/>	1,000,001 to 5,000, 000	<input type="checkbox"/>	More than 10,000,000	<input type="checkbox"/>

**06 Terms & Condition - Saving**

- The Holder/s of savings accounts shall be deemed to have read, understood and be bound by the rules appearing hereunder.
- A pass book will be issued. If opted for on which will be recorded all transaction on this account. The pass book should be examined and any discrepancy brought to the notice of the institution, promptly, Deciding the initial deposit to open a savings account, savings charges, minimum average balance to be maintained, the rate of interest will be in accordance with the prevailing rules and regulations of HNB Finance Limited, The company reserves the right to change and amend rules and regulation at its discretion from time to time.
- Where a statement, instead of a pass book, has been requested, amounts deposited and withdrawn will be recorded on a statement and posted monthly/quarter/half yearly(as specified by the applicant in the application)to the account holders should examine these records and, if there is any discrepancy, bring it to the notice of the institution promptly.
- The institution will only be responsible for any deposit being acknowledged by a validated copy of the deposit slip or by an entry in pass book/ statement.
- Accounts, which carry less than the stipulated minimum balance, may be liable for a monthly fee. Account would be closed automatically when there is insufficient fund for this ,monthly fee.
- Any change in the account holder's name or address should be immediately advised to the institution.
- Interest, on daily balance & will be credited monthly at a rate determined by the institution.
- When a nominee is appointed, balance of a deceased account can be transferred to the credit of nominee.

**ATM Terms & Condition**

In consideration of HNB FINANCE LIMITED (PB965) pursuant to my/our request, making available to me/us, Automated Teller Machine (ATM) facilities and issuing me/us ATM Card, I/we agree to be bound by the following terms and conditions.

- At all times to regard the Card as the property of the Company and to surrender it unconditionally to cover the withdrawal or transfer.
- At no time to use or attempt to use the Card unless there are sufficient funds in my/our account to cover the withdrawal or transfer.
- To restrict use of the Card exclusively to the persons named overleaf as it is not transferable.
- Not to use or attempt to use the Card after any notification of its cancellation or withdrawal has been given to me/us by the Company or by any person acting on behalf of the Company.
- At no time and under no circumstances to disclose to any person the Personal Identification Number (PIN) allotted to me/us to facilitate the use of the Card in the Company's ATM.
- To immediately notify the Company of the loss or theft of the Card. Replacement fee for lost/stolen card will be decided by the Company subject at the time of issuance of subject to prevailing prices)
- To accept full responsibility for all transactions processed from the use of the Card except any transactions occurring after the Company shall have confirmed to me/us that it has received notice of loss or theft of the card or of unauthorized acquisition of the Personal Identification Number.
- Subject to (7) above to accept the Company's record of withdrawals and/or transfers as conclusive and binding for all purposes and to authorize the Company to debit my/our account with all amounts withdrawn or transferred with or without my/our knowledge or authority.
- To acknowledge that the amount stated on the ATM screen or a printed inquiry slip or receipt advice shall not for any purpose whatsoever be taken as conclusive of the state of my/our account with the Company.

10. Not to hold the Company liable, responsible or accountable in any way whatsoever for any loss or damage howsoever arising caused by any malfunction or failure of the Card, the ATM or the insufficiency of funds in the ATM.
11. Notwithstanding and without prejudice to the generality of the provisions of (10) above the use of the Card shall be at my/our sole risk and I/we assume any and all risks incidental to or arising out of the use of the card.
12. The Company will not be responsible for Card not being honoured for any reason whatsoever.
13. To return the Card for cancellation should it be no longer required or should my/our account with the Company for any reason be closed.
14. That the Company shall be at liberty to terminate the facility at any time without notice to me/us by cancelling or refusing to renew the Card.
15. All Card transactions will be debited to the Card Account plus an additional percentage levied by the Company and any transaction fees(s) charged, if applicable, which fees may be shared with the Company
16. Joint accounts holders are inter alia jointly and severally bound by these terms and conditions and are liable for all transactions processed by the use of the Card.
17. All rules and regulations governing the operation of Savings or any other Account shall be applicable to Card transaction relating to such accounts.
18. The Company reserves the right to vary these terms and conditions at its discretion from time to time.

19. \*We the undersigned Partners of ..... authorize the issue of the Card to ..... And confirm that all drawings made through this card shall be debited to the Partnership Account at HNB FINANCE LIMITED. We undertake to be jointly and severally liable for all such drawings and also for any overdraft that may be created by the use of the Card. Further, we confirm that all services, facilities and information about the Partnership Account available through the ATM may be made available to this Card holder until receipt of written notice from any of us to the contrary.

20. Declaration by the applicant/s for Electronic Fund Transfer Cards

To: The Controller of Exchange, (To be filled by the Applicant/s to obtain foreign exchange against Electronic Fund Transfer Card). Cardholder), .....(Basic Cardholder/ Supplementary Cardholder) declare that all details given above by me/us on this form are true and correct. I/we hereby confirm that I/ we am/ are aware of the conditions imposed under the Exchange Control Act in the Notice published in the Extraordinary Gazette No. 1411/5 of 19th September 2005, 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 on the card HNB FINANCE LIMITED. I/we also affirm that, I/we undertake to surrender the EFTC/s to HNB FINANCE LIMITED, if I/we migrate or leave Sri Lanka for employment abroad.

\*(to be completed only in the case of partnership Accounts).

We confirm that the details given above are true and correct.

Signature of Main Applicant

Date

D	D	M	M	Y	Y	Y	Y
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Signature of Joint Applicant

Date

D	D	M	M	Y	Y	Y	Y
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**07 Mandatory Checks (For Office use Only)**

1. Name, Date of Birth and Nationality Verification: To be supported by one of the following.

National Identity Card  Passport (Unexpired)  Driving License  Marriage Certificate (Name Change)

2. Address Verification: Residential address to be supported by one of the following accepted documents (N.B - Mobile phone bills are not accepted)

National Identity Card <input type="checkbox"/>	Bank Statement <input type="checkbox"/>	Letter from a public authority <input type="checkbox"/>
Tenancy agreement <input type="checkbox"/>	Utility bill (Specify) ..... <input type="checkbox"/>	Income Tax Receipt/ Assessment Notice <input type="checkbox"/>
Driving License <input type="checkbox"/>	Employment Contract <input type="checkbox"/>	Other (Specify) ..... <input type="checkbox"/>
Passport <input type="checkbox"/>	Any Other Identification Document <input type="checkbox"/>	

(Photocopies of the above documents should be obtained and certified by the Company Officer as 'Original Seen')

3. Does the customer appear in a Suspected Terrorist List (Sanction List - UNSCR 1373 / 1267) or any other Alert List:

Yes  No  If yes (Specify): .....

4. Customer Risk Rating

High  Medium  Low

**Adviser details / Check by**

Name ..... EMP No. .... NIC No. .... Signature .....

**Entered by**

Name ..... Signature ..... EMP No. ....

**Authorized by 1**

Name ..... Signature ..... EMP No. ....

**Authorized by 2**

Name ..... Signature ..... EMP No. ....