

**APPLICATION FOR OPENING A FIXED DEPOSIT - INDIVIDUAL & JOINT**

Branch .....

Type of Account		Customer	For Office Use Only										
Fixed Deposits - New		New		Account No									
Fixed Deposits - Renew		Existing		Date		D	D	M	M	Y	Y	Y	Y

01. Main Applicant				Joint Applicant						
Title	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss. <input type="checkbox"/>	Dr. <input type="checkbox"/>	Rev. <input type="checkbox"/>	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss. <input type="checkbox"/>	Dr. <input type="checkbox"/>	Rev. <input type="checkbox"/>
1.1 Last Name with Initial										
1.2 Name in Full										
1.3 NIC										
1.4 Date of Birth										
1.5 Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>				Male <input type="checkbox"/> Female <input type="checkbox"/>					
1.6 Nationality	<input type="checkbox"/> Sri Lankan <input type="checkbox"/> Resident <input type="checkbox"/> Sri Lankan with dual citizenship <input type="checkbox"/> Non Resident Country..... <input type="checkbox"/> Foreign National with dual citizenship/ resident in or employed in Sri Lanka Country..... VISA Expiry Date.....				<input type="checkbox"/> Sri Lankan <input type="checkbox"/> Resident <input type="checkbox"/> Sri Lankan with dual citizenship <input type="checkbox"/> Non Resident Country..... <input type="checkbox"/> Foreign National with dual citizenship/ resident in or employed in Sri Lanka Country..... VISA Expiry Date.....					
1.7 Permanent Address										
1.8 Mailing Address										
1.9 Mobile No: Residence & Office TP. No:										
1.10 E-Mail										
1.11 Fax										
1.12 Occupation / Position Held										
1.13 Name and Address of the Employer										
1.14 Marital Status	Married <input type="checkbox"/> Single <input type="checkbox"/> Other .....				Married <input type="checkbox"/> Single <input type="checkbox"/> Other .....					
1.15 Name of Spouse										
1.16 Tax File No										
1.17 Automated Services	SMS Services (Interest) <input type="checkbox"/> Renewal Reminder <input type="checkbox"/>				SMS Services (Interest) <input type="checkbox"/> Renewal Reminder <input type="checkbox"/>					
1.18 Joint account will be operated by	Anyone of us <input type="checkbox"/> All of us <input type="checkbox"/> By .....									

02. Depositors Particulars						
2.1 Amount (in figures) Rs.	<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"/>			(in words) Rs.....	2.2 Interest Rate	<input type="text"/>
2.3 Period Months	<input type="text"/>	2.4 Please Credit/Remit interest at	Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi/Annually <input type="checkbox"/> Annually <input type="checkbox"/> Maturity <input type="checkbox"/>			
2.5 Renewal Instruction	Capital & Interest <input type="checkbox"/> Capital Only <input type="checkbox"/>					
2.6 Beneficiary Name	.....					
Account No.....	Bank .....		Branch .....			
(Attach Pass book Copy)						

03. Nominee Details (Should be Supported by ID copy)					
	Title	Full Name	Date of Birth	NIC No	Share %
3.1					
3.2					
3.3					
3.4					
3.5					

Nomination in terms of Section 544(1)(d) of the Civil Procedure Code (Amendment) Act No.14 of 1993

**FIU Definition**

PEP's ( Politically Exposed Persons ) – Individuals in Sri Lanka or abroad who are or have been entrusted with prominent public functions.E.g. Head of State or Government, Senior Politicians, Senior Government, Judicial or Military Officials, Senior Executives of State Owned Corporations, important Political Party Officials.  
Immediate Family Member – Includes the spouse, children and their spouses or partners, parents, siblings and their spouses and grandchildren and their spouses.

04. Know Your Customer - Primary Applicant (P) & Joint Applicant (J)																	
4.1 Empolymment Information				P		J		P				J					
Empolymment status		Self Employed		<input type="checkbox"/>	<input type="checkbox"/>	Part-time Employed		<input type="checkbox"/>	<input type="checkbox"/>	Retired		<input type="checkbox"/>	<input type="checkbox"/>				
		Full-Time Employed		<input type="checkbox"/>	<input type="checkbox"/>	Not Currently Employed		<input type="checkbox"/>	<input type="checkbox"/>	Others (Specify) .....							
Nature of Business				P		J		P		J							
Manufacturing		<input type="checkbox"/>	<input type="checkbox"/>	Transport		<input type="checkbox"/>	<input type="checkbox"/>	Restaurants		<input type="checkbox"/>	<input type="checkbox"/>	Real Estate		<input type="checkbox"/>	<input type="checkbox"/>		
Finance/Insurance		<input type="checkbox"/>	<input type="checkbox"/>	Hotel / Boarding house		<input type="checkbox"/>	<input type="checkbox"/>	Import/ Export		<input type="checkbox"/>	<input type="checkbox"/>	Public Services		<input type="checkbox"/>	<input type="checkbox"/>		
Construction		<input type="checkbox"/>	<input type="checkbox"/>	Casino / Gambling house / Night clubs		<input type="checkbox"/>	<input type="checkbox"/>	Wholesale		<input type="checkbox"/>	<input type="checkbox"/>	Gem and Jewellery		<input type="checkbox"/>	<input type="checkbox"/>		
Retail		<input type="checkbox"/>	<input type="checkbox"/>	Personal & Household Services		<input type="checkbox"/>	<input type="checkbox"/>	Communications		<input type="checkbox"/>	<input type="checkbox"/>	Business Services		<input type="checkbox"/>	<input type="checkbox"/>		
												Others (Specify) .....					
4.2 Other Information								P		J		P		J			
Ownership of Wealth (If property is on rent/ lease, please indicate)								Residential Property		<input type="checkbox"/>	<input type="checkbox"/>	Financial Assets		<input type="checkbox"/>	<input type="checkbox"/>		
								Business Premises		<input type="checkbox"/>	<input type="checkbox"/>	Investments		<input type="checkbox"/>	<input type="checkbox"/>		
								Motor Vehicles		<input type="checkbox"/>	<input type="checkbox"/>	Other (Specify)		<input type="checkbox"/>	<input type="checkbox"/>		
Source of Wealth: Wealth generated from								Business/ Ownership		<input type="checkbox"/>	<input type="checkbox"/>	Inheritance		<input type="checkbox"/>	<input type="checkbox"/>		
								Investments		<input type="checkbox"/>	<input type="checkbox"/>	Other (Specify)					
								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 above)								P		J		P		J			
								Yes		<input type="checkbox"/>	<input type="checkbox"/>	No		<input type="checkbox"/>	<input type="checkbox"/>		
If yes please specify																	
4.3. Expected Mode of Transactions																	
Cash		<input type="checkbox"/>	<input type="checkbox"/>	Cheque		<input type="checkbox"/>	<input type="checkbox"/>	Electronic Fund Transfer		<input type="checkbox"/>	<input type="checkbox"/>	Other (Please Specify) .....					
4.4 Purpose for opening, maintaining and the account usage																	
Savings				<input type="checkbox"/>	<input type="checkbox"/>	Utility Bill Payment				<input type="checkbox"/>	<input type="checkbox"/>	Loan Repayment				<input type="checkbox"/>	<input type="checkbox"/>
Investment Purpose				<input type="checkbox"/>	<input type="checkbox"/>	Business Transactions				<input type="checkbox"/>	<input type="checkbox"/>	Share Transactions				<input type="checkbox"/>	<input type="checkbox"/>
Employment/ Professional Income				<input type="checkbox"/>	<input type="checkbox"/>	Family Remittance				<input type="checkbox"/>	<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)																	
Family Remittances				<input type="checkbox"/>	<input type="checkbox"/>	Commission Income				<input type="checkbox"/>	<input type="checkbox"/>	Contract Proceeds				<input type="checkbox"/>	<input type="checkbox"/>
Investment Proceeds				<input type="checkbox"/>	<input type="checkbox"/>	Sale of Property/Assets				<input type="checkbox"/>	<input type="checkbox"/>	Gift				<input type="checkbox"/>	<input type="checkbox"/>
												Sale/ Business Turnover				<input type="checkbox"/>	<input type="checkbox"/>
												Salary/ Profit Income				<input type="checkbox"/>	<input type="checkbox"/>
4.6 Average Monthly Income																	
Less than 50,000				<input type="checkbox"/>	<input type="checkbox"/>	100,001 to 250,000				<input type="checkbox"/>	<input type="checkbox"/>	500,001 to 1,000,000				<input type="checkbox"/>	<input type="checkbox"/>
50,001 to 100,000				<input type="checkbox"/>	<input type="checkbox"/>	250,001 to 500,000				<input type="checkbox"/>	<input type="checkbox"/>	More than 1,000,000				<input type="checkbox"/>	<input type="checkbox"/>
05 Terms & Conditions																	
1 If no notice of withdrawal is received up to the date of expiration of the agreed period, this deposit is at the option of the Company to be renewed for a further period and treated as a fresh deposit subject to the terms and conditions prevailing at the time of such renewal.																	
2 The amount stated will be repayable only at the period mentioned therein. However premature withdrawals are allowed subject to a penalty considering the period such deposits were held.																	
3 No portion of the amount stated can be redeemed unless this certificate is returned duly endorsed by the depositor/s.																	
4 In the case of joint deposits, unless specific mention is made to the contrary, repayment of the capital and / or the interest to either party, shall constitute a full, final and complete discharge by the Company and the receipt for the payment made by the Company shall be valid, good and sufficient as against either of the joint depositors.																	
5 Loss of this FD Certificate should be notified to the Company immediately, supported by an Affidavit and an Indemnity in favors of the Company and no new certificate will be issued in lieu of the lost certificate.																	
6 Where the nomination has been made on a joint deposit such nomination shall be null and void if either of the depositors survive at maturity.																	
7 On the death of a sole holder, Company's liability will be discharged by payment to the nominee, or the legal heirs ( in the absence of a nominee)																	
I/We confirm that the information provided above is correct and accurate. I/ We further confirm that information above are read and understood. I/We further undertake to keep HNB Finance PLC duly informed, as soon as possible, of change to the information provided above.																	
..... Signature - Primary Holder								..... Signature - Joint Holder									

06 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/ Bank Statement/ Letter from a public authority/ Tenancy agreement/ Utility bill (Specify) ...../ Income Tax Receipt/ Assessment Notice/ Driving License/ Employment Contract/ Passport/ Any Other Identification Document (Specify) ..... (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 <input type="checkbox"/> No <input type="checkbox"/> If yes (Specify): .....																				
4. Customer Risk Rating High <input type="checkbox"/> <input type="checkbox"/> Medium <input type="checkbox"/> <input type="checkbox"/> Low <input type="checkbox"/> <input type="checkbox"/>																				
	Adviser/ Check by					Entered by					Authorized by 1					Authorized by 2				
Emp. No																				
Signature																				
NIC																				
Name																				