

FOMR C

**ACCOUNT OPENING FORM
LIMITED LIABILITY COMPANIES**

Date

D	D	M	M	Y	Y	Y	Y

Account No.

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The Manager, Bank
.....

CIF No.

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Manager's Intl.

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Dear Sir/Madam,
My Directors request you to open an account in the name of the undermentioned Company.

Name of the Company
Registered office situated at

Yours Faithfully,

Company Secretary

Name of the Company & Company Seal

Board Resolution (To be filled if a separate resolution is not given)

We hereby certify that the following resolution of the Board of Directors of
..... Limited was passed at a meeting of the Board held on the day
of 20..... and has been duly recorded in the minute book of the said Company :
RESOLVED : That a banking account for Limited be opened with
the Bank at their Branch and that the Bank be and is
hereby empowered to honour cheques, bills of exchange, promissory notes, drawn, signed, accepted, or made on behalf of the
Company
by
..... (Insert any two of the Directors
and countersigned by the secretary , or otherwise as may be required) and to act on any instructions given by the persons so authorized
to any accounts or transactions of the Company.

Chairman

Secretary

Currency of Account																						
<input type="checkbox"/> LKR <input type="checkbox"/> USD <input type="checkbox"/> Others	<input type="checkbox"/> By Cash Deposit Amount	<input type="checkbox"/> By cheque <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																				

Type of Business Account

Limited Liability Company
 BOI Approved Limited Liability Company
 Others Please Specify

Type of Account Required	Statement
<input type="checkbox"/> Savings A/c <input type="checkbox"/> Current A/c <input type="checkbox"/> Fixed/Call Deposit A/c <input type="checkbox"/> Money Market A/c <input type="checkbox"/> Treasury Bill/Bonds <input type="checkbox"/> NRFC <input type="checkbox"/> SIERA <input type="checkbox"/> Others please specify	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly/Monthly <input type="checkbox"/> Other..... (Specify)

PART A – Customer Information

Name Of Business Entity :		Registered Address	
Registration Number	Date of Incorporation		
Correspondence Address (Business/Factory address if different to Registered address)		Date of Commencement of Business	
Nature of Business		Purpose of Business	

Subsidiary/Associate

1. Are you a Subsidiary/Associate of another organization? Yes/No

- a) Subsidiary of
(i.e. Owned more than 50%) _____
- b) Associate of
(i.e. Owned 20% – 50%) _____

2. Is the Principal/Subsidiary listed in the local/foreign stock exchange? Yes/No (If answered “yes” please give details)

3. Do you have any Subsidiaries/Associates? Yes/No (If answered “yes” please give details)

Details

PART B Financial Information

Note: If a new company, please complete below with proposed data under “Current Year”

Are the audited financial statements for the last two years available? Yes No

Description (LKR'000)	Current Year	Previous Year
Annual sales turnover:		
Net Profit/Loss		
Paid-up capital + accumulated Profits		

Tax Declaration

The following is a mandatory declaration which is required to be completed by all under the Inland Revenue Act No.28 of 1979

Income Tax File No.

PART C Director/Shareholder information

Directors and Major Share Holders (More than 10% Voting Shares) *	National Identity Card Number/other identification number	% of Shares Held	Contact No.	Address

All Directors and Major Share Holders should complete a KYC Individual Information Sheet (Annex B), in addition to providing the above information as required by Rules Prescribed in terms of Section 2(3) of the Financial Transactions Reporting Act No.6 of 2006.

PART D Information pertaining to Account usage

1. Anticipated Volumes : Expected/Usual average volumes of deposits into the account in Rupees per month	
<input type="checkbox"/> Less than 500,000 <input type="checkbox"/> Above 500,000 upto 1,000,000 <input type="checkbox"/> Above 1,000,000 upto 2,000,000 <input type="checkbox"/> Above 2,000,000 upto 5,000,000 <input type="checkbox"/> Over 5,000,000	
2. Assets owned by the Business /Organization	
<input type="checkbox"/> Property/Premises <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Financial Assets	<input type="checkbox"/> Investments <input type="checkbox"/> Others (Specify)
3. Source of Funds to the Account	
<input type="checkbox"/> Business income <input type="checkbox"/> Investments <input type="checkbox"/> Bank Facilities	<input type="checkbox"/> Donations (Local/Foreign) <input type="checkbox"/> Others (Specify)

PART E – Verification

For Bank Use Only	Remarks
Documents Submitted <input type="checkbox"/> Mandate <input type="checkbox"/> Board Resolution <input type="checkbox"/> Business Registration and Certificate of Incorporation <i>(Form 2A, 2B, 2C, 2D or 2E as appropriate under the new Companies Act and Form 41 for Companies incorporated under the Old Act)</i> <input type="checkbox"/> Articles of Association <input type="checkbox"/> Form 20 <input type="checkbox"/> BOI Agreement (If BOI approved Company) <input type="checkbox"/> EDB approval Letter (If approved by the EDB) <input type="checkbox"/> Certificate to Commence Business (If public quoted business) <input type="checkbox"/> Latest Audited Accounts (If available) (Annex B) <input type="checkbox"/> Individual information form completed by all Directors/Major Share Holders/Office bearers, signatories, administrators, members of the governing body or committee/Trustees, Settlers/Grantors and beneficiaries <input type="checkbox"/> Introduction/Reference	

Introduced by (Mandatory for Current Accounts. For others on a risk based approach at the discretion of the Branch Manager)

I am pleased to introduce the above applicant/s to theBank, for the purpose of opening an account. I provide this introduction as:

- 1. Account Holder ofBank .My Account Number is at.....Branch.
- 2. A Company Director of
- 3. A person holding a senior position in a Government Establishment named
- 4. Any other (Pl Specify).....

Telephone No Occupation.....
 Date Account No.....
 NIC No Signature

Bank use Only

Product Code

Statement Code

Introducing Signature verified by

Input by

Authorised by