

FOMR C

ACCOUNT OPENING FORM

LIMITED LIABILITY COMPANIES

Date D D M M Y Y Y Y

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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 theday
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 <input type="checkbox"/> By cheque Deposit Amount <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> </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)
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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

- ☐ Less than 500,000
☐ Above 500,000 upto 1,000,000
☐ Above 1,000,000 upto 2,000,000
☐ Above 2,000,000 upto 5,000,000
☐ 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**

Documents Submitted

- ☐ **Mandate**
☐ **Board Resolution**
☐ **Business Registration and Certificate of Incorporation**
(Form 2A, 2B, 2C, 2D or 2E as appropriate under the new Companies Act and Form 41 for Companies incorporated under the Old Act)
☐ **Articles of Association**
☐ **Form 20**
☐ **BOI Agreement** (If BOI approved Company)
☐ **EDB approval Letter** (If approved by the EDB)
☐ **Certificate to Commence Business** (If public quoted business)
☐ **Latest Audited Accounts (If available) (Annex B)**
☐ **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**
☐ **Introduction/Reference**

Remarks

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

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Introducing Signature verified by

Statement Code

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Input by

Authorised by