



## Account Opening Application

### For Miscellaneous Accounts

Date

Manager, People's Bank

Branch

Please open a Current / Savings account as per details given below subject to the Rules and Regulations of the Bank.

For Official Use Only		
Account No.	<input type="text"/>	
CIF No.	<input type="text"/>	
Data Entered By Name & Service No.	Officer's Signature & Service No.	Manager's Signature & Service No.
<input type="text"/>	<input type="text"/>	<input type="text"/>

<input type="checkbox"/> Current A/C	<input type="checkbox"/> Savings A/C	<b>Type of Account</b>	<input type="checkbox"/> Societies, Clubs Associations	<input type="checkbox"/> Non – Government organizations	<input type="checkbox"/> Charities	<input type="checkbox"/> Others (Pl. specify)
--------------------------------------	--------------------------------------	------------------------	--	---	------------------------------------	---

Currency Type	<input type="checkbox"/> LKR	<input type="checkbox"/> FCY	(Pl. specify the Currency)	Product Name (If any)	<input type="text"/>
---------------	------------------------------	------------------------------	----------------------------	-----------------------	----------------------

Name of the Account	Incorporated /	<input type="text"/>
<input type="text"/>	Registered Date	<input type="text"/>
<input type="text"/>	Registered No.	<input type="text"/>

Address of the Registered Principle place of business	Telephone No.	<input type="text"/>
<input type="text"/>	Fax No.	<input type="text"/>
<input type="text"/>	Email Address	<input type="text"/>

Mode of Statement	<input type="checkbox"/> By Post	<input type="checkbox"/> By Email	Required on	<input type="checkbox"/> Daily	<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly
-------------------	----------------------------------	-----------------------------------	-------------	--------------------------------	---------------------------------	----------------------------------

Tax payable	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes,	Tax Payer Identification No.	<input type="text"/>
-------------	------------------------------	-----------------------------	---------	------------------------------	----------------------

**Instructions for Operating the Account**

The amount in this account will be withdrawn by \* ..... (Either of us/both of us/all of us/or any other way)

..... (\*State the operating instructions)

\*\* Signature/ Signatures

(\*Should mention the Operating Instructions by Official positions relevant to Societies, Clubs, Associations, Non Government Organizations/Charities)  
\*\* Signature of the relevant office bearers should be placed.

**Know Your Customer (KYC) (Please "√" as appropriate)**

**1. Nature and purpose of Business**

<input type="checkbox"/> Social Service & Welfare	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Whole Sale Trading	<input type="checkbox"/> Retailing	<input type="checkbox"/> Import/ Export Services	<input type="checkbox"/> Professional
<input type="checkbox"/> Personal Services	<input type="checkbox"/> Catering / Restaurant	<input type="checkbox"/> Service Industry (Pls. specify)	<input type="checkbox"/> Others (Pls. specify)		

**2. 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"/> 500,001 to 1,000,000	<input type="checkbox"/> 1,000,001 to 2,000,000	<input type="checkbox"/> Over 2,000,001
--	---	---	---

**3. Assets owned by the Business**

<input type="checkbox"/> Property/Premises	<input type="checkbox"/> Motor Vehicle	<input type="checkbox"/> Financial Assets	<input type="checkbox"/> Investments	<input type="checkbox"/> Others (Pls. specify)
--	--	---	--------------------------------------	--

**4. Source of Assets - Assets Acquired from?**

<input type="checkbox"/> Business income	<input type="checkbox"/> Bank Facilities	<input type="checkbox"/> Investments	<input type="checkbox"/> Donations (Local /Foreign)	<input type="checkbox"/> Others (Pls. specify)
--	--	--------------------------------------	---	--

**Financial Information**

Are the audited financial statements for the last two years available?  Yes  No Note : If a new institute, please complete below with proposed data under "Current Year"

Description (LKR'000)	Current Year	Previous Year	
		1	2
Annual sales turnover :			
Net Profit/Loss			
Paid – up capital + accumulated Profits			

**Information of officers /Shareholders information**

Full Name of Office Bearers, major Share Holders holding more than 10% of Voting Shares and etc .	NIC / Passport No.	% of Shares Held	Email Address	Contact No.	Address

**Details of connected institutions, Associates, Organizations, Subsidiaries, Affiliates etc. (If available)**

Name of the institution	Business Registration No.	Registered Address

