NDB bank

The future is banking on us

National Development Bank PLC
(Company Reg. No. PQ 27)

The Manager
National Development Bank PLC

..... Branch

PERSONAL ACCOUNT OPENING FORM

For Bank use only

Date D D M M Y Y Y Y

CID - Primary Holder

Account Number

CID - Joint Holder

Araliya Potential ☐ Yes ☐ No

☐ Yes ☐ No

I/We am/are pleased to request you to open an Account in my/our Name/s in the Bank's books of record and avail of the other services offered by the Bank.
In the event I/We do not require one or more of the other services offered, I/We will indicate same in the tick box of the respective service/s.

Account Type (Tick only one type. Separate Account Opening Forms are required for each category of Accounts)
Current ☐ Savings ☐ Fixed Deposit ☐ Call Deposit ☐ PFCA ☐ Other (Specify) ..... ☐

In Currency Type LKR ☐ USD ☐ EUR ☐ AUD ☐ GBP ☐ SGD ☐ JPY ☐ HKD ☐ Other (Specify) ..... ☐

1. Personal Information

	Primary Holder	Joint Holder
(i) Title	Mr. /Other	Mr. .....
(ii) Name with initials		
(iii) e-mail		
(iv) Mobile No		

2. Cheque Book Requirement (Current Accounts only)

(i) Pls issue a cheque book as mentioned and debit my / our Account with the cost. No of Leaves ☐ 10 Leaves ☐ 25 Leaves

3. Statement

(i) I / We require a statement of Account at the end of each ☐ Week ☐ Month ☐ Other .....

4. Fixed and Call Deposit Details

(i) Amount of Deposit (In Figures) In Words

(ii) Please debit my / our Account _____ and place a Fixed / Call Deposit for ☐ 01 Month ☐ 03 Months ☐ 06 Months ☐ 12 Months ☐ Other .....

(iii) Please renew the deposit exclusive / inclusive of interest for _____ Months / Days

(iv) Please credit / remit interest at maturity / monthly to Account No _____ at _____

(v) Please credit / remit interest and capital at maturity to Account No _____ at _____

5. Other Services

You will be **automatically** registered for the following Services. **Please Tick (✓) "No"** if you do not wish to obtain any of these services.

(i) e-Statement	No ☐	No ☐
(ii) Mobile Banking	No ☐ I / We do not require these services	No ☐ I / We do not require these services
(iii) SMS alert for Accounts	No ☐	No ☐
(iv) Debit Card	No ☐	No ☐
In the event you require a Debit Card please fill the details (You May require to sign Item No. 11 Overleaf)	☐ Instant ☐ Personalized Name to be printed on Card J a y a n i k a Max 20 Characters Mother's maiden name	☐ Instant ☐ Personalized Name to be printed on Card Max 20 Characters Mother's maiden name .....
(V) Primary Account Number for Debit Card Transactions		

6. Purpose of Account

7. Non residents - Reason for opening the Account in a foreign jurisdiction

8. Expected type of transactions ☐ Cash ☐ Cheque ☐ Funds Transfer ☐ Other .....

9. Source of Funds that would be routed through Account

☐ Family Remittances ☐ Salary / Profit Income ☐ Investment Proceeds
☐ Commission Income ☐ Contract Proceeds ☐ Sale of Property / Assets
☐ Gift ☐ Sale / Business Turnover ☐ Others (Specify).....

10. Anticipated Volumes *(Expected usual average value of deposits into the Account in Sri Lankan Rupees per month)*

☐ Less than LKR 1,000,000 ☐ LKR 1,000,000 to 5,000,000 ☐ Over LKR 5,000,000

**For Foreign Currency Accounts please use the prevailing exchange rate to arrive at the value*

Account will be Operated by ☐ Me ☐ Jointly ☐ Anyone of Us ☐ Other (Specify) .....

I / We confirm that I / We have read and understood the Personal Account Terms and Conditions and agree that the said Terms and Conditions and Bank's specific Terms and Conditions relating to Other Services shall apply to the Account opened by this mandate.
Further, I / We have signed the Personal Account Opening Form as a token of acceptance of the said Terms and Conditions and confirm having received a copy each of the Terms and Conditions applicable to this Account and Other Services.
I / We also undertake to inform the Bank in writing of any changes and submit any documents, the Bank requires from time to time.

Signature of Primary Holder

Signature of Joint Holder

For Bank use only - CID :

Signature Witnessed by : ..... Full Signature : ..... EPF No :	Signature Verfied by : ..... Full Signature : ..... EPF No : .....

For Bank use only - CID :

Signature Witnessed by : ..... Full Signature : ..... EPF No :	Signature Verfied by : ..... Full Signature : ..... EPF No : .....

11. CENTRAL BANK OF SRI LANKA

Declaration by the Applicant/s for Electronic Fund Transfer Cards

To: Director-Department of Foreign Exchange
(To be filled by the Applicant/s to obtain foreign exchange against Debit Card / s).

I ..... (Basic Cardholder) ,..... (Basic Cardholder/Joint Cardholder) declare that all details given above by me/us on this form are true and correct.

I hereby confirm that I am aware of the conditions imposed under the provision of the **Foreign Exchange Act, No.12 of 2017** (the Act)on Electronic Fund Transfer Cards(EFTCs) subject to which the card may be used for transactions in foreign exchange and I hereby undertake to abide by the said conditions.

I further agree to provide any information on transactions carried out by me in foreign exchange on the card issued to me/us as National Development Bank PLC may require for the purpose of the Act.

I am/are aware that the Authorized Dealer (bank) is required to suspend availability of foreign exchange on EFTC if reasonable grounds exist to suspect that unauthorized foreign exchange transactions are being carried out on the EFTC issued to me and to report the matter to the Director-Department of Foreign Exchange .

I also affirm that I undertake to surrender the Debit Card/s to National Development Bank PLC, if I/we migrate or leave Sri Lanka for employment abroad, as applicable.

DD.MM.YYYY. Signature of the Basic Cardholder Signature of the Joint Cardholder

I, as the Authorized Officer have carefully examined the information together with relevant documents given by the applicant/s and satisfied with the bona-fide of these information and documents. I undertake to exercise due diligence on the transactions carried out by the cardholder on his/her EFTC in foreign exchange and to suspend the availability of foreign exchange on the EFTC if reasonable grounds exist to suspect that unauthorized foreign exchange transactions are being carried out on the EFTC in violation of the undertaking and to bring the matter to the notice of the Director-Department of Foreign Exchange.

DD.MM.YYYY. Signature of the Authorized Officer

12. INTRODUCER'S DETAILS (Applicable to Current Accounts)

Name	
NIC No	
Residential Address	
Mobile No	
Fixed Line Phone (Residence)	
Introducer's NDB Current Account No	
Occupation / Designation	
Employer / Nature of Business	
Address of Employer / Business	
Phone Number (Office)	

I hereby confirm that I have known the party named overleaf for …….. years and he are suitable to open and operate a Current Account with National Development Bank PLC.

DD.MM.YYYY

.....
Signature of the Introducer Date
Name :

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Introducer's Signature verified by :
Signature :
Name of staff member :
EPF :

Account opened by (EPF, Name, Signature)		Authorized by (EPF, Name, Signature)		Date	
E-statement Input by (EPF,Name, Signature)		Authorized by (EPF, Name, Signature)		Date	
Mobile Banking user ID created by (EPF,Name, Signature)		Authorized by (EPF, Name, Signature)		Date	
Debit Card created by (EPF,Name, Signature)		Authorized by (EPF, Name, Signature)		Date	

Debit Card Number issued for Primary Account holder

Debit Card Number issued for Joint Holder

Shared Services Use

Operating Instr. Captured by (EPF,Name, Signature)		Authorized by (EPF, Name, Signature)		Date	

(Revised 15.09.2020)