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The Manager

National Development Bank PLC

.....Branch

## PERSONAL ACCOUNT MASTER FILE

|                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                 |  |  |  |  |  |  |  |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|--|--|--|
| <input type="checkbox"/> <br><input type="checkbox"/> <br><input type="checkbox"/> <br><input type="checkbox"/>  | <b>For Bank use only</b>                                                                                        |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                      | CID <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                 |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>BASEL Classification</b>                                                                                     |  |  |  |  |  |  |  |  |  |
| Retail <input type="checkbox"/> Corporate <input type="checkbox"/> Other FI <input type="checkbox"/> High Risk Category <input type="checkbox"/><br>SME <input type="checkbox"/> Registered FI <input type="checkbox"/> Public Sector Entity <input type="checkbox"/> Other <input type="checkbox"/>                                                                                                                                                 |                                                                                                                 |  |  |  |  |  |  |  |  |  |
| <b>Please Tick (✓) as appropriate</b>                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                 |  |  |  |  |  |  |  |  |  |

I the undersigned hereby submit information / details pertaining to me for your records in connection with my mandate to open an Account/s at the Bank.  
In consideration thereof, I agree to provide the Bank on request, any further details or documents as may be required by the Bank from time to time. I undertake to inform the Bank immediately in the event of any change in any information provided by me.

| 1. PERSONAL INFORMATION                                                                                                                            |                                                                                                                                                                                                                                                                                                                              |   |   |   |   |   |   |   |   |  |  |  |  |   |   |   |   |   |   |   |   |  |  |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|---|---|---|---|---|---|--|--|--|--|---|---|---|---|---|---|---|---|--|--|--|--|
| (i) Title                                                                                                                                          | Mr/Mrs/Ms/Dr/Rev/Other ..... <input type="checkbox"/> Male <input type="checkbox"/> Female                                                                                                                                                                                                                                   |   |   |   |   |   |   |   |   |  |  |  |  |   |   |   |   |   |   |   |   |  |  |  |  |
| (ii) Surname                                                                                                                                       |                                                                                                                                                                                                                                                                                                                              |   |   |   |   |   |   |   |   |  |  |  |  |   |   |   |   |   |   |   |   |  |  |  |  |
| (iii) Given Names                                                                                                                                  |                                                                                                                                                                                                                                                                                                                              |   |   |   |   |   |   |   |   |  |  |  |  |   |   |   |   |   |   |   |   |  |  |  |  |
| (iv) NIC / PP Number                                                                                                                               | <table border="1"><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></tr></table> (v) Date of Birth <table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>                                        |   |   |   |   |   |   |   |   |  |  |  |  | D | D | M | M | Y | Y | Y | Y |  |  |  |  |
|                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                              |   |   |   |   |   |   |   |   |  |  |  |  |   |   |   |   |   |   |   |   |  |  |  |  |
| D                                                                                                                                                  | D                                                                                                                                                                                                                                                                                                                            | M | M | Y | Y | Y | Y |   |   |  |  |  |  |   |   |   |   |   |   |   |   |  |  |  |  |
| 2. Nationality / Residential Status                                                                                                                |                                                                                                                                                                                                                                                                                                                              |   |   |   |   |   |   |   |   |  |  |  |  |   |   |   |   |   |   |   |   |  |  |  |  |
| (i) Sri Lankan                                                                                                                                     | <input type="checkbox"/> Yes                                                                                                                                                                                                                                                                                                 |   |   |   |   |   |   |   |   |  |  |  |  |   |   |   |   |   |   |   |   |  |  |  |  |
| (ii) Sri Lankan with dual citizenship                                                                                                              | <input type="checkbox"/> Yes ..... (If "yes" name of country)                                                                                                                                                                                                                                                                |   |   |   |   |   |   |   |   |  |  |  |  |   |   |   |   |   |   |   |   |  |  |  |  |
| (iii) Sri Lankan origin with citizenship in another country                                                                                        | <input type="checkbox"/> Yes ..... (If "yes" name of country)                                                                                                                                                                                                                                                                |   |   |   |   |   |   |   |   |  |  |  |  |   |   |   |   |   |   |   |   |  |  |  |  |
| (iv) Permanent Resident / Green Card Holder                                                                                                        | <input type="checkbox"/> Yes ..... (If "yes" name of country)                                                                                                                                                                                                                                                                |   |   |   |   |   |   |   |   |  |  |  |  |   |   |   |   |   |   |   |   |  |  |  |  |
| (v) Foreign National                                                                                                                               | <input type="checkbox"/> Yes ..... (If "yes" name of country)                                                                                                                                                                                                                                                                |   |   |   |   |   |   |   |   |  |  |  |  |   |   |   |   |   |   |   |   |  |  |  |  |
| 3. VISA Information (If applicable)                                                                                                                |                                                                                                                                                                                                                                                                                                                              |   |   |   |   |   |   |   |   |  |  |  |  |   |   |   |   |   |   |   |   |  |  |  |  |
| (i) Type of VISA                                                                                                                                   | : .....                                                                                                                                                                                                                                                                                                                      |   |   |   |   |   |   |   |   |  |  |  |  |   |   |   |   |   |   |   |   |  |  |  |  |
| (ii) VISA Expiry Date                                                                                                                              | <table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>                                                                                                                                                                                                          | D | D | M | M | Y | Y | Y | Y |  |  |  |  |   |   |   |   |   |   |   |   |  |  |  |  |
| D                                                                                                                                                  | D                                                                                                                                                                                                                                                                                                                            | M | M | Y | Y | Y | Y |   |   |  |  |  |  |   |   |   |   |   |   |   |   |  |  |  |  |
| 4. Tax Information                                                                                                                                 |                                                                                                                                                                                                                                                                                                                              |   |   |   |   |   |   |   |   |  |  |  |  |   |   |   |   |   |   |   |   |  |  |  |  |
| (i) Are you a Tax payer in Sri Lanka                                                                                                               | <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes" Tax File Number <table border="1"><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></tr></table>                                                                                            |   |   |   |   |   |   |   |   |  |  |  |  |   |   |   |   |   |   |   |   |  |  |  |  |
|                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                              |   |   |   |   |   |   |   |   |  |  |  |  |   |   |   |   |   |   |   |   |  |  |  |  |
| 5. Contact Information                                                                                                                             |                                                                                                                                                                                                                                                                                                                              |   |   |   |   |   |   |   |   |  |  |  |  |   |   |   |   |   |   |   |   |  |  |  |  |
| (i) Address for Correspondence                                                                                                                     |                                                                                                                                                                                                                                                                                                                              |   |   |   |   |   |   |   |   |  |  |  |  |   |   |   |   |   |   |   |   |  |  |  |  |
| (ii) Contact Number                                                                                                                                | Land Line (Residence) <table border="1"><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></tr></table> Mobile <table border="1"><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></tr></table> |   |   |   |   |   |   |   |   |  |  |  |  |   |   |   |   |   |   |   |   |  |  |  |  |
|                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                              |   |   |   |   |   |   |   |   |  |  |  |  |   |   |   |   |   |   |   |   |  |  |  |  |
|                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                              |   |   |   |   |   |   |   |   |  |  |  |  |   |   |   |   |   |   |   |   |  |  |  |  |
| (iii) Designated e-mail Address                                                                                                                    |                                                                                                                                                                                                                                                                                                                              |   |   |   |   |   |   |   |   |  |  |  |  |   |   |   |   |   |   |   |   |  |  |  |  |
| (iv) Permanent Address in Sri Lanka<br>(Address <b>verification</b> document required if NIC denotes a different address to what is stated herein) |                                                                                                                                                                                                                                                                                                                              |   |   |   |   |   |   |   |   |  |  |  |  |   |   |   |   |   |   |   |   |  |  |  |  |
| (v) Permanent Address Overseas (If Any)                                                                                                            |                                                                                                                                                                                                                                                                                                                              |   |   |   |   |   |   |   |   |  |  |  |  |   |   |   |   |   |   |   |   |  |  |  |  |
| (vi) Status of Permanent Address                                                                                                                   | <input type="checkbox"/> Owner <input type="checkbox"/> Official <input type="checkbox"/> Friends / Relatives <input type="checkbox"/> Lease / Rent <input type="checkbox"/> Parents <input type="checkbox"/> Boarded / Lodging                                                                                              |   |   |   |   |   |   |   |   |  |  |  |  |   |   |   |   |   |   |   |   |  |  |  |  |

6. Employment Information

|                                     |  |
|-------------------------------------|--|
| (i) Occupation / Designation        |  |
| (ii) Employer's Name                |  |
| (iii) Nature of Business            |  |
| (iv) Address of Business / Employer |  |
| (v) Telephone Numbers               |  |

7. Ownership of Assets / Wealth

|                                                      |                                                                                                                                     |          |                                                    |          |
|------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|----------|----------------------------------------------------|----------|
| (i) Ownership of Assets / Wealth and Estimated Value | <input type="checkbox"/> Residential Property                                                                                       | Rs ..... | <input type="checkbox"/> Financial Assets          | Rs ..... |
|                                                      | <input type="checkbox"/> Business Premises                                                                                          | Rs ..... | <input type="checkbox"/> Investments               | Rs ..... |
|                                                      | <input type="checkbox"/> Motor Vehicles                                                                                             | Rs ..... | <input type="checkbox"/> Other (Specify).....      | Rs ..... |
| (ii) Source of Income / Wealth                       | <input type="checkbox"/> Family Remittances                                                                                         |          | <input type="checkbox"/> Sale / Business Turnover  |          |
|                                                      | <input type="checkbox"/> Commission Income                                                                                          |          | <input type="checkbox"/> Investment Proceeds       |          |
|                                                      | <input type="checkbox"/> Gift                                                                                                       |          | <input type="checkbox"/> Sale of Property / Assets |          |
|                                                      | <input type="checkbox"/> Salary / Profit Income                                                                                     |          | <input type="checkbox"/> Others (Specify).....     |          |
|                                                      | <input type="checkbox"/> Contract Proceeds                                                                                          |          |                                                    |          |
|                                                      |                                                                                                                                     |          |                                                    |          |
| (iii) Annual Total Income                            | Rs .....                                                                                                                            |          |                                                    |          |
| (iv) Marital Status                                  | <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced |          |                                                    |          |

8. Politically Exposed Persons (PEP)\*

Are you a Politically Exposed Person (PEP) or an immediate family member or a close associate of a PEP (Politically Exposed Person/ Hold a senior management position in the government/ Government related institution/ Committee). ☐ Yes    ☐ No

I hereby acknowledge that I have received, been explained , and understood the Terms and Conditions applicable to my Personal Account and Bank's specific Terms and Conditions relating to Other Services (as applicable) and confirm having read and understood the contents and agree to be bound by the said Terms and Conditions in opening and operating an Account with National Development Bank PLC. I hereby further acknowledge that the said Terms and Conditions together with the Personal Account Master File and Personal Account Opening Form constitute my contract with the Bank and that I have received a copy of the Terms and Conditions.

I also undertake to inform the Bank in writing of any changes to the details provided by me and submit any documents which the Bank may require from time to time.

Signature

For Bank use only

|                                                             |  |                                                                 |      |
|-------------------------------------------------------------|--|-----------------------------------------------------------------|------|
| Signature Witnessed by : .....                              |  | Signature Verified by : .....                                   |      |
| Full Signature : ..... EPF No : .....                       |  | Full Signature : ..... EPF No : .....                           |      |
| Name/ EPF/ Signature                                        |  | Name/ EPF/ Signature                                            |      |
| Data examined / verified & opened by (EPF, Name, Signature) |  | Data examined / verified & authorized by (EPF, Name, Signature) | Date |
| Promoter Code                                               |  | Promoter Signature                                              | Date |

**\*Financial Intelligence Unit (FIU) Definition for PEP (Politically Exposed Persons)**

A **PEP** is an individual who is entrusted with prominent public functions either domestically or by a foreign country, or in an international organization and includes a Head of a State or a Government, a politician, a senior government officer judicial officer or military officer, a senior executive of a State owned Corporation, Government or autonomous body but does not include middle rank or junior rank individuals. In addition to the above an Immediate Family member or Close Associate of a **PEP** will also be designated as a **PEP**.

**Immediate family members of PEPs include any of the following relations:**

i. spouse (current and past)

ii. siblings (including half-siblings) and their spouses

iii. children (including step-children and adopted children) and their spouses

iv. parents (including step-parents)

v. grand children and their spouses

**Close associates of PEPs or their family members includes:**

(a) a natural person having joint Beneficial Ownership of legal entities and legal arrangements with a **PEP** or any other close business relationship with a **PEP**,

(b) a legal person or legal arrangement whose Beneficial Owner is a **PEP** and is known to have been set up for the benefit of such person or Immediate Family Member of a **PEP**,

(c) a **PEP's** widely and publicly known close business colleagues or personal advisors, in particular, persons acting in a financial fiduciary capacity.