

For Bank use only

Date	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	CID - Primary	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
		CID - Joint	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Mudarabah Savings Account	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Current Account	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Mudarabah Fixed Deposit	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Wakala Fixed Deposit	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		

The Manager

National Development Bank PLC

..... Branch

I/We am/are pleased to request you to open Account/s 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 ☐ Current ☐ Savings ☐ Mudarabah Deposit ☐ Wakala Deposit ☐ PFCA ☐ Other (Specify)

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

01. Personal Information	Primary Holder		Joint Holder
	(i) Title	Mr/Mrs/Dr/Rev/Other	Mr/Mrs/Dr/Rev/Other
	(ii) Name with initials		
	(iii) Non residents - Reason for opening the Account in a foreign jurisdiction		
	(iv) Expected type of transactions	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Funds Transfer <input type="checkbox"/> Other	

02. Mudarabah Saving Account	Purpose of Account	*See Sec.10 for A/c's with monthly commitment		
	Source of Funds that would be routed through Account	<input type="checkbox"/> Family Remittances <input type="checkbox"/> Commission Income <input type="checkbox"/> Gift	<input type="checkbox"/> Salary / Profit Income <input type="checkbox"/> Contract Proceeds <input type="checkbox"/> Sale / Business Turnover	<input type="checkbox"/> Investment Proceeds <input type="checkbox"/> Sale of Property / Assets <input type="checkbox"/> Others (Specify).....
	Anticipated Volumes (Expected usual average value of deposits into the Account in Sri Lankan Rupees per month)	<input type="checkbox"/> Less than LKR 1,000,000 <input type="checkbox"/> LKR 1,000,000 to 5,000,000 <input type="checkbox"/> Over LKR 5,000,000	*For Foreign Currency Accounts please use the prevailing exchange rate to arrive at the value	
	Statement	I / We require a statement of Account at the end of each <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Other		
	Profit Sharing Ratio	NDB :% Customer :% (For Bank Use Only)		

03. Current Account	Purpose of Account			
	Source of Funds that would be routed through Account	<input type="checkbox"/> Family Remittances <input type="checkbox"/> Commission Income <input type="checkbox"/> Gift	<input type="checkbox"/> Salary / Profit Income <input type="checkbox"/> Contract Proceeds <input type="checkbox"/> Sale / Business Turnover	<input type="checkbox"/> Investment Proceeds <input type="checkbox"/> Sale of Property / Assets <input type="checkbox"/> Others (Specify).....
	Anticipated Volumes (Expected usual average value of deposits into the Account in Sri Lankan Rupees per month)	<input type="checkbox"/> Less than LKR 1,000,000 <input type="checkbox"/> LKR 1,000,000 to 5,000,000 <input type="checkbox"/> Over LKR 5,000,000	*For Foreign Currency Accounts please use the prevailing exchange rate to arrive at the value	
	Statement	I / We require a statement of Account at the end of each <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Other		
	Cheque Book - Pls issue a cheque book as mentioned and debit my / our Account with the cost.	<input type="checkbox"/> 10 Leaves <input type="checkbox"/> 25 Leaves		

04. Mudarabah Fixed Deposit	Amount of Deposit	(In Figures)	(In Words)
	Please debit my / our Account and place a Fixed Deposit for <input type="checkbox"/> 1 Month <input type="checkbox"/> 3 Months <input type="checkbox"/> 6 Months <input type="checkbox"/> 12 Months <input type="checkbox"/> Other		
	Please renew the deposit Yes <input type="checkbox"/> No <input type="checkbox"/>		
	Please credit profit monthly to Account No at NDB Bank.		
	Please credit capital at maturity to Account No at NDB Bank.		
	Purpose of Account		
	Source of Funds that would be routed through Account	<input type="checkbox"/> Family Remittances <input type="checkbox"/> Commission Income <input type="checkbox"/> Gift	<input type="checkbox"/> Salary / Profit Income <input type="checkbox"/> Contract Proceeds <input type="checkbox"/> Sale / Business Turnover
	Profit Sharing Ratio	NDB :% Customer :% (For Bank Use Only)	

05. Wakala Fixed Deposit	Amount of Deposit	(In Figures)	(In Words)
	Please debit my / our Account and place a Fixed Deposit for <input type="checkbox"/> 1 Month <input type="checkbox"/> 3 Months <input type="checkbox"/> 6 Months <input type="checkbox"/> 12 Months <input type="checkbox"/> Other		
	Please renew the deposit at the prevailing anticipated profit rate Yes <input type="checkbox"/> No <input type="checkbox"/>		
	Please credit profit at maturity / monthly to Account No at NDB Bank.		
	Please credit profit and capital at maturity to Account No at NDB Bank.		
	Purpose of Account		
	Source of Funds that would be routed through Account	<input type="checkbox"/> Family Remittances <input type="checkbox"/> Commission Income <input type="checkbox"/> Gift	<input type="checkbox"/> Salary / Profit Income <input type="checkbox"/> Contract Proceeds <input type="checkbox"/> Sale / Business Turnover
	Anticipated Profit Rate:	Agency Fee Amount:	(For Bank Use Only)

06. Do you need any of these accounts to be NominatedYes ☐ No ☐

* If "Yes" you are required to fill a separate Nomination form

07. Other ServicesYou 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 <input type="checkbox"/>	} I / We do not require these services	No <input type="checkbox"/>	} I / We do not require these services
(ii) Mobile Banking	No <input type="checkbox"/>		No <input type="checkbox"/>	
(iii) SMS alert for Accounts	No <input type="checkbox"/>		No <input type="checkbox"/>	
(iv) Debit Card	No <input type="checkbox"/>		No <input type="checkbox"/>	

08. Debit Card - (For Debit Card please fill the details)

Card Type	<input type="checkbox"/> Instant <input type="checkbox"/> Personalized	<input type="checkbox"/> Instant <input type="checkbox"/> Personalized
Name to be printed on Card	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div> Max 20 Characters	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div> Max 20 Characters
Mother's maiden name	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>
Primary Account Number for Debit Card Transactions	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>
Debit Card No.	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>

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).

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

I/We hereby confirm that I/ We am/ are aware of the terms and conditions applicable for the use of Electronic Fund Transfer Cards (EFTCs) as detailed in the Directions No. 03 of 2021 dated 18 March 2021 issued under the provisions of the Foreign Exchange Act, No. 12 of 2017 (the FEA) subject to which the card may be used for transactions in foreign exchange and I/We hereby undertake to abide by the said conditions.

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

I/ We am/ are aware that the bank is required to suspend availability of foreign exchange on EFTC if reasonable grounds exist to suspect that foreign exchange transactions which are not permitted in terms of the Directions issued under the provisions of the FEA are being carried out on the EFTC issued to me/us and to report the matter to the Director - Department of Foreign Exchange.

I/ We also affirm that I/ We undertake to surrender the Debit Card/sto the bank, if I/ We migrate or leave Sri Lanka for permanent residence or employment abroad, as applicable. Further, I/we also agreed to notify my/our change in residential status to the bank, if any, accordingly.

09. Monthly Savings Pledge Amount (Delete whichever is not applicable)

Pledge amount for Araliya / Other Account (Please Specify) LKR

10. Introducer's Details (Applicable to Current Accounts)

Name	
CID / Account No. / NIC No.	
Residential Address	
Contact Details	

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

DD/MM/YYYY
Signature of the Introducer Date

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

I /We hereby confirm having received, explained to me / us by the Bank 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 to the details provided by me / us and submit any documents which the Bank may require from time to time.

☐ I /We as the Muwakkil / Rabbul Maal hereby offer the bank to invest in the pool in accordance with the terms and conditions outlined in the Master Wakala / Mudarabah agreement.
☐ I /We hereby request the bank to open a current account based on the principles of Qard Hassan.**Signature of Primary Holder****For Bank use only - CID :**

Signature Witnessed by :	Signature Verified by :
Full Signature : EPF No :	Full Signature : EPF No :

Signature of Joint Holder**For Bank use only - CID :**

Signature Witnessed by :	Signature Verified by :
Full Signature : EPF No :	Full Signature : EPF No :

I, as the Authorized Officer of the bank 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. Further, I as the Authorized Officer of the bank undertake at all times, 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 foreign exchange transactions which are not permitted in terms of Directions No. 03 of 2021 dated 18 March 2021 issued under the provisions of the Foreign Exchange Act, No. 12 of 2017 are being carried out on the EFTC, in violation of the undertaking given by the card holders and to bring the matter to the attention of the Director - Department of Foreign Exchange.

☐ I as an Authorized Officer of the bank, acting as Wakil / Mudarib, hereby accept the above offer in accordance with the terms and conditions outlined in the Master Wakala / Mudarabah agreement.☐ I as an Authorized Officer of the bank, hereby accept the above request in accordance with the principles of Qard Hassan.

Data examined / verified & account opened by (EPF, Name, Signature)	Data examined / verified & account authorized by (EPF, Name, Signature)		
Promoter Code	Promoter Signature	Date	