

**ACCOUNT OPENING MANDATE
PUBLIC/PRIVATE LIMITED LIABILITY COMPANY**

Date

The Manager,
Amāna Bank,
_____ Branch

BANK USE ONLY	
<input type="checkbox"/> DBU	CIF No: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="checkbox"/> OBU	CIF Type: _____

Please open an account for me/ us as per details provided below. I/We agree to provide any documentation required by the Bank in consideration with the account(s) being opened, and to abide by the current General Business Conditions of the Bank for the conduct of such accounts.

NOTE: Please write in clear BLOCK CAPITALS. Mark (✓) where applicable and strike off sections that are not applicable / empty and sign after reading the General Business Conditions of which this application will form an integral part.

TYPE OF ACCOUNT	
<input type="checkbox"/> Private Limited Company	<input type="checkbox"/> Company Limited by Guarantee
<input type="checkbox"/> Public Unquoted/Limited Company	<input type="checkbox"/> Other _____ (Specify)
<input type="checkbox"/> Current	<input type="checkbox"/> Passbook Savings
<input type="checkbox"/> Statement Savings	<input type="checkbox"/> Term Investment
<input type="checkbox"/> Other _____ (Specify)	
If Foreign Currency Account, Please state currency _____	
<input type="checkbox"/> BFCA	<input type="checkbox"/> IIA
<input type="checkbox"/> OIA	<input type="checkbox"/> Other _____ (Specify)

SECTION A							
Name of Company:							
Registration No:	Date of Registration:						
Country of Registration:	Date of Commencement of Business:						
TIN No:	VAT Tax File No:						
Registered Business Address:							
Corresponding Address: <i>(if different from above)</i>							
Business Tel No:	Business Mobile No:						
	Fax No:						
Business E-mail Address:							
Website :							
Nature and Purpose of Business:	<input type="checkbox"/> Manufacturing <input type="checkbox"/> Retailing <input type="checkbox"/> Service _____ (Specify) <input type="checkbox"/> Wholesale Trading <input type="checkbox"/> Professional Services <input type="checkbox"/> Others _____ (Specify) <input type="checkbox"/> Import/Export <input type="checkbox"/> Catering/Restaurant						
Specify Nature & Purpose of Business in detail:							
Details of Present Bank Accounts: <i>(including existing accounts at Amāna Bank)</i>	<table border="1"> <thead> <tr> <th>Bank and Branch</th> <th>Account No.</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </tbody> </table>	Bank and Branch	Account No.				
Bank and Branch	Account No.						
Subsidiary/Associate Declaration :	Is your company a Subsidiary/Associate of another organization? <input type="checkbox"/> Yes <i>(If yes, please give details)</i> <input type="checkbox"/> No a. Subsidiary of <i>(i.e. Owned more than 50%)</i> : b. Associate of <i>(i.e. Owned 20% - 50%)</i> :						
NGO Declaration :	Is your company a NGO (Non Government Organization)? <input type="checkbox"/> Yes <i>(If Yes, Reg. No. _____)</i> <input type="checkbox"/> No						

SECTION B - INFORMATION OF DIRECTORS/MAJOR SHAREHOLDERS

Name of Director / Major Shareholder <i>(More than 10% Voting Shares)</i>	NIC No.	Director	Source of Beneficial Ownership <i>(1=Equity (indicate %), 2=Effective Control, 3=Person on Whose Behalf Account is Operated)</i>
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

1. Please submit Director / Ultimate Beneficiary Information Forms individually.

2. Beneficial owner as "a natural person who ultimately owns or controls a customer or the person on whose behalf a transaction is being conducted and includes the person who exercises ultimate effective control over a person or a legal arrangement."

SECTION C - BUSINESS & FINANCIAL INFORMATION

Expected Mode of transactions : (Not Applicable for Term Investments)	<input type="checkbox"/> Cash	<input type="checkbox"/> Cheques	<input type="checkbox"/> Fund Transfers
	<input type="checkbox"/> CEFT	<input type="checkbox"/> BizDirect	<input type="checkbox"/> Others _____ (Specify)
Anticipated Volumes : (Not Applicable for Term Investments)	Expected/Usual average volumes of deposits into account in Sri Lankan rupees per month		
	<input type="checkbox"/> Less than 100,000 (Approx. USD 270)	<input type="checkbox"/> 100,001 to 500,000 (Approx. USD 271 to 1,350)	
	<input type="checkbox"/> 500,001 to 1,000,000 (Approx. USD 1,351 to 2,700)	<input type="checkbox"/> 1,000,001 to 2,000,000 (Approx. USD 2,701 to 5,400)	
	<input type="checkbox"/> 2,000,001 to 3,000,000 (Approx. USD 5,401 to 8,100)	<input type="checkbox"/> 3,000,001 to 5,000,000 (Approx. USD 8,101 to 13,500)	
	<input type="checkbox"/> 5,000,001 to 7,000,000 (Approx. USD 13,501 to 18,900)	<input type="checkbox"/> 7,000,001 to 10,000,000 (Approx. USD 18,901 to 27,000)	
	<input type="checkbox"/> Over 10,000,001 (Approx. USD 27,001)		
Percentage of account usage for business operation :	<input type="checkbox"/> <25%	<input type="checkbox"/> 26% - 50%	<input type="checkbox"/> 51% - 75% <input type="checkbox"/> >76%
Assets owned by the Business :	<input type="checkbox"/> Properties/Premises	<input type="checkbox"/> Financial Asset/s	<input type="checkbox"/> Others _____ (Specify)
	<input type="checkbox"/> Motor Vehicle/s	<input type="checkbox"/> Investments	
Source of Assets : (Assets Acquired From)	<input type="checkbox"/> Business Income	<input type="checkbox"/> Bank Facilities	<input type="checkbox"/> Others _____ (Specify)
	<input type="checkbox"/> Investments	<input type="checkbox"/> Donations	
Annual Turnover / Revenue (Rs'000) :	Current Year :		Previous Year :
Purpose of Opening the Account :	<input type="checkbox"/> Business Transactions	<input type="checkbox"/> Financing Repayments	<input type="checkbox"/> Others _____ (Specify)
	<input type="checkbox"/> Investment Purposes	<input type="checkbox"/> Social / Charity Work	

SECTION D - ACCOUNT RELATED INFORMATION

INSTRUCTION TO THE BANK VIA E-MAIL

We hereby request you to accept instructions transmitted by way of E-Mail in respect of the operations of the accounts appended in this mandate for effecting following transactions without having the original documents containing such Electronically Mailed (E-Mailed) instructions in confirmation thereof.

- | | |
|--|--|
| <input type="checkbox"/> To Open /Renew/ Uplift Term Investments | <input type="checkbox"/> Fund Transfers to third parties or to any other account in the name of the account holder/s |
| <input type="checkbox"/> Request for Statement of Account/ Account Balance | <input type="checkbox"/> Disbursements, extensions & recoveries of facilities |
| <input type="checkbox"/> Request for Cheque Book/s | <input type="checkbox"/> All trade services related transactions & treasury related transactions |
| <input type="checkbox"/> Stop Payment Orders | |


We shall only maintain One (01) Electronic Mail (E-Mail) address to notify you the aforementioned instruction/s to your Bank via

_____ (E-mail address).

CHEQUE BOOK REQUISITION (CURRENT ACCOUNT ONLY)

Please issue a cheque book with 10 leaves 25 leaves 50 leaves 100 leaves

FOR TERM INVESTMENT ACCOUNTS ONLY

	Investment Account 1	Investment Account 2	Investment Account 3	Investment Account 4
Investment Period :	_____ (____) Months	_____ (____) Months	_____ (____) Months	_____ (____) Months
Investment Amount :				
Profit Payment :	<input type="checkbox"/> At Maturity <input type="checkbox"/> Monthly	<input type="checkbox"/> At Maturity <input type="checkbox"/> Monthly	<input type="checkbox"/> At Maturity <input type="checkbox"/> Monthly	<input type="checkbox"/> At Maturity <input type="checkbox"/> Monthly
Profit Crediting A/C No. :	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Debit Instructions :	Debit my/our Account No. : <input type="text"/>			
	 _____ Signature (Name: _____)		_____ Signature (Name: _____)	

SOURCE OF FUNDS

Initial Deposit Amount:	Rs.	Source of Funds:	
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VALUE ADDED SERVICES

E-BANKING	Full Name of Initiator/s	Full Name of Authorizer/s			
<input type="checkbox"/> Create New E-Banking Facility - User forms to be signed & submitted separately - Board Resolution and T&C to be submitted separately - Select accounts to link below <input type="checkbox"/> Link existing E-Banking Facility to selected accounts	1.	1.			
	2.	2.			
	3.	3.			
	4.	4.			
	5.	5.			
	6.	6.			
Daily Transaction Limit : Rs. 250,000/- (default) If you want a higher daily transaction limit, Please mark (✓) in the appropriate box. <input type="checkbox"/> Rs. 500,000/- <input type="checkbox"/> Rs. 1,000,000/- <input type="checkbox"/> Other Rs. _____ (Specify)					
Note: This is not applicable on transfers between own accounts. Applicant may reduce his/her daily limit through the Internet Banking System (within the given limits)					
<input type="checkbox"/> E-Statement - Select accounts to link below	Default by E-mail to _____ or <input type="checkbox"/> by Post				
	Frequency of Statements: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other (Specify) _____ (If by Post, default frequency for Current Account is Monthly and default frequency for Savings Account is Quarterly)				
<input type="checkbox"/> SMS Alerts - Select accounts to link below	Alert Type : <input type="checkbox"/> All Transaction Alerts <input type="checkbox"/> Cheque Alerts Only	Name : _____ Designation : _____			
	Mobile Number: <input type="text"/> 9 <input type="text"/> 4 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	E.g: 94771234567 (only local mobile service providers)	NIC No: _____		
<input type="checkbox"/> Register as a Merchant for LankaQR - Select only one of LKR Current or LKR Savings Accounts below	Business Operating Name / Outlet Name : _____				
	Outlet Address : _____				
	Contact Person : _____				
	Mobile Number : _____				
<input type="checkbox"/> Register for Doorstep Banking - Select account from below to debit charges	Authorized Persons Name	NIC	Registered Telephone		
	<input type="text"/>	<input type="text"/>	<input type="text"/>		
	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Accounts to be linked :	E-Banking	E-Statement	SMS Alerts	Lanka QR	Doorstep Banking Charges to be debited from :
Account No. 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Account No. 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Account No. 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Account No. 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Account No. 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Account No. 6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OPERATING INSTRUCTIONS**ACCOUNT DETAILS**

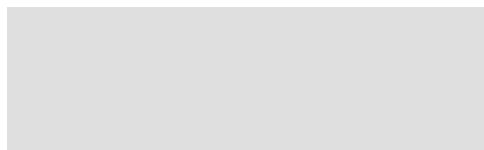
Account No. 1	<input type="text"/>	Account No. 2	<input type="text"/>	Account No. 3	<input type="text"/>
Account No. 4	<input type="text"/>	Account No. 5	<input type="text"/>	Account No. 6	<input type="text"/>

AUTHORISED SIGNATURES

Name :	<input type="text"/>	Name :	<input type="text"/>
NIC/PP no. :	<input type="text"/> Group : <input type="checkbox"/>	NIC/PP no. :	<input type="text"/> Group : <input type="checkbox"/>
Designation :	<input type="text"/>	Designation :	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<small>Place signature in the above cage (signature should not touch the border)</small>		<small>Place signature in the above cage (signature should not touch the border)</small>	
Name :	<input type="text"/>	Name :	<input type="text"/>
NIC/PP no. :	<input type="text"/> Group : <input type="checkbox"/>	NIC/PP no. :	<input type="text"/> Group : <input type="checkbox"/>
Designation :	<input type="text"/>	Designation :	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<small>Place signature in the above cage (signature should not touch the border)</small>		<small>Place signature in the above cage (signature should not touch the border)</small>	

DECLARATION

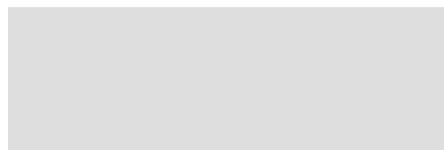
We confirm that the details given above are correct and hereby agree and undertake to comply with the rules, general terms and conditions of Amana Bank PLC for the above operation of the account/s mentioned above. We hereby agree to notify Amana Bank PLC immediately in writing of any change in any of the forgoing particulars.



Chairman/Director Signature

Name : _____

Date : _____



Company Secretary Signature/s

Name : _____

Date : _____

Company Seal

FOR BANK USE ONLY

Relationship Manager / Account Canvassed by : _____ **Employee No. :** **Branch / SBC Code :** _____

FOR BRANCH APPROVAL

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,

Account Opened by (EMP No. _____)

Authorized Officer (EMP No. _____)

FOR CENTRAL OPERATIONS

Mandate Received Date :

Checked by
EMP No. _____

Data Input by
EMP No. _____

Authorised Officer
EMP No. _____