



ACCOUNT OPENING MANDATE INDIVIDUAL / JOINT

Date

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The Manager,
Amāna Bank,
_____ Branch

BANK USE ONLY	<input type="checkbox"/> Ordinary	<input type="checkbox"/> Business	<input type="checkbox"/> Salaried	CIF No. :						
	<input type="checkbox"/> Prestige	<input type="checkbox"/> Vantage	<input type="checkbox"/> Expat Gold		CIF Code :					
	<input type="checkbox"/> Others _____									

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"/> Individual	<input type="checkbox"/> Joint
<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"/> PFCA <input type="checkbox"/> BFCA <input type="checkbox"/> IIA <input type="checkbox"/> Other _____ (Specify)	

BASIC INFORMATION OF ACCOUNT HOLDER/S (Please fill in details of Joint Applicant in the space provided)


	Primary Account Holder	Joint Account Holder <input type="checkbox"/>
Title :	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss. <input type="checkbox"/> Dr. <input type="checkbox"/> Other _____	Relationship to Primary Account Holder : <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss. <input type="checkbox"/> Dr. <input type="checkbox"/> Other _____
Full Name : (Please underline Surname)		
Other Names : (Such as maiden name)	Marital Status:	Marital Status:
National Identity Card: <small>(If Sri Lankan citizen please mention NIC No. and submit a copy)</small>	No. :	
Passport No. : <small>(Submit a copy)</small>	Date of Expiry :	Date of Expiry :
Nationality & Citizenship: <small>(If multiple citizen please specify)</small>	If Non National Resident Visa Expiry Date :	If Non National Resident Visa Expiry Date :
Residency :	<input type="checkbox"/> Resident <input type="checkbox"/> Non-Resident (Country: _____)	<input type="checkbox"/> Resident <input type="checkbox"/> Non-Resident (Country: _____)
For Existing Customers	<input type="checkbox"/> I confirm to use existing information (unless specified below) _____ <small>Signature</small>	<input type="checkbox"/> I confirm to use existing information (unless specified below) _____ <small>Signature</small>
Date & Place of Birth : <small>(If born in a foreign country please specify country)</small>	Place	Place
Permanent Address : <small>Please submit verification documents (Eg: utility bill, bank statement, etc.)</small>		
Residential Address: <small>If different from Permanent Address. Please submit verification documents (Eg: utility bill, bank statement, etc.)</small>		
Status of Permanent Address (Premises) :	<input type="checkbox"/> Owner <input type="checkbox"/> Rent/Lease <input type="checkbox"/> Friends/Relatives <input type="checkbox"/> Parents <input type="checkbox"/> Official <input type="checkbox"/> Boarding/Lodging	<input type="checkbox"/> Owner <input type="checkbox"/> Rent/Lease <input type="checkbox"/> Friends/Relatives <input type="checkbox"/> Parents <input type="checkbox"/> Official <input type="checkbox"/> Boarding/Lodging
Contact Numbers : (Mandatory)	Residence _____ Mobile _____ Office _____	Residence _____ Mobile _____ Office _____
E-mail Address : (Mandatory)		
Name & Address of Employer / Business : <small>(Please mention if Self Employed)</small>		
Occupation/Designation :		
Nature of Business :		
Income Details (Rs.) :	<input type="checkbox"/> Less than 15,000 <input type="checkbox"/> 15,000 - 25,000 <input type="checkbox"/> 25,000 - 50,000 <input type="checkbox"/> 50,000 - 75,000 <input type="checkbox"/> 75,000 - 100,000 <input type="checkbox"/> 100,000 and above	<input type="checkbox"/> Less than 15,000 <input type="checkbox"/> 15,000 - 25,000 <input type="checkbox"/> 25,000 - 50,000 <input type="checkbox"/> 50,000 - 75,000 <input type="checkbox"/> 75,000 - 100,000 <input type="checkbox"/> 100,000 and above
Any Public Positions Held*:	By Self : <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please specify position :	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please specify position :
	By Any Close Relative/Associate: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please specify position & relationship :	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please specify position & relationship :
Name of Spouse :		
Employer of Spouse and Designation		

*Public Positions include individuals in Sri Lanka or abroad who are or have been entrusted with prominent public functions. E.g: Heads of State or of Government, Senior Politicians, Senior Government, Judicial or Military Officials, Senior Executives of state owned corporations, important political party officials etc. This further applicable to family members and close / business associates of such persons.

OTHER INFORMATION (Not required to fill if confirmed to use existing information)

Purpose of Opening Account :	<input type="checkbox"/> Savings	<input type="checkbox"/> Business Transaction	<input type="checkbox"/> Loan Repayment	<input type="checkbox"/> Social Charity work
	<input type="checkbox"/> Salary/Professional Income	<input type="checkbox"/> Family Inward Remittance	<input type="checkbox"/> Investment Purposes	<input type="checkbox"/> Share Transactions
	<input type="checkbox"/> Utility Bill Payments	<input type="checkbox"/> Upkeep of Family/Person	<input type="checkbox"/> Others _____ (Specify)	
Source of Funds :	<input type="checkbox"/> Salary	<input type="checkbox"/> Business	<input type="checkbox"/> Family Remittances	<input type="checkbox"/> Export Proceeds
	<input type="checkbox"/> Investments Proceeds	<input type="checkbox"/> Donations/Charities	<input type="checkbox"/> Commission Income	<input type="checkbox"/> Others _____ (Specify)
Anticipated Deposits to the Account : (monthly in LKR)	<input type="checkbox"/> Less than 100,000	<input type="checkbox"/> 100,000 - 500,000	<input type="checkbox"/> 500,000 - 1,000,000	<input type="checkbox"/> 1,000,000 - 2,000,000
	<input type="checkbox"/> 2,000,000 - 3,000,000	<input type="checkbox"/> 3,000,000 - 4,000,000	<input type="checkbox"/> 4,000,000 - 5,000,000	<input type="checkbox"/> 5,000,000 and above
Expected Mode of Transaction/s:	<input type="checkbox"/> Cash	<input type="checkbox"/> Cheque	<input type="checkbox"/> Electronic Fund Transfer	<input type="checkbox"/> Other _____ (Specify)
Assets held by the Account Holder/s & their Market Value :	Primary Account Holder		Joint Account Holder	
	<input type="checkbox"/> Residential Property	Rs. _____	<input type="checkbox"/> Residential Property	Rs. _____
	<input type="checkbox"/> Motor Vehicles	Rs. _____	<input type="checkbox"/> Motor Vehicles	Rs. _____
	<input type="checkbox"/> Land and Buildings	Rs. _____	<input type="checkbox"/> Land and Buildings	Rs. _____
	<input type="checkbox"/> Investments/Shares	Rs. _____	<input type="checkbox"/> Investments/Shares	Rs. _____
	<input type="checkbox"/> Others _____ (Specify)	Rs. _____	<input type="checkbox"/> Others _____ (Specify)	Rs. _____

FOR TERM INVESTMENT ACCOUNTS ONLY

	Term Investment Account 1	Term Investment Account 2	Term Investment Account 3	Term 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. :	_____	_____	_____	_____
Debit Instructions :	Debit my/our Account No. : _____			
	 _____ Signature (Name: _____) _____ Signature (Name: _____)			

CORRESPONDENCE

Bank Correspondence :	<input type="checkbox"/> Primary Account Holder	<input type="checkbox"/> Joint Account Holder A	<input type="checkbox"/> Joint Account Holder B / _____
Correspondence Address:	<input type="checkbox"/> Permanent Address	<input type="checkbox"/> Residential Address	<input type="checkbox"/> Work Address
Mode of Correspondence :	Default by E-mail (if specified) or <input type="checkbox"/> by Post (E-mail statements will be sent on a monthly basis)		
Post Statement Frequency :	Current A/C : Monthly (by default) <input type="checkbox"/> Other _____		Savings A/C : Quarterly (by default) <input type="checkbox"/> Other _____

INDEMNITY

I/We authorize the bank to act on instructions transmitted via E-mail Telephone (Please fill the relevant indemnity form to avail this service)

CHEQUE BOOK REQUISITION (for Current Accounts only)

Please issue me / us a Cheque Book with : 10 Leaves 25 Leaves

VALUE ADDED SERVICES

<input type="checkbox"/> VISA Debit Card Default Transaction Limits (Per day) - ATM withdrawal: LKR 100,000/- - POS transaction: LKR 100,000/- - Online transaction: LKR 50,000/- For Individual Accounts the Debit Card PIN will be sent to the account holder's mobile number.	Name to Appear in Primary A/C holder's Card : _____ (Maximum 22 Characters)	Debit Card Type:
	Name to Appear in Joint A/C holder's Card : _____ (Maximum 22 Characters)	Card Collection Branch :
	Accounts to be linked : Primary Account: _____ _____ _____	
Enable LKR Online Purchase : <input type="checkbox"/> Yes <input type="checkbox"/> No		Enable Foreign Currency Transaction : <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> E-Banking Default Transaction Limits (Per day) - Fund transfers: LKR 250,000/-	User Name for E-Banking : (3 user names are mandatory) 1 st Preference : _____ 2 nd Preference : _____ 3 rd Preference : _____	Important: User name should be between 6 to 12 characters, written in lower case, excluding special characters (E.g.!-@#\$_%^+=) and spaces. User ID and Password will be sent to Primary A/C holder's e-mail and mobile no. respectively
	<input type="checkbox"/> SMS Alerts Mobile No. for SMS Alerts : (Select only one) <input type="checkbox"/> Primary A/C Holder <input type="checkbox"/> Joint A/C Holder A <input type="checkbox"/> Joint A/C Holder B / _____	Debit Card and Online Transaction Alerts (By Default)
Mother's Maiden Name : (For security reasons)	Primary A/C holder : _____	Joint A/C holder : _____

NOMINATION

I / We do hereby nominate the following as my/our nominee/s to receive all monies lying in the account opened from this mandate upon my /our death in terms of Section 544 (1) of the Civil procedure Code (Amendment) Act No.14 of 1993.

Name in Full of Nominee	Address	NIC Number	Sharing %

This Nomination will be only valid for Account No(s) _____ opened under this mandate.

MUDARABA AGREEMENT (For all Savings and Term Investment Accounts only)

This Mudaraba Agreement is made and entered into on this day of 20..... at by and between of herein referred to

as the 'Investor/s' (which expression where the context shall so admit, mean and include the said his/her/their heirs executors administrators successors in interest and assigns) of the ONE PART. AND

Amāna Bank PLC (hereinafter sometimes referred to as the 'Mudarib' or the Bank) a company duly incorporated under the Companies Act No. 7 of 2007 and a Licensed Commercial Bank having its registered office at No. 486, Galle Road, Colombo 03, Sri Lanka. (Which expression where the context shall so admit mean and include Amāna Bank PLC its successors in interest and assigns) of the OTHER PART.

AND WHEREAS the Investor/s is/are desirous of opening a savings account/term investment account with the Bank for the purpose of investing from time to time in the Mudaraba Fund of the Bank to invest in the Bank's business activities that are expected to generate profits.

AND WHEREAS the Bank is willing to accept such funds for investment in the Bank's business activities that are expected to generate profits and share such profits on the following Terms and Conditions.

NOW THEREFORE THIS AGREEMENT WITNESSETH AND IT IS HEREBY AGREED BY AND BETWEEN THE PARTIES HERETO AS FOLLOWS:

1. In this Agreement unless the context otherwise requires,

"Investment" – means the sum or sums of money that the Investor will entrust to the Bank on an agreed Profit sharing basis between the Investor and the Bank.

"Mudaraba Fund" – means the pool of funds managed by the Bank entrusted by customers of the Bank for Investments in Sharia Compliant business ventures.

"Profit" - means the surplus that accrues on investments made by the Mudaraba Fund, which at the end of a specified period (monthly/quarterly/biannually/annually) is available for distribution among Investors of the fund and the Bank

"Loss" means the deficit resulting from investments made by the Mudaraba Fund at the end of a specified period as agreed between the investor and mudarib, to be borne by the Investors of the fund.

2. Profit and Loss:

In the case of Savings Accounts any Profit made by the Fund will be shared in accordance with the Profit Sharing Ratio (PSR) applicable at the time of profits being distributed. The investor hereby acknowledges that the PSR will change from time to time, which will be informed at the beginning of a profit crediting cycle.

In the case of Term Investments any Profit made by the Fund will be shared in accordance with the agreed Profit Sharing Ratio. (PSR)

In case of Losses the Investor will bear the loss up to the maximum value not exceeding the Investor's capital in the Fund.

The Bank will not be entitled to any return as the Fund Manager in case of activities that make losses.

The bank shall invest all monies invested by the investor/s hereunder in strict Sharia compliant business activities. In case it is discovered by the Bank that any part of the funds were invested in a non-Sharia compliant activity/ies subsequent to any investment being made that part of the profits earned from such activity/ies will be donated to Charity in compliance with Sharia principles.

3. Issuing of Savings Account Passbook or Facilitating Periodic Account Statements

Every investor shall be issued with a Savings Account Passbook or facilitated to receive a periodic statement of account according to the choice of the investor. In case of a passbook, it shall be prima facie evidence of his investment with the Bank. It will be the responsibility of the investor to ensure that the passbook is kept properly updated at all times.

4. Issuing of Term Investment Certificate:

Every Term Investment Account holder shall be issued with a Term Investment Certificate which shall be the prima facie evidence of his investment with the Bank. Such Certificate shall specify:-

- | | |
|-----------------------------------|-------------------------|
| a. Name and address of Investor/s | c. Profit Sharing Ratio |
| b. Capital Amount of Investment | d. Date of Maturity |

5. Determination of Profit

It is clearly understood and agreed between the Investor/s and the Bank that the Bank cannot and does not guarantee a specific rate of return on investment/s but only agrees to share the actual profits made by the Mudaraba Fund based on the agreed PSR and applicable to such investment/s at the time of distribution of profits. The PSR ratios offered from time to time will be published by the Bank.

In the case of Term Investment Accounts, once the Investment is made on an agreed PSR for a specified period the Bank shall not be entitled to change the PSR during such period. Any re-investment however will be made on the prevailing PSR at the time of Maturity of the Term Investment Account which may be different to the original PSR.

Further In the case of Term Investment Accounts, if specific instructions are not received by the Bank regarding the re-investment or the return of funds prior to the date of Maturity, the Mudarib is hereby authorized to reinvest the same on the Terms and Conditions prevailing at the time of maturity of the Term Investment Account.

The profit on the Term Investment will be calculated and distributed at the end of every Month or at Maturity as the case may be.

The profit of the saving account shall be calculated daily and distributed at the end of every Month or at or such periodic intervals as determined by the Bank from time to time.

The Mudarib will maintain a reserve account, referred to as the "Profit Equalization Reserve" (PER). This reserve fund, which will be maintained by the Mudarib as a contingency arrangement, accumulated from the distributable profit benchmarked by the CBSL cap rate and provisioning guidelines together with the industry trends, will be utilized, whenever the expected profit return has a significant negative variance

6. Withdrawals

In the case of Savings Accounts, the Investor/s may withdraw the funds from the investment at his discretion.

In the case of Term Investment Accounts, Premature withdrawal of funds invested in the Term Investment Account will be at the sole discretion of the Bank. In case of premature withdrawals the Bank will be entitled to change the PSR to the PSR applicable for normal savings accounts at its discretion.

7. Expenses

The Bank is empowered to charge expenses directly connected with the administration of the Mudaraba Fund, to the fund.

8. Suspensions

In the absence of nomination(s) mentioned above, upon the death of a customer, if any balance lying in the account of the deceased customer exceeds Rupees Four Million or if the balance is less than Rupees Four Million but the total estate exceeds Rupees Four Million then in such event the Bank shall distribute such funds among the heirs of the deceased after receipt of a probate or letters of administration issued by a competent court of law. In the event of such funds being below Rupees Four Million and the total estate is also below Rupees Four Million the claimant of such funds shall produce a Certificate of Heirship obtained from a competent court of law and the Bank thereafter shall distribute the said funds among the heirs in accordance with such certificate of heirship.

9. Joint Account Holder

In the case of death of any joint holders where two or more persons are jointly holding the account the bank will have the right to hold investments amount to the order of the survivor/s without any prejudice to the Bank's right of lien and set-off of whatsoever nature and the right to take any steps to comply with the provisions of the Bank's rules governing Mudaraba investments or other connected laws and regulations applicable from time to time. In the case of death of one of the account holders, the survivor/s do hereby undertake to advise the Bank in writing forthwith.

10. Provision

The Bank as the manager of the Mudaraba Fund is authorized, using its experience, knowledge and expertise to charge amounts from the profit of the Mudaraba Fund, before any other charge to the profits, to set aside an estimated amount that would be necessary to meet possible losses arising from non performing Murabahas, Musharakas or similar facilities at the time of profit distribution. At the time of winding up the Mudaraba Fund, any excess or shortfall in the provisions created are to be enjoyed or absorbed by the participants of the Mudaraba Fund for the time being.

PROFIT SHARING RATIOS

Account # 1	Customer	Amāna Bank	Account # 2	Customer	Amāna Bank	Account # 3	Customer	Amāna Bank	Account # 4	Customer	Amāna Bank
1.	_____	____.____%	2.	_____	____.____%	3.	_____	____.____%	4.	_____	____.____%

SIGNATURES & WITNESSES

NOMINATION

MUDARABA AGREEMENT

Signature of Primary Account Holder

Signature of Joint Account Holder

Signed for and on behalf of Amāna Bank PLC

	Signature	Name	Date
Witness 1			
Witness 2			

INTRODUCTION (for Current Accounts only)

I certify that I am well acquainted with the above person for the past _____ years and I confirm and further certify that the above person is suitable to open and maintain a current account with Amāna Bank.

Name _____ NIC/Passport/DL No. _____

Address _____ A/C No. at Amāna Bank _____

Designation _____ Tel No. : Res. _____ Off. _____ Mob. _____

Signature _____

Date _____

SPECIAL DECLARATION

	Primary A/C Holder		Joint A/C Holder		If YES please specify country/countries :
	YES	NO	YES	NO	
Are you a Permanent Resident, Green Card Holder or a Dual Citizen of another country?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Do you regularly travel, send or receive remittance to/from a foreign country?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Have you granted a Power of Attorney to a person from a foreign country?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Have you previously held any other country citizenship? (Please mention period)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

If foreign citizen please specify the purpose of opening the account in Sri Lanka :

*In the event of a Joint Account if at least one person is defined as a foreign citizen the above details must be completed.

DECLARATION

- I/We declare that the information given in this mandate is true and complete. I/we authorise you to confirm the information given in this application from any source you may deem fit.
- I/We undertake to advise the Bank immediately in writing when information already provided by me/us in the account opening application has/have changed in order that the Bank may hold the most current and updated information in respect of the account at all times.
- I/We have read and accepted the Bank's General Business Conditions for Account Holders a copy of which has been made available to me/us and agree to be bound by such terms & conditions.
- I /We have read and signed the Mudaraba Agreement governing Savings and Term Investment Accounts (in local currency and/or foreign currency) and the Principles of Current Account (Qard) and agree to be bound by them.
- Declaration to Director – Department of Foreign Exchange, Central Bank of Sri Lanka for Electronic Fund Transfer Cards (EFTCs).
 - 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 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 Amāna Bank may require for the purpose of Foreign Exchange Act.
 - I/We also affirm that I/We undertake to surrender the EFTCs to Amana Bank, if I/We migrate or leave Sri Lanka for permanent residence or employment abroad.
 - I/We am/are aware that the Authorized dealer 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 give consent to/and irrevocably permit Amana Bank PLC to verify with the Department for Registration of Persons (DRP), the Credit Information Bureau (CRIB) and/or any third party/authority, the Know Your Customer (KYC) information concerning me, including the particulars contained in my National Identity Card(NIC)

OPERATING INSTRUCTIONS (For Savings and Current Accounts only)

Signature Requirement : Self Anyone of us Both of us Other _____ (Specify)

Primary Account Holder

Name : _____

NIC / PP No : _____

NIC / PP Date of Issue : _____

Joint Account Holder

Name : _____

NIC / PP No : _____

NIC / PP Date of Issue : _____

FOR BANK USE ONLY

Account # 1

Account # 2

Account # 3

Account # 4

Account Canvassed by :

Employee No. :

Branch / SBC Code :

Assigned Relationship Officer Details :

Employee No. :

Name :

Special Remarks :

Customer is residing within a reasonable distance to the branch : Yes No If not the reason for opening an account at the branch

Obtained complete Indemnity Forms if authorised to act on transactions via E-mail / Telephone : E-mail Tel

Does the client/s appear in any known suspected terrorist list or any other alert list : Yes No

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, 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

Account Opened by (EMP No. _____)

Authorised Officer (EMP No. _____)

FOR CENTRAL OPERATIONS

Mandate Received Date :

Primary A/C holder Card No.

Joint A/C holder Card No.

Checked by
EMP No. _____

Data Input by
EMP No. _____

Authorised Officer
EMP No. _____