

Date :...../...../20.....

The Manager,
Pan Asia Banking Corporation PLC

General Business Conditions

..... Branch

The authorized members of the Associations / Clubs / Society,
Trust or Non-Governmental Organization mentioned below

request that you open the following account(s) in the name of the organization.

Please complete in BLOCK letters and mark (✓) where applicable. Strike off sections that are not applicable.

For office use only

Customer Number

C

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Account Number/s

1.

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2.

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3.

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A. Type of Entity

- ☐ Association/Club/Society ☐ Co-Operative Society
- ☐ Trade Union ☐ Trust
- ☐ Non-Government Organization ☐ Other Please (specify)

B. Type of Accounts, Currency and Products

1. Account Type ☐ Current Account ☐ Savings Account ☐ Fixed Deposit/Call Deposit ☐ Other (Specify)
2. Product Type
3. Currency ☐ LKR ☐ FCY

C. Details of the Association/Club/Society/ Co-Operative Society/ Trade Union/Trust/Non-Government

4. Registered Name of the Entity																			
5. Registered Address																			
6. Correspondence Address (if different from Registered Address)																			
7. Registration No.											8. Date of Registration	D	D	M	M	Y	Y	Y	Y
9. Telephone No.											10. Country of Incorporation								
11. Email Address											12. Tax Identification No.								
13. Foreign Account Tax Compliance Act (FATCA) applicable?	☐ Yes ☐ No If yes, attach FATCA declaration																		

14. E Statement Frequency ☐ Monthly ☐ Weekly ☐ Daily

D. Contact Person's Details

15. Name				16. NIC No. / Emp No.			
17. Designation				18. Contact No.			

E. Fixed/Call Deposit Account Details

19. Amount in Figures : <table border="1" style="display: inline-table; vertical-align: middle;"><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><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																					20. Period ☐ Months
21. Amount in Words :	22. Interest Payment ☐ Monthly ☐ Maturity ☐ Biannual																				
23. Renewal : ☐ With interest ☐ Without interest Interest credit Account No.	24. Funding of Deposit by: ☐ Cheque No. ☐ Account No.																				

F. Association/Club/Society/Trust/Non-Government Information						
25. Nature of Entity						
26. Purpose of Opening the Account/s						
27. Source of funds : Expected source and nature of credits into the account						
☐ Sales and Business Turnover		☐ Investments		☐ Contract Proceeds		
☐ Dividends		☐ Membership Contributions		☐ Royalty Income		
☐ Profits		☐ Donations		☐ Commission Income		
				☐ Export Proceeds		
				☐ Sales of Assets		
				☐ Gifts		
28. Monthly Income						
☐ Less than 1,000,000/-		☐ 5,000,001/- up to 10,000,000/-				
☐ 1,000,001/- up to 5,000,000/-		☐ Above 10,000,000/-				
29. Anticipated Volumes (Expected) Usual average volumes of deposits into the account in rupees per month						
☐ Less than 1,000,000/-		☐ 5,000,001/- up to 10,000,000/-				
☐ 1,000,001/- up to 5,000,000/-		☐ Above 10,000,000/-				
30. Expected mode of transactions						
☐ Cash		☐ Cheques				
☐ Fund Transfers		☐ Other modes of forms				
31. Assets owned by the Associations/Clubs/Society/ Co-Operative Society/ Trade Union/Trust/Non-Government						
Property / Premises		Rs.		Investment		
Motor Vehicle		Rs.		Financial Assets		
Other (Specify)				Rs.		
32. Are the audited financial statements for the last two years available? ☐ Yes ☐ No			Current year		Previous year	
Annual Turnover						
Net Profit / Loss						
Paid up Capital + Accumulated Profits						
Number of Employees						
33. Other Connected Institutions						
G. Authorized Officer / Beneficial Ownership Information						
Authorized Officer Name.		NIC or Valid Passport Number	Permanent Address	Contact No.	Nature of beneficial ownership (*) (Select A, B or C)	Politically Exposed Person (PEP)
						☐ Yes ☐ No
CIF No.						
						☐ Yes ☐ No
CIF No.						
						☐ Yes ☐ No
CIF No.						
						☐ Yes ☐ No
CIF No.						
						☐ Yes ☐ No
CIF No.						

(*)A=Equity indicate %, B=Effective Control, C=Person on Whose Behalf Account is Operated

H. Operating Instructions	
.....	
.....	
I. . Summary of Operating Instruction as per Minutes of the meeting (If applicable only)	
Signatures Class / Signature Combination	Limit
J. Authorized Signatories with Specimen Signature (Attach personal KYC forms)	
Full Name	Full Name
Designation	Designation
NIC or Valid PP No.	NIC or Valid PP No.
CIF No.	CIF No.
Signature Class	Signature Class
Beneficial Owner ☐ Yes ☐ No	Beneficial Owner ☐ Yes ☐ No
Signature (On Rubber Stamp)	Signature (On Rubber Stamp)
Full Name	Full Name
Designation	Designation
NIC or Valid PP No.	NIC or Valid PP No.
CIF No.	CIF No.
Signature Class	Signature Class
Beneficial Owner ☐ Yes ☐ No	Beneficial Owner ☐ Yes ☐ No
Signature (On Rubber Stamp)	Signature (On Rubber Stamp)
Full Name	Full Name
Designation	Designation
NIC or Valid PP No.	NIC or Valid PP No.
CIF No.	CIF No.
Signature Class	Signature Class
Beneficial Owner ☐ Yes ☐ No	Beneficial Owner ☐ Yes ☐ No
Signature (On Rubber Stamp)	Signature (On Rubber Stamp)

K. Documents Required		Type of the association / club / society				
No	We hand you herewith the following documents relevant to the above request	Association/ club/society	Co-operatives	Trade unions	Trust	NGO's
01	Registration Document	✓	✓	✓	✓	✓
02	Official rubber stamp	✓	✓	✓	✓	✓
03	Constitution	✓	✓	✓		✓
04	Resolution / Minutes of the meeting	✓	✓	✓	✓	✓
05	Trust deed				✓	
Other - For Co-operative society, approval letter from the commissioner for co-operative development. (Not mandatory) - Address verification document if the address is differ with the provided documents						
The authorized representatives of the association/club/society hereby confirm that the details provided in the previous pages, below, and overleaf are true and correct. The authorized representatives of the association/ club/society /trust/non-governmental organization hereby agree to comply with and be bound by all applicable laws, as well as the Bank's prevailing rules, regulations, terms, procedures, operations, services, and transactions relating to the said account and/or banking facilities. They further agree to be bound by any variations, amendments, or changes made by the Bank from time to time in the future. We hereby consent to the disclosure of our data to third-party service providers in cases where the Bank utilizes information systems or infrastructure managed or owned by such providers, whether located within the country or outside Sri Lanka. Additionally, the authorized representatives confirm that the details and conditions applicable to the said account and its related products/services, along with their terms and conditions, have been explained and understood by them. We agree to comply with and be bound by the Bank's current rules governing the conduct of such accounts, as displayed on the Bank's premises and on the official website. We also agree that the Bank may, without notice, combine or consolidate our accounts with any liabilities to the Bank and set off or transfer any sums standing to the credit of any such accounts, or any other sums owed to us by the Bank, toward the satisfaction of our liabilities to the Bank on any other account or in any other respect, whether such liabilities are actual or contingent, primary or collateral, several or joint. They also agree to abide by the rules indicated overleaf.						
<i>All Authorized officers and Authorized Signatories must complete personal KYC forms in addition to the above information, as required by the rules prescribed under the Financial Transaction Reporting Act No. 6 of 2006.</i>						
President		Secretary				
<i>(Signature on an Appropriate Rubber Stamp)</i>						
For office use only						
Business Gender - wise Classification		☐ Woman - owned/led Business ☐ Man - owned/led Business		☐ Other		
Corporate Segment		☐ MSME ☐ SME		☐ Retail ☐ Corporate		
The account opening documents have been scrutinized and found to be in order. The names of the entity, Authorized officers, beneficial owners, and authorized signatories have been verified against the sanction list. The account is authorized to be opened.						
Manager / Asst. Manager		Emp. No.		Date		
Data Input by :		Emp No.		Authorized by :		Emp. No.