PAN ASIA BANK
The Truly Sri Lankan Bank

பான் ஏஷியா வங்கி
உன்னதமான உள்நாட்டு வங்கி

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PARTNERSHIP ACCOUNT OPENING FORM

The Manager,
Pan Asia Banking Corporation PLC
……..... Branch

Date: ……. /……. /20…….

General Business Conditions

For office use only

Customer Number
C

Account Number/s
1.
2.
3.

The partners of the undermentioned business request you to open the following account/s in the name of the company.

Please complete in BLOCK letters and mark (✓) where applicable. Strike off cages, which are not applicable.

A. Type of Account

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

B. Other Services

☐ Debit Card ☐ E-Statements ☐ SMS Alerts ☐ Internet Banking (Please fill Business IB Application)

C. Details of the Firm

4. Full Name of the Partnership Firm			
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. Tax Identification No.	
11. Email Address			
12. Foreign Account Tax Compliance Act (FATCA) applicable?	☐ Yes ☐ No If yes, attach FATCA declaration		
13. E Statement Frequency	☐ Monthly ☐ Weekly ☐ Daily		

D. Contact Person's Details

14. Name		15. NIC No.	
16. Designation		17. Contact No.	

E. Authorization and Indemnity in respect of Telephone, FAX , Telex and Email Instruction

We hereby authorize the Bank to accept and act on:

1. any oral instructions given, or purported to be given, over the telephone by me/us or on my/our behalf by the persons authorized to act on my/our behalf by the relevant mandate/instructions/agreement governing the operation of the particular account(s) or transactions in shares, stock, bonds, or any other form of securities (collectively, 'Authorized Person(s)') and
2. any instructions which may from time to time be sent/signed or apparently sent/signed, by me/us or the authorized person(s) which have been transmitted to the Bank by facsimile transmission; and
3. any instructions which may from time to time be sent/signed, or apparently sent/signed, to the Bank by telex by me/us or the Authorized Person(s), and
4. any instructions which may from time to time be sent to the Bank via e-mail transmission through the e-mail address given as ……by me/us or by the Authorized Person(s)

F. Fixed and Call Deposit Account details

18. Amount in Figures :	19. Period ☐☐ Months
20. Amount in Words :	21. Interest Payment ☐ Monthly ☐ Maturity ☐ Biannual
21. Renewal : ☐ With interest ☐ Without interest	23. Funding of Deposit by: ☐ Cash ☐ Cheque No. ..... ☐ Debit Account No. .....
24. Interest credited Account No.	

PAN ASIA BANK

G. Partnership Information (Requirement in terms of the Financial Transactions Reporting Act No. 6 of 2006 - FTRA)

25. Nature of Business / Organization

26. Purpose of Opening the Account/s

27. Source of funds : Expected source and nature of credits into the account

- ☐ Sales and business turnover
- ☐ Investment Proceeds
- ☐ Contract Proceeds
- ☐ Dividends
- ☐ Profits/Professional Income
- ☐ Sales of Assets / Property
- ☐ Commission Income
- ☐ Export Proceeds
- ☐ Other (Specify) .....

28. Monthly Income

- ☐ Less than 1,000,000/-
- ☐ Above5,000,001/- up to 10,000,000/-
- ☐ Above 1,000,001/- up to 5,000,000/-
- ☐ Over10,000,000/-

29. Anticipated Volumes (Expected) Usual average volumes of deposits into the account in rupees per month

- ☐ Less than 1,000,000/-
- ☐ Above5,000,001/- up to 10,000,000/-
- ☐ Above 1,000,001/- up to 5,000,000/-
- ☐ Over10,000,000/-

30. Expected mode of transactions

- ☐ Cash
- ☐ Cheques
- ☐ Fund Transfers
- ☐ Other modes of forms

31. Assets owned by the business

Property / Premises	Rs.	Investment	Rs. .....
Motor Vehicle	Rs.	Financial Assets	Rs. .....
Other (Specify)	.....	Rs.	

32. Are the audited financial statements for the last two years available ☐ Yes ☐ No	Current year	Previous year
Annual Sales turnover		
Net Profit / Loss		
Paid-up Capital + Accumulated Profits		
Number of Employees		

33. Other Connected Businesses / Professional activities interests -

34 Subsidiaries and business associates

Name		Percentage of Control	
Name		Percentage of Control	
Name		Percentage of Control	

H. Partners / Beneficial Ownership Information

Name	NIC or Valid Passport Number	Address	Contact No.	Nature ofbeneficial ownership (*) (Select A,B, or C)	Beneficial Ownership
CIF No.					☐ Yes ☐ No
CIF No.					☐ Yes ☐ No
CIF No.					☐ Yes ☐ No
CIF No.					☐ Yes ☐ No
CIF No.					☐ Yes ☐ No
CIF No.					☐ Yes ☐ No

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

H. Operating Instructions

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....

....

J. Partners and Authorized Signatories with Specimen Signature

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	Signature	Beneficial Owner ☐ Yes ☐ No	Signature
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	Signature	Beneficial Owner ☐ Yes ☐ No	Signature
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	Signature	Beneficial Owner ☐ Yes ☐ No	Signature
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	Signature	Beneficial Owner ☐ Yes ☐ No	Signature

K. Documents Required

Certified copy of the Certificate of Registration.	
Copies of NIC / PP/ DL of the partners.	
Copy of partnership deed/ agreement.	
Copies of utility bills and/ or bank statements etc. verifying the residential address of the partners.	
Copies of utility bills and/ or bank statements etc. verifying the business address obtained.	

L. Declaration

The authorized representatives of the firm hereby confirm that the details given in previous pages, below and overleaf, are true and correct and agree to abide by the rules indicated overleaf. The authorized representatives of the firm hereby agree to comply with and to be bound by all applicable laws and the Bank's prevailing rules and regulations and/or terms and/or procedures & operations, services & transactions relating to the said account and/or banking facilities and subject to be further bound by any variations, amendments and changes made to the same as may be prescribed by the bank from time to time in 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. Further, the authorized representatives of the firm confirm the details and conditions applicable to the said account and to the products/services related thereto and their terms and conditions which were explained and understood by the authorized representatives of the firm.

We agree to comply with and to be bound by the Bank's rules for the time being for the conduct of such accounts as displayed on the Bank's premises. We agree that the Bank may without notice combine or consolidate account/s with and liabilities to the Bank and set-off of transfer any sum/s standing to the credit of any such accounts or any other sum/s owing to us from the Bank on or towards satisfaction our liabilities to the Bank on any other account or in any other respect whether such liabilities be actual or contingent primary or collateral and several or joint. Further, we are aware that the Bank has published its "General Business Conditions" on the corporate website of the bank and the same is an integral part of this application.

All Partners and authorized signatories should complete personal KYC forms in addition to the above information as required by rules prescribed in terms of Section 2(3) of the Financial Transaction Reporting Act No. 6 of 2006

Partner	Partner
Partner	Partner
Partner	Partner

M. Introducer (For Current Accounts)

Name in Full Rev/Mr/Mrs/Miss/Dr/Prof	Account No.	
Address	NIC No. / Emp No.	
	Occupation :	

I, the undersigned, hereby confirm that the applicants for this account are personally known to me and are fit to open and operate a current account.

Signature

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, Partners, 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.: