

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

The Manager,
Pan Asia Banking Corporation PLC

General Business Conditions

..... Branch

Please open an account/s in the name of the mentioned proprietorship.

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

For office use only

Customer Number

C

Account Number/s

1.

2.

3.

A. Type of Account, Product and Currency

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 Internet Banking Application)

C. Details of the Firm

4. Full Name of the Proprietorship 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

D. Proprietorship Information

12. Nature of Business

13. Purpose of Opening the Account/s

14. Source of Funds ☐ Business Turnover ☐ Investments ☐ Commission Income
☐ Dividends ☐ Contract Proceeds ☐ Export Proceeds
☐ Profits ☐ Royalty Income ☐ Sales of Assets
☐ Others

15. Monthly Income ☐ Less than 1,000,000/- ☐ 5,000,001/- up to 10,000,000/-
☐ 1,000,001/- up to 5,000,000/- ☐ Over 10,000,000/-

16. Anticipated Volumes
(Expected/Usual average volumes of deposits into the account in rupees per month)
☐ Less than 1,000,000/- ☐ Above 5,000,001/- up to 10,000,000/-
☐ 1,000,001/- up to 5,000,000/- ☐ Over 10,000,000/-

17. Expected mode of transactions ☐ Cash ☐ Cheques ☐ Funds Transfer ☐ Other modes of forms

18. Assets owned by the Proprietorship
Property/Premises Rs. Investment Rs.
Motor Vehicle Rs. Financial Assets Rs.
Other (Specify) Rs.

19. Are the audited financial statements for the last two years available? ☐ Yes ☐ No

Annual turnover Current year Previous year

Net Profit / Loss

Paid up Capital + Accumulated Profits

Number of Employees

E. Details of the Proprietor (If there are no changes to the existing proprietor information, please provide only the full name and NIC/PP number of the proprietor.)

20. Name of the Proprietor

21. Permanent Address

22. Mailing Address
(if different from Registered Address)

23. NIC No./PP No. 24. Date of Issue D D M M Y Y Y Y

25. Contact No. 26. Date of Birth D D M M Y Y Y Y

27. Gender ☐ Male ☐ Female

28. Email Address

20. Are you or your close relative a Politically Exposed Person (PEP)? ☐ Yes ☐ No

30. Are you a "US Person" under the provisions of the Foreign Account Tax Compliance Act (FATCA)? ☐ Yes ☐ No

31. Source of Funds :	☐ Salary / Pension / Gratuity ☐ Royalty ☐ Rent Income ☐ Family Remittances	☐ Commission Income ☐ Business Turnover ☐ Sale of Assets ☐ Dividend	☐ Gifts ☐ Export Proceeds ☐ Other
32. Monthly Income	☐ Less than 500,000/- ☐ 500,001/- up to 999,999/-	☐ 1,000,000/- up to 4,999,999/- ☐ Over 5,000,000/-	

F. Fixed and Call Deposit Account Details

34. Amount in Figures :		35. Period Months
36. Amount in Words :		37. Interest Payment ☐ Monthly ☐ Maturity ☐ Biannual
38. Renewal : ☐ With interest ☐ Without interest		39. Funding of Deposit by: ☐ Cash ☐ Cheque No. ☐ Account No.
40. Interest credited Account No.		

G. Declaration and Operation Instructions

To: Director - Department of Foreign Exchange
 I (Proprietor), declare that all details given above by me on this form are true and correct. I hereby confirm that I am 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 (Annexed) 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 hereby undertake to abide by the said conditions. I further agree to provide any information on transactions carried out by me in foreign exchange on the card issued to me as Pan Asia Bank may require for the purpose of the FEA.

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

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

I confirm that the details given by me above are true and correct and undertake to notify the bank in writing within 14 days if there is any change in any information provided to the bank. I hereby agree to comply with and to be bound by all rules, regulations, terms & conditions, procedures, operations, services, and transactions relating to this account currently in force and any subsequent changes, additions, deletions of such rules, regulations, terms, and conditions, procedures, operations, services and transactions from time to time by the bank.

I hereby consent to exposing my data to third-party service providers, in cases where the bank is utilizing information systems or infrastructure managed or owned by third-party service providers, located within the country or outside Sri Lanka. I agree that in the event of my demise, the moneys held in the account will be payable to my designated beneficiary or heirs as per the bank's policy. I acknowledge that I am solely liable for any indebtedness to the bank created by my actions. Further, I am aware that the bank has published its "General Business Conditions" on the corporate website of the bank and that the same is an integral part of this application.

Signature of the Sole Proprietor

H. Introducer (For Current Accounts)

Name in Full	Account No.	
	NIC No. / Emp No.	
Address	Occupation :	

I, the undersigned, hereby confirm that the applicant for this account is personally known to me and is 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

I, as the Authorized Officer of the bank, have carefully examined the information together with relevant documents given by the applicants and am satisfied with the bona-fide of this 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 EFC 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 Direction 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 cardholders and to bring the matter to the attention of the Director - Department of Foreign Exchange.

DD.MM.YY.

Signature of the Authorized Officer

The information provided above has been checked, and the signature of the introducer has been verified.	The customer was interviewed, and satisfaction with the identity of the introducer and applicants was confirmed, as well as with the KYC information provided. Approval was granted following verification against the sanctioned list, per current circular instructions.
Officer's Sig. Emp No. Date	Asst. Manager/Manager Date
Data Input by :	Emp No. : Authorized by :