

INTRODUCTION (FOR CURRENT ACCOUNTS / CHEQUE DEPOSIT SAVING ACCOUNTS ONLY)

I am well acquainted with
 whose signature/s appear overleaf and his/her/their signature/s was/were affixed in my presence. I certify that he/she/they is a /are suitable person/s to open and maintain a Current/Savings Account with Bank of Ceylon.

A/C No. : Signature :

Tele No. : Name & Designation:

For Office Use Address :

Verified by :

Signature of the Officer : Date :

TIME DEPOSITS

Currency

- Cash / Cheque / Draft No.
 - Amount (figures)
In words
 - Term days / months / years
Period From to
 - Rate of Interest% p. a. to be payable
*Monthly / at maturity / at the time of withdrawal
 - Subject to automatic renewal conditions *with/without interest at the prevailing rate.
 - All interest accruing due from time to time should be credited to *Current / Savings / NRFC Account No. of Mr./Mrs./Missat..... Branch. (or)
 - Mailing address to dispatch the bank cheque for the interest
- For Office Use**
- Receipt No.
(* Delete whichever is inapplicable)

AUTOMATED BANKING SERVICES

<table border="0"> <tr> <td>Visa Electron (Debit)Card</td> <td>Yes <input type="checkbox"/></td> <td>No <input type="checkbox"/></td> </tr> <tr> <td>BOC Net</td> <td>Yes <input type="checkbox"/></td> <td>No <input type="checkbox"/></td> </tr> <tr> <td>Internet Banking</td> <td>Yes <input type="checkbox"/></td> <td>No <input type="checkbox"/></td> </tr> <tr> <td>*Email Statement</td> <td>Yes <input type="checkbox"/></td> <td>No <input type="checkbox"/></td> </tr> <tr> <td>SMS Banking</td> <td>Yes <input type="checkbox"/></td> <td>No <input type="checkbox"/></td> </tr> <tr> <td>Utility Payment</td> <td>Yes <input type="checkbox"/></td> <td>No <input type="checkbox"/></td> </tr> </table>	Visa Electron (Debit)Card	Yes <input type="checkbox"/>	No <input type="checkbox"/>	BOC Net	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Internet Banking	Yes <input type="checkbox"/>	No <input type="checkbox"/>	*Email Statement	Yes <input type="checkbox"/>	No <input type="checkbox"/>	SMS Banking	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Utility Payment	Yes <input type="checkbox"/>	No <input type="checkbox"/>	BOC accounts to be linked <input type="checkbox"/> <input type="checkbox"/> BOC Credit Card (if any) No. <input type="text"/> Mobile No. for SMS Banking <input type="text"/> → Bill Nos. (1) to (2) to
Visa Electron (Debit)Card	Yes <input type="checkbox"/>	No <input type="checkbox"/>																	
BOC Net	Yes <input type="checkbox"/>	No <input type="checkbox"/>																	
Internet Banking	Yes <input type="checkbox"/>	No <input type="checkbox"/>																	
*Email Statement	Yes <input type="checkbox"/>	No <input type="checkbox"/>																	
SMS Banking	Yes <input type="checkbox"/>	No <input type="checkbox"/>																	
Utility Payment	Yes <input type="checkbox"/>	No <input type="checkbox"/>																	

*For Current/NRFC Accounts only
 (For Automated Banking Services complete relevant application forms)

***NOMINATION (EXCEPT CURRENT ACCOUNT)**

(*You may omit if you do not wish to nominate.)

	1	2	3
Full Name of Nominee			
Address of Nominee			
ID Card No. / Passport No. If available.			
Payment %			

I / We do hereby nominate, the abovenamed as my/our nominee/s to receive all monies lying in the account on my/our death subject to the provisions of Section 14 of Bank of Ceylon Ordinance. We are aware in the event of the death of any one of joint account holders the nomination becomes invalid.

Witness:
 Name & Address :

Signature 1. Date :

Signature 2. Date : Signature

OPERATING INSTRUCTIONS

- I / We agree to comply with and to be bound by the rules of the bank governing the conduct of this account which I/We have read and understood and acknowledge the receipt of a copy of the rules and conditions of the personal / joint accounts.
- **For joint accounts** - Cheques / Withdrawals will be signed by *..... I / We hereby authorize you to act on instruction given by *..... relating to this account (*Insert both/either of us/anyone/all)
 - In the event of the death of anyone of us the balance at credit of the account will be payable to the survivor without reference to the representatives of the deceased.
- **For foreign currency accounts** I / We agree to comply with and to be bound by the Exchange Control Regulations & Rules of the Bank governing the conduct of this account.

Signature 1

Signature 2

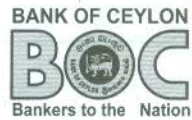
Date :

Date :

Know Your Customer (KYC) Check List

(Requirement in terms of Financial Transaction Reporting Act No 6 of 2006)

Bank Use Only



Date	:
A/C No	:
Currency	:
Branch No	:
Officer's signature with sig. No:	
Manager's signature with sig. No:	

Tick the appropriate boxes

Section A - Basic Account Information

1. Name of the Account:		
2. Client Type		
<input type="checkbox"/> Individual/Joint <input type="checkbox"/> Proprietor/Partnership	<input type="checkbox"/> Private Limited Company <input type="checkbox"/> Public Limited Company	<input type="checkbox"/> Clubs/Societies/Charities/Associations <input type="checkbox"/> Trust/ NGOs
3. A/C Type		
Domestic Currency <input type="checkbox"/> Current A/C <input type="checkbox"/> BoC Prestige Plus <input type="checkbox"/> 7-day call deposit	<input type="checkbox"/> Savings <input type="checkbox"/> 18+ <input type="checkbox"/> KRG <input type="checkbox"/> Others	Foreign Currency Accounts <input type="checkbox"/> Savings <input type="checkbox"/> Fixed Deposit <input type="checkbox"/> NRFC/RFC/RNNFC
4. Purpose for opening the account & the usage		
<input type="checkbox"/> Business Transactions <input type="checkbox"/> Employment/ Professional Income <input type="checkbox"/> Family inward remittances <input type="checkbox"/> Upkeep of family/person	<input type="checkbox"/> Utility bill payment <input type="checkbox"/> Savings <input type="checkbox"/> Loan repayments <input type="checkbox"/> Hare transactions	<input type="checkbox"/> Investment purposes <input type="checkbox"/> Social & Charity work <input type="checkbox"/> Others (Specify)
(In the case of Business Accounts: indicate the Registration no., Tax File no. and the principle nature of activity in brief. In the case of foreign passport holders, give the reason for opening the account in the foreign jurisdiction)		

5. Source of funds: <i>Expected source and nature of credits in to the account</i>		
<input type="checkbox"/> Sales and business turnover <input type="checkbox"/> Family remittances <input type="checkbox"/> Commission income <input type="checkbox"/> Export proceeds	<input type="checkbox"/> Contract proceeds <input type="checkbox"/> Donations/ Charities(local/foreign) <input type="checkbox"/> Salary/Profit Income <input type="checkbox"/> Investment Proceed	<input type="checkbox"/> Sales of Property/ assets <input type="checkbox"/> Gift <input type="checkbox"/> Membership Contribution <input type="checkbox"/> Others (Specify)
6. Anticipated Volumes: <i>Expected/Usual average volumes of deposits into the account in rupees per month</i>		
<input type="checkbox"/> Less than 100,000 (App. US\$ 1,000) <input type="checkbox"/> 100,000 to 500,000 (App. US\$ 1,000 to 5,000) <input type="checkbox"/> 500,000 to 1,000,000 (App. US\$ 5,000 to 10,000) <input type="checkbox"/> 1,000,000 to 2,000,000 (App. US\$ 10,000 to 20,000) <input type="checkbox"/> 2,000,000 to 3,000,000 (App. US\$ 20,000 to 30,000)	<input type="checkbox"/> 3,000,000 to 5,000,000 (App. US\$ 30,000 to 50,000) <input type="checkbox"/> 5,000,000 to 7,000,000 (App. US\$ 50,000 to 70,000) <input type="checkbox"/> 7,000,000 to 10,000,000 (App. US\$ 70,000 to 100,000) <input type="checkbox"/> Over 10,000,000 (App. US\$ 100,000)	

Section B - Mandatory Checks

1. Name/ Date of Birth / Nationality/Registration Verification (To be supported by one of the following accepted documents)		
<input type="checkbox"/> National Identity Card <input type="checkbox"/> Passport <input type="checkbox"/> Birth Certificate for minor	<input type="checkbox"/> Official Armed Forces Service Card <input type="checkbox"/> Registration Document <input type="checkbox"/> Others (specify)	
2. Address Verification <i>Residential address verified and supported by one of the following accepted documents</i>		
<input type="checkbox"/> National Identity Card <input type="checkbox"/> Tenancy Agreement <input type="checkbox"/> Passport <input type="checkbox"/> Driving License	<input type="checkbox"/> Statement of a bank <input type="checkbox"/> Utility Bills specify <input type="checkbox"/> Employment Contract	<input type="checkbox"/> Letter from a public authority <input type="checkbox"/> Income tax Receipt / Assessment notice <input type="checkbox"/> Others (specify)
3. Applicants' ownership of wealth and estimated value (approx.)		
<input type="checkbox"/> Residential property - Rs. <input type="checkbox"/> Business premises - Rs. <input type="checkbox"/> Motor vehicles - Rs.	<input type="checkbox"/> Financial assets - Rs. <input type="checkbox"/> Investments - Rs. <input type="checkbox"/> Others (specify)..... - Rs.	

BOC/SUPP/S131235

Form No. 70144 E

4. Source of wealth *Wealth generated from:*

- | | |
|--|--|
| <input type="checkbox"/> Business Ownership/Income | <input type="checkbox"/> Inheritance |
| <input type="checkbox"/> Investments | <input type="checkbox"/> Others (specify)..... |
| <input type="checkbox"/> Profession/employment | |

5. Does the client appear in the known suspected terrorist list or any other alert list?	Yes	No
6. Is the client or any member of his immediate family is a Political Exposed Person (PEP)?	Yes	No

If "Yes"- Please specify

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Section C - Risk Categorization

	LOW -1	MEDIUM-2	HIGH -3
Category 1 Client Type	Student/Housewife/Pensioner	Employee - Executive - Government	Government Institution
	Employee- Non executive- Government	Employee - Executive - Private	Charity/NGO
	Employee - Non executive -Private	Lawyer & Accountant	PEPs
	Public Limited Liability Company	Private Limited Liability Company	Off shore/Non resident company
	Business - Individual	Business-Proprietor/Partnership	Foreign Citizen
	Club/Society/Association		BOI/Foreign Collaborations
	Educational Institution		
	Self Employed - Professional		
	Self Employed - Business		
Category 2 Business/ Trade/Usage	Other Individuals		
	Personal/Family Use		
	Dealer in Petroleum Products	Art/Antique dealer	Dealer/Trader in Gem and Jewellery
	Professional Services		Finance/Insurance Companies
	Dealer in brand new vehicles	Travel agent	Money changers/remitters
	Retail trader/Business	Importer & distributor of commercial goods	Buying and Selling of real estate
	Service Provider	Entrepot trade	Shares & Stock brokers
	Printers & Publishers	Hotelier/Food outlets	Investing/administering/managing public funds
	Marketing & Advertising	Exporter of local Products	Restaurant/Bar/Casino/Gambling house/ Night club
	Small/Medium work shop/Repair Shop	Telephone/Communication Providers	Importer/Dealer in 2 nd hand motor vehicles
	Nursing Homes/Health Care Centers	Commission Agent	
	Manufacturing/Industry	Wholesale trader	
	Transport Operations	Shipping, Airline and Freight Forwarding	
Social /Religious Activities	Construction Buildings/Roads		
Category 3 Turnover per month	Less than 1,000,000/=	From 1,000,000 to 3,000,000/=	Above 3,000,000/=

Overall Rating - 1-3	Low	
4-6	Medium	
7-9	High	

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Authorized Signature

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Date