

D	M	Y

INDIVIDUAL / JOINT ACCOUNT OPENING FORM

LOLC Development Finance PLC

PREFERRED

SINHALA

TAMIL

ENGLISH

ACCOUNT / DEPOSIT NO

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ACCOUNT TYPE

Sri Lankan Rupees

SAVINGS

FIXED DEPOSIT

A. NAME(S) OF DEPOSITOR(S) / තැන්පත්කරුවෝ / කරුවන්ගේ නම / නමී / வைப்பாளர் / வைப்பாளர்களின் பெயர் / பெயர்கள்

1. REV/MR/MRS/MISS/DR පුද්ගල / මයා / මිය / මෙහෙවිය / ආචාර්ය SURNAME වාසනම குடும்ப பெயர்	வண/திரு/செல்வி/திருமதி/கலாநிதி	CUSTOMER CODE පාරිභෝගික කේත අංකය வாடிக்கையாளர் குறியீடு
OTHER NAMES වෙනත් නම් வேறுபெயர்கள்		
2. NIC/PP No. / ජා.ක. / විදේශ ගමන් වලපත්‍ර / රියදුරු වලපත්‍ර අංකය தே.அ./கடவுச்சீட்டு/சாரதி அனுமதிப்பத்திர இல		ISSUED DATE නිකුත් කළ දිනය வழங்கிய திகதி
3. E-MAIL ඊ මෙලෙකු මිනිසුන්ගේ		VALID UP TO දින දක්වා වලංගුය செல்லுபடியாகும் காலம்
4. OCCUPATION වෘත්තීය தொழில்		MOBILE NO. දුරකථන අංකය கையடக்கத் தொலைபேசி
5. TEL NO. (WITH COUNTRY CODE) දුරකථන අංකය (අමතනු ලබන රටේ කේත) / தொலைபேசி இல.		
6. DATE / PLACE & COUNTRY OF BIRTH : උපන් දිනය / රට සහ ස්ථානය பிறப்புத்திகதி நாடு இடம்		
7. PERMANENT ADDRESS (AS PER IDENTIFICATION DOCUMENT) ස්ථිර ලිපිනය (අනන්‍යතා ලේඛනය අනුව) முகவரி (நிரந்தரம்) (அடையாள ஆவணத்துக்கு ஏற்ப)		
8. DISTRICT දිස්ත්‍රික්කය மாவட்டம்		
9. CORRESPONDENCE ADDRESS ලිපි හුවමාරුව සඳහා ලිපිනය கடிதத் தொடர்பு முகவரி		
10. DISTRICT දිස්ත්‍රික්කය மாவட்டம்		

1. REV/MR/MRS/MISS/DR පුද්ගල / මයා / මිය / මෙහෙවිය / ආචාර්ය SURNAME වාසනම குடும்ப பெயர்	வண/திரு/செல்வி/திருமதி/கலாநிதி	CUSTOMER CODE පාරිභෝගික කේත අංකය வாடிக்கையாளர் குறியீடு
OTHER NAMES වෙනත් නම් வேறுபெயர்கள்		
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3. E-MAIL ඊ මෙලෙකු මිනිසුන්ගේ		VALID UP TO දින දක්වා වලංගුය செல்லுபடியாகும் காலம்
4. OCCUPATION වෘත්තීය தொழில்		MOBILE NO. දුරකථන අංකය கையடக்கத் தொலைபேசி
5. TEL NO. (WITH COUNTRY CODE) දුරකථන අංකය (අමතනු ලබන රටේ කේත) / தொலைபேசி இல.		
6. DATE / PLACE & COUNTRY OF BIRTH : උපන් දිනය / රට සහ ස්ථානය பிறப்புத்திகதி நாடு இடம்		
7. PERMANENT ADDRESS (AS PER IDENTIFICATION DOCUMENT) ස්ථිර ලිපිනය (අනන්‍යතා ලේඛනය අනුව) முகவரி (நிரந்தரம்) (அடையாள ஆவணத்துக்கு ஏற்ப)		
8. DISTRICT දිස්ත්‍රික්කය மாவட்டம்		
9. CORRESPONDENCE ADDRESS ලිපි හුවමාරුව සඳහා ලිපිනය கடிதத் தொடர்பு முகவரி		
10. DISTRICT දිස්ත්‍රික්කය மாவட்டம்		

B. DEPOSIT INFORMATION (APPLICABLE FOR FIXED DEPOSIT (S) ONLY)

 AMOUNT (IN WORDS)

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PERIOD OF DEPOSIT (IN MONTHS) (✓) 1 3 6 12 24 36 48 60	INTEREST RATE %P.A.	PAYMENT MODE (✓) MONTHLY MATURITY ANNUALLY	RENEWAL INDICATOR (✓) CAPITAL ONLY CAP. & INT.
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

INTEREST PAYMENT INFORMATION (MONTHLY/MATURITY) PAY TO SELF <input type="checkbox"/> PAYEE <input type="checkbox"/>	COLLECT AT OFFICE <input type="checkbox"/>	DEBIT INSTRUCTION DEBIT MY LODF SAVING ACCOUNT	SIGNATURE
		AMOUNT <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

PAYEE DETAILS : REV / MR / MRS / MISS

NAME																								
ADDRESS																								
NAME OF BANK													BRANCH											
A/C NO.													(SAVINGS /CURRENT)											

C. CORRESPONDENCE

<input type="checkbox"/> Fixed Deposits	<input type="checkbox"/> Post	<input type="checkbox"/> Interest Advise	<input type="checkbox"/> Post	<input type="checkbox"/> Savings	<input type="checkbox"/> Statement	<input type="checkbox"/> Post
<input type="checkbox"/> Renewal Advise	<input type="checkbox"/> SMS	<input type="checkbox"/> E-mail	<input type="checkbox"/> SMS			<input type="checkbox"/> E-mail
			<input type="checkbox"/> E-mail			

D. FOR JOINT ACCOUNT HOLDERS ONLY

1. Where the deposit is held in joint names, it is agreed that all instructions with regard to the term/fixed/savings deposit shall be given by (Please tick (✓)/ delete as applicable)
 Any one / Two / of above All Signatories Others (Please Specify)

2. In the event of the death of any of us (the depositors) the survivor(s) of such depositors shall be entitled to all the rights and powers which the depositor (s) so dying had at the time of such death in respect of the Term/Fixed/Saving Deposit Account(s), including the right to payment at maturity of the money in deposit without prejudice to any right you may have in respect of such money arising out of any lien setoff, counter claim or otherwise whatsoever or to any step you may deem it desirable to take in view of any claim by any person other than the survivor(s).

E. NOMINATIONS

1. NOMINEE/S (REV / MR / MRS / MISS)	<input type="text"/> %	2. NOMINEE/S (REV / MR / MRS / MISS)	<input type="text"/> %
NAME		NAME	
NIC / PP NO		NIC / PP NO	
ADDRESS		ADDRESS	
.....		
COUNTRY		COUNTRY	

(For Additional Nominations, Please use the Nominee form)

NOMINEE IN TERMS OF SECTION 544 (1) (D) OF THE CIVIL PROCEDURE CODE AMENDMENT) ACT NO. 14 OF 1993

F. ANTI MONEY LAUNDERING AND ENVIRONMENTAL DECLARATION

I/ We hereby declare and confirm that all the money that I / we use for the purpose of this facility / deposit is earned or received by me / us through legitimate sources and is not derived or realized; directly or indirectly, from any unlawful activity or from the proceeds of any unlawful activity. I / We also declare and confirm that any money that I / we will be using in the future to make any payments in terms of this agreement including the rentals, capital and/or interest shall be money earned or received by me / us through legitimate sources and shall not be money derived or realized, directly or indirectly from any unlawful activity or from the proceeds of any unlawful activities. I/We also wish to confirm that any money received or earned by me / us in terms of this agreement shall only be used for legitimate purposes and shall not be used for any unlawful activity. (The words unlawful activities shall have the same meaning as defined in the prevention of Money Laundering Act, No.05 of 2006.)
 I/ We wish to also confirm that all my/our sources of income are generated through activity which are conducted in compliance with the environmental laws, rules and regulations which are in force in the country and will ensure that all payments that I/we make including rentals, capital, interest, fees or any deposits in terms of this agreement now as well as in the future shall be from income generated through sources or activities which are in compliance with the above laws rules and regulations.

G. DECLARATION BY CUSTOMER

Applicable only if LOLC Development Finance staff fills the mandate on behalf of customer

I/We do hereby acknowledge that /
 (LOLC Development Finance Staff name & ID) the Bank staff has filled in this application form on my / our request and based on the information provided by me/us and that the information provided herein is true and accurate. I/We acknowledge and agree that the LODF Finance or any of its representatives shall not be responsible for any liability arising out of incorrect/untrue information provided in this application.

H. Terms and conditions and the features of products / services relating to Savings / Fixed Deposits & Value Added Services have been received and same have been read explained & understood by me / us.

1 2
 Signature/s of depositor/s

**** Please refer LOLC Development Finance website for the latest updates on Terms and Conditions and features of products / services.**

CASH <input type="checkbox"/>	CHEQUE <input type="checkbox"/>	REMITTANCE BANK TRANSFER <input type="checkbox"/>	ME CODE <input type="text"/>	SPECIAL REMARKS
RECEIPT NO. <input type="text"/>	CREATED BY <input type="text"/>		CHECKED & AUTHORIZED BY 1. <input type="text"/>	
CHEQUE REALIZATION DATE / VALUE DATE <input type="text"/>	AUTHORIZED OFFICER/ BRANCH ACCOUNTANT/BRANCH HEAD (WITH BRANCH STAMP)		2. <input type="text"/>	

LOLC DEVELOPMENT FINANCE PLC

Company Registration No: PB 263 PQ

No.100/1, Sri Jayawardenapura Mawatha, Rajagiriya, Sri Lanka.

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