

Care: This form is a part of the customer mandate and should be filled with the customer's Master Account Mandate. This form can be used only if the customer has originally signed a personal account opening mandate.

[illegible][illegible]Date:

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Please open an account for me/us as per details provided below, as an additional account to my/our master account number in your books. I/We agree that the terms and conditions and indemnities applicable to my/our account will apply to this account.

Master Account Number:

Account Details

Account Type	Currency	Category	Auto Enrolled Services	SMS/ Online Banking
<input type="checkbox"/> Current Account	<input type="checkbox"/> LKR <input type="checkbox"/> SGD	<input type="checkbox"/> PFCA <input type="checkbox"/> EB	SMS Alert 	Specify if you DO NOT wish to utilize these services I do not require this service SMS Alert <input type="checkbox"/> Online Banking <input type="checkbox"/>
<input type="checkbox"/> Savings Account	<input type="checkbox"/> USD <input type="checkbox"/> AUD	<input type="checkbox"/> BFCA <input type="checkbox"/> IIA	Online Banking 	
<input type="checkbox"/> Fixed Deposit	<input type="checkbox"/> GBP <input type="checkbox"/> JPY	<input type="checkbox"/> CTRA	<i>Above services are provided free-of-charge</i>	
<input type="checkbox"/> Call Deposit	<input type="checkbox"/> -----	<input type="checkbox"/> Other.....		

Full Name/s as in Passport / NIC (Please underline surname and include Alias)

Main Accountholder "A"	
Joint Accountholder "B"	
Joint Accountholder "C"	

Contact Details (Required only if details differ from Primary Account) ☐ "A" ☐ "B" ☐ "C" ☐ All

Residential Address				
Permanent Address				
Office Address				
Telephone Numbers	(Residence)	(Mobile)	(Office)	(Fax)
Email Address	(Personal)		(Office)	

Fixed Deposits Only

Period <input type="checkbox"/> 1 Month <input type="checkbox"/> 12 Months (Interest at Maturity) <input type="checkbox"/> 2 Months <input type="checkbox"/> 12 Months (Monthly Interest) <input type="checkbox"/> 3 Months <input type="checkbox"/> 60 Months (Interest at Maturity) <input type="checkbox"/> 6 Months <input type="checkbox"/> 60 Months (Monthly Interest)	Renewal Instructions <input type="checkbox"/> Renewed automatically with interest <input type="checkbox"/> Renewed automatically and interest credited to specified account <input type="checkbox"/> Do not renew. Credit funds to specified account	Interest / funds to be credited to: <div style="border: 1px solid black; height: 20px; width: 100%;"></div> Account Number
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Source of Funds

Source of Funds		Mode of Funds	Purpose of Account
Initial Deposit amount:.....		<input type="checkbox"/> Cash <input type="checkbox"/> Transfer from account	<input type="checkbox"/> Savings
<input type="checkbox"/> Inheritance / Gift	<input type="checkbox"/> Salary	<input type="checkbox"/> Cheque -----	<input type="checkbox"/> Loan repayment
<input type="checkbox"/> Return on investments	<input type="checkbox"/> Commission	(Specify Account Number)	<input type="checkbox"/> Transactional
<input type="checkbox"/> Own Business	<input type="checkbox"/> -----	Authorized Signatory -----	<input type="checkbox"/> Investment <input type="checkbox"/> Other
			<input type="checkbox"/> Payroll -----

Value Added Services			
Debit Card Do you wish to link your existing Debit Card to this account? <input type="checkbox"/> Yes <input type="checkbox"/> No	Cheque Book (Applicable for Local Rupee Current Account/s) <input type="checkbox"/> Yes. Please issue me/us a cheque book for <div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> 25 Leaves <input type="checkbox"/> 50 Leaves </div> <input type="checkbox"/> No <small>Please refer the Tariff Guide for the applicable charges</small>	SMS Alert /Online Banking Mandatory Details: Mobile No: _____ Email: _____	
E Statements			
Help the environment by signing up for e-Statements. Do you wish to link this account and all other Sub Accounts under the same Master Account for e-Statements? <input type="checkbox"/> Yes <input type="checkbox"/> No Please specify your e-mail address to enrol yourself _____ Statement Frequency: <input type="checkbox"/> Weekly <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly You will no longer receive statements by post when you sign up for this service.			
Foreign Account Tax Compliance			
<div style="display: flex; justify-content: space-around;"> "A" "B" "C" </div>			
Country of Residence: _____ Country of Birth: _____ Nationality/Citizenship: _____ (Incase of multiple nationalities, please list ALL Nationalities/Citizenships held)			
Please tick "V " Yes or No for each of the following questions: Yes / No			
	"A" Yes/No	"B" Yes/No	"C" Yes/No
1. Are you a U.S. Resident?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
2. Are you a U.S. Citizen?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
3. Do you hold a U.S. Permanent Resident Card (Green Card)?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
I /We hereby confirm the information provided above is true, accurate and complete. Subject to applicable local laws, I/We hereby consent for Standard Chartered PLC or any of its affiliates (including branches) (collectively "the Bank") to share my/our information with domestic or overseas regulators or tax authorities where necessary to establish my/our tax liability in any jurisdiction. Where required by domestic or overseas regulators or tax authorities, I/We consent and agree that the Bank may withhold, and payout, from my/our account(s) such amounts as may be required according to applicable laws, regulations, agreements with regulators or authorities and directives. I/We agree and undertake to notify the Bank within 30 calendar days if there is a change in any information which I/We have provided to the Bank.			
_____	_____	_____	
Main accountholder "A"	Joint accountholder "B"	Joint accountholder "C"	
Signatures			
I/We hereby acknowledge that I/We have received/have been explained and understood the Personal Account Terms and Conditions and also am/are in possession of copies of same and I/We agree to be bound by the said Terms and Conditions in opening and operating this Account and Debit Card(s) with Standard Chartered Bank.			
_____	_____	_____	
Main accountholder "A"	Joint accountholder "B"	Joint accountholder "C"	
Declaration (To be filled only in the event when Bank staff fills the mandate on behalf of the customer)			
I/We hereby acknowledge that (Bank Staff name & ID) the Bank staff has filled in this application form on my request and the information provided herein is true and accurate. I/We acknowledge and agree that the Bank or any of its representatives is not responsible for any liability arising out of incorrect/untrue information provided in this application.			
_____	_____	_____	
Main accountholder "A"	Joint accountholder "B"	Joint accountholder "C"	