

Date						For bank use only	
To: Union Bank PLC		Branch	Currency	Product	Account Type	CIF	
<b>All fields are mandatory</b>	1					Account number	WF Ref
	2						
	3						

Account Number 01 will be designated as the Primary Account and will be linked to the Debit Card.

**1. PERSONAL DETAILS**

Applicant name in full: (Mr/Mrs/Miss/ Dr/Rev)

NIC/PP/DL No  Expiry date

Date of birth  Nationality  Citizenship (if foreigner)

Dual Citizen Yes  No

Visa expiry date

Permanent Address (If differs from the NIC address, a billing proof is required)

Mobile number  Home

Email

Mother's maiden name

Gender Male / Female  Employer name

Occupation/ Position  Nature of business

**2. INTRODUCTION FOR LKR CURRENT ACCOUNTS**

Introducer name

NIC No.  Account No.

Contact number

Address

I hereby confirm that the applicant of this account is known to me and know his /her proper name, address and occupation.

Introducer signature  Date

Employee Number

Designation (If introduced by staff )

**3. CHEQUE BOOK DETAILS**

Name to be printed on the cheque book

**4. FIXED DEPOSITS**

Deposit amount in figures

Period  1 month  3 months  6 months  12 months  60 months  ..... months/Days

Automatic renewal  with interest  without interest

Interest payout  at maturity  monthly

Please credit the interest to account number ..... at ..... bank .....  
branch of account holder .....

**5. VALUE ADDED SERVICES**

Value added services will be activated by default. Tick only if you **DO NOT** wish to register. Charges may apply. Refer to the latest published tariff on [www.unionb.com](http://www.unionb.com) for applicable charges.

Mobile Banking (UBgo)  SMS alerts  eStatements

## 6. DEBIT CARDS

Instant card     Personalised card    Primary account number will be linked for other bank ATM transactions and POS transactions

Personalised card:    Name to be printed on the card   

                                 Card collecting branch   

## 7. STATEMENT

Email for eStatement (If different from the above email address)   

eStatement frequency     Daily     Monthly

eStatement is the default mode of statements. If you wish to receive paper statements or a passbook, please contact the branch officer.

Mailing address (for official communication from the bank)   

## 8. PURPOSE OF ACCOUNT OPENING

Savings     Family remittances     Loan repayment     Employment/ Professional income

Investment purpose     Share transactions     Business transactions     Other (specify)

Foreign Passport Holders / Non-Resident Customers (Please provide the reason for opening the account in a foreign jurisdiction)

## 9. OWNERSHIP OF WEALTH AND ESTIMATED VALUE

Residential property LKR         Business premises LKR   

Investments LKR         Financial assets LKR   

Motor vehicles LKR         Other (specify) LKR   

## 10. SOURCE OF FUNDS: EXPECTED SOURCE AND NATURE OF CREDITS INTO THE ACCOUNT

Sales and business turnover     Contract proceeds     Commission income     Family remittances

Membership contribution     Donations/ charities (local/ foreign)     Advance payments     Investment proceeds

Salary/ profit income     Sale of property/ assets     Others (specify)

## 11. EXPECTED MODE OF TRANSACTIONS (NOT APPLICABLE FOR FDs)

Account 1	Account 2	Account 3		Account 1	Account 2	Account 3	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cash	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CEFT
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cheques	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fund transfers Others
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Digital banking platforms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other (specify) <input type="text"/>

## 12. ANTICIPATED AVERAGE VOLUMES OF DEPOSITS TO THE ACCOUNT IN LKR/ LKR EQUIVALENT PER MONTH (NOT APPLICABLE FOR FDs)

Account 1	Account 2	Account 3		Account 1	Account 2	Account 3	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Less than 100,000	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 100,001 - 500,000
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 500,001 - 1,000,000	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1,000,001 - 2,000,000
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 2,000,001 - 3,000,000	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 3,000,001 - 5,000,000
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 5,000,001 - 7,000,000	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 7,000,001 - 10,000,000
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Over 10,000,001				

## 13. TAX DECLARATION

The following is a mandatory declaration which is required to be completed by all under the Inland Revenue Act No.24 of 2017

Are you a tax payer?     Yes     No    TIN No.

## 14. POLITICALLY EXPOSED PERSON (PEP) DECLARATION

Are you or any member of your family a Politically Exposed Person (PEP)?

Yes

No

If yes, please specify

PEP (Politically Exposed Person) refers to individuals in Sri Lanka or abroad who are, or have been, entrusted with prominent public functions. Examples include heads of state or government, senior politicians, senior judicial or military officials, senior executives of state-owned corporations, and key officials of political parties.

## 15. NOMINATION

Do you need any of the above accounts to be nominated?

Yes

No

If yes, fill a separate nomination form

## 16. EFTC DECLARATION

Declaration by the Applicant for Electronic Fund Transfer Cards (EFTC) - (To be filled by the Applicant to obtain foreign exchange against Credit/Debit or any other Electronic Fund Transfer Card)

To: Director-Department of Foreign Exchange

I....., 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 Union Bank of Colombo PLC may require for the purpose of the FEA. I am aware that the bank is required to suspend 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.

## 17. PRIVACY NOTICE

By signing this application, I acknowledge that the Bank may collect and process my personal data as necessary for the performance of this agreement and for compliance with its legal and regulatory obligations under the Personal Data Protection Act, No. 9 of 2022 (PDPA). I further acknowledge that details on how the Bank processes and protects personal data are described in the Bank's Privacy Policy, available on the Bank's website, "www.unionb.com/privacy-policy". I confirm that I have reviewed, understood, and agreed to the contents of the Privacy Policy and that I have been informed of my rights in relation to personal data under applicable law.

In addition to the above PDPA requirements, I hereby explicitly consent to the bank's sharing of my personal and financial information with third-party service providers, when information systems exposed to customer data located inside or outside Sri Lanka and managed or owned by third-party service providers for the purposes of: providing services requested by me, enhancing service delivery, complying with legal and regulatory requirements. I hereby retain the right to revoke this consent at any time by providing written notice to the bank. Upon receipt of such notice, the bank will cease sharing my information with third-party service providers, except as required by law.

## 18. CONSENT FOR USE OF PERSONAL DATA

I hereby agree to receive marketing and communication materials from Union Bank of Colombo PLC via:

Email

SMS

Call

Mobile messaging apps (Eg: WhatsApp)

To opt out at anytime, click unsubscribe, reply with STOP or contact us on [dataprotection@unionb.com](mailto:dataprotection@unionb.com). Opting out is free of charge

I consent to the bank sharing my personal data with its partner insurance companies for bancassurance services.

## 19. CUSTOMER DECLARATION

I hereby confirm that I have referred to the General Terms and Conditions available on the bank's website: [www.unionb.com](http://www.unionb.com). I further agree and understand that the General Terms and Conditions are subject to change from time to time and the revised version after such changes shall be available in the bank's website: [www.unionb.com](http://www.unionb.com). I hereby further acknowledge that the said Terms and Conditions, Central Bank EFTC declaration together with this mandate constitute my contract with the Bank. I confirm that the details given above and overleaf are true and correct.

I hereby acknowledge and agree to be bound by the Terms and Conditions stipulated by the Bank, as may be amended by the Bank from time to time, that I accept online prior to using the Bank's online services and mobile applications in operating this account with Union Bank of Colombo PLC. I agree that all communications with Union Bank for online and/or mobile services shall be through the registered email and mobile number and agree to keep the Bank informed of any changes of such addresses.

Customer signature

**20. BANK USE ONLY**

Instant card no.  Unique reference ID

Nature of business code	<input type="text"/>	Business sector code	<input type="text"/>	Sub sector code	<input type="text"/>
BDA/ BDO name	<input type="text"/>	BDA/BDO code	<input type="text"/>	BDA / BDO Signature	<input type="text"/>

(To be filled by the Authorized Officer on behalf of UNION Bank when issuing/ authorizing Electronic Fund Transfer Cards to eligible persons)

Declaration by the Authorized Dealer for Electronic Fund Transfer Cards To: Director - Department of Foreign Exchange

I, .....as the Authorized Officer of the bank have carefully examined the information together with relevant documents given by the applicant and satisfied with the bona-fide of these 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 EFTC 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 Directions 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 card holders and to bring the matter to the attention of the Director - Department of Foreign Exchange.

Reason for not opening the account at the nearest branch, if applicable/ Any other branch remarks

**Documents Obtained**

- |  |                          |     |                          |    |
|--|--------------------------|-----|--------------------------|----|
| 1. Customer name screening completed using AML System / sanctions checked with No sanctions identified . | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 2. Completed the FATCA declaration duly signed off, and W-9 Form obtained ( if applicable).              | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 3. Certified copy of NIC / DL / PP .   | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 4. Billing proof ( if applicable).   | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 5. Marriage certificate ( if applicable).  | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 6. CRIB report ( for current accounts ).   | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 7. Debit card issued.  | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 8. Mobile banking activated.   | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 9. Risk rating form attached   | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

Input by

I, as the account opening officer have carefully examined and ensured completion of account opening documents and captured all the relevant information to the system accurately.

Name

Employee number

Authorised by

I, as the Authorized Officer of the bank have carefully examined the information together with relevant documents given by the applicant/s and satisfied with the bona- fide of these information and documents. Hence this confirms that account is authorized, and the required name screening / sanctions check have been performed, with NO sanctions identified

Name

Employee number