



# SOLE PROPRIETORSHIP ACCOUNT OPENING FORM

The Manager  
DFCC Bank PLC

Date :

Branch

Proprietorship Client ID :

Proprietor Client ID :

Please open a savings/current/fixed deposit/call deposit account(s) in the name of below mentioned proprietorship.

Account No.	Savings	Current	FD	CD	Currency	Account Type	Link to Existing eBanking Profile
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## PROPRIETORSHIP INFORMATION

**Name of the Proprietor :**   
(Rev./Dr./Mr./Mrs./Ms.)  
(Please underline the surname)

**NIC/PP/DL No. :**

**Business Name :**

**Business Registration No. :**  **Date of Registration :**

**Registered Address :**

**Country :**  **State :**

**Postal Code :**  **District :**

**Correspondence Address :**

**Telephone No. :**  **Fax No. :**

**Email Address :**

**Nature of Business :**

**Tax File No. :**  **VAT No. :**   
(If Applicable)

## SAVINGS / CURRENT ACCOUNT OPENING

**Initial Deposit :**

**Mode of Payment :**  Cash  Transfer from Account   Inward Remittance  Cheque

**Account Statement Frequency\***  Daily  Weekly  Monthly  Quarterly

\*For Daily and Weekly Statements charges will apply as per tariff.

### Current Account Introduction

I certify that I know and I am well acquainted with the Proprietor of the above named Proprietorship whose signature appears below and I confirm that the above Proprietor is suitable to open and maintain a current account with DFCC Bank PLC.

**Introduced by :**

**Address :**

**Profession/Occupation :**  **Contact No. :**

**Account No. :**  **NIC No. :**

Signature of the Introducer  
(on rubber stamp, if applicable)

## FIXED DEPOSIT / CALL DEPOSIT ACCOUNT OPENING

**Deposit Amount :**

**Mode of Credit :**  Cash  Transfer from Account   Inward Remittance  Cheque

**Deposit Period :**  1 month  3 months  6 months  12months  24 months  
 Other - Specify

**Interest To be Paid :**  Monthly  Quarterly  Annually  Biannually  On Maturity

**Mode of Interest Payment :**  Account Transfer  SLIPS  Account No. :

Bank  Branch

Account Holder's Name

**Maturity Instructions :**  Rollover principal plus interest on maturity date at the rate of interest prevailing at the time.  
 Renew principal at the prevailing interest rate on maturity date and pay interest.

Unless specific instructions as stated above are given, it is the Bank's normal practice to rollover the principal plus the accrued interest, at the rate of interest prevailing on the date of maturity.

**GENERAL INFORMATION**

**Source of Funds :** (Choose one or more)

<input type="checkbox"/> Sales and Business Turnover	<input type="checkbox"/> Export Proceeds	<input type="checkbox"/> Salary/Profit/Income
<input type="checkbox"/> Family Remittances	<input type="checkbox"/> Contract Proceeds	<input type="checkbox"/> Investment Proceeds
<input type="checkbox"/> Commission Income	<input type="checkbox"/> Donations/ Charities (Local/Foreign)	<input type="checkbox"/> Sale of Property/Assets
<input type="checkbox"/> Gift	<input type="checkbox"/> Membership Contributions	
<input type="checkbox"/> Other - Specify <input type="text"/>		

**Anticipated Volumes of Deposits from Above Sources :**

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

**DECLARATION**

I hereby agree to comply with and to be bound by all applicable laws and the Bank's prevailing rules and regulations and/or terms and conditions and/or procedures and operations, services and transactions relating to the said account(s) and/or banking facilities attached thereto and subject to be further bound by any variations, amendments and changes made to same as may be prescribed by the Bank from time to time in future. I confirm that the details given above and overleaf are true and correct. Further I confirm the receipt of details and conditions applicable to the said account(s) and to the products/ services related thereto and their terms and conditions, which were explained to me in my language of conversance and understood by me.

Further I agree that the Bank may without notice combine or consolidate my account(s) with and liabilities to the Bank and set-off or transfer any sum(s) standing to the credit of any such accounts or any other sum(s) owing to me from the Bank on or towards satisfaction of my liabilities to the Bank on any other account or in any other respect whether such liabilities be actual or contingent, primary or collateral and several or joint, and that the Bank's right hereunder shall not be affected by my death or disability.

Signature of the Proprietor on Rubber Stamp

**BANK USE ONLY**

**Branch Use Only**

Date :         Promoter Code :        General Terms and Conditions given and explained to the customer.

FD Interest Rate (per annum) :     %     %     %     %

Account Opened By :

.....  
Name and Employee No. Signature

Account Authorised By :

.....  
Name and Employee No. Signature

Approved By Manager :

.....  
Name and Employee No. Signature

Branch Round Seal

**NSC Use Only**

Received Date :

Checked By : Account Linked to eBanking By :

Signature  
Checked By :