

CLUBS, SOCIETIES AND ASSOCIATIONS ACCOUNT OPENING FORM



The Manager
DFCC Bank PLC

Date :

Branch Club/Society/Association Client ID :

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

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

CLUB/SOCIETY/ASSOCIATION INFORMATION

Name :

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

Registered Address :

Country : **State :**

Postal Code : **District :**

Correspondence Address :

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

Email Address :

Purpose of Organisation :

Tax File No. : **VAT No. :**

Contact Person :
(Rev./Dr./Mr./Mrs./Ms.)
(Please underline the surname)

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

Contact Person Client ID :

DETAILS OF OFFICE BEARERS

Full Name of Office Bearer 01 :
(Rev./Dr./Mr./Mrs./Ms.)
(Please underline the surname)

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

Official Position :

Full Name of Office Bearer 02 :
(Rev./Dr./Mr./Mrs./Ms.)
(Please underline the surname)

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

Official Position :

Full Name of Office Bearer 03 :
(Rev./Dr./Mr./Mrs./Ms.)
(Please underline the surname)

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

Official Position :

Full Name of Office Bearer 04 :
(Rev./Dr./Mr./Mrs./Ms.)
(Please underline the surname)

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

Official Position :

Full Name of Office Bearer 05 :
(Rev./Dr./Mr./Mrs./Ms.)
(Please underline the surname)

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

Official Position :

Full Name of Office Bearer 06 :
(Rev./Dr./Mr./Mrs./Ms.)
(Please underline the surname)

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

Official Position :

Full Name of Office Bearer 07 :
(Rev./Dr./Mr./Mrs./Ms.)
(Please underline the surname)

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

Official Position :

Full Name of Office Bearer 08 : _____
 (Rev./Dr./Mr./Mrs./Ms.)
 (Please underline the surname)

NIC / PP / DL No. : _____ Client ID : _____

Official Position : _____

Full Name of Office Bearer 09 : _____
 (Rev./Dr./Mr./Mrs./Ms.)
 (Please underline the surname)

NIC / PP / DL No. : _____ Client ID : _____

Official Position : _____

Full Name of Office Bearer 10 : _____
 (Rev./Dr./Mr./Mrs./Ms.)
 (Please underline the surname)

NIC / PP / DL No. : _____ Client ID : _____

Official Position : _____

SAVINGS / CURRENT ACCOUNT OPENING

Initial Deposit : _____

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

Account Statement Frequency* : Daily Weekly Monthly Quarterly

Signature

*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 Office Bearers of the above named Club/Society/Association whose signatures appear below and I confirm that the above Office Bearers are 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 Bank _____

Account No. : _____
 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)

Sales and Business Turnover Export Proceeds Salary/Profit/Income

Family Remittances Contract Proceeds Investment Proceeds

Commission Income Donations/ Charities (Local/Foreign) Sale of Property/Assets

Gift Membership Contributions

Other - Specify _____

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

The office bearers of the club/society/association hereby confirms that the details given overleaf and above are true and correct. The office bearers of the club/society/association 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. Further, the office bearers of the club/society/association 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 us in our language of conversance and understood by us.

Further we 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 our 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.

Signature of the Office Bearer 01
(On Rubber Stamp)

Signature of the Office Bearer 02
(On Rubber Stamp)

Signature of the Office Bearer 03
(On Rubber Stamp)

Signature of the Office Bearer 04
(On Rubber Stamp)

Signature of the Office Bearer 05
(On Rubber Stamp)

Signature of the Office Bearer 06
(On Rubber Stamp)

Signature of the Office Bearer 07
(On Rubber Stamp)

Signature of the Office Bearer 08
(On Rubber Stamp)

Signature of the Office Bearer 09
(On Rubber Stamp)

Signature of the Office Bearer 10
(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 e-Banking By :

Signature
Checked By :

