

/INOR'S	SAVINGS A	ACCOUNT	<b>OPENING F</b>	ORM
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	DFCC Bank PLC			Date :	DDDMMYYYYY		
BANK		Branch					
	Please open a minor savings account in the name of the minor provided below.						
	Account No : DFCC Junior DFCC Junior						
	Minor's Client ID :			Guardian's Client ID :			
	Willion 3 cheffe 15 .			Guardian 5 cheffe 15 .			
<b>Details of the Minor</b> Full Name as per the Birth							
Certificate: (Master / Miss) (Please underline the surname)							
Date of Birth :	D D M M Y Y Y	Y Gend	er: MF	Place of Birth :			
Address :							
Birth Certificate No.:				Nationality :			
Details of the Guardian Relationship to the Minor: Full Name: (Rev./Dr./Mr./Mrs./Ms.) (Please underline the surname)							
Permanent Address :							
Status of Residence :	Owner I	Rent O	ther				
Correspondence Address :							
If same as above please tick here NIC/PP/DL:							
Date of Birth :							
Nationality:							
Telephone No. :							
Mobile No. :							
Email Address :							
		Bank is entitled	to effect any char	nges to the service at any	ress of the guardian as provided at its discretion.		
Profession/ Nature of Business :							
Employer/ Business Name and Address:							
Mother's Maiden Name :							
Following is a mandatory declarate	tion which is a requir	ement to be con	pleted by all app	olicants under the Inland	Revenue Act No. 28 of 1979		
Tax Payer :	Yes No						
Tax file No.:							
Are you or your close relative a P If "yes", please mention the nam			Yes No				
Name :			Des	ignation :			
Initial Deposit :							
Mode of Payment :	Cash	Transfer fro	m Account				
	Inward Remittan	ce	Cheque		Signature		
Source of Funds :	Sales and Busine	ss Turnover	Export Procee	eds	Salary/Profit/Income		
(Choose one or more)	Family Remittand	ces	Contract Proc	eeds	Investment Proceeds		
	Commission Inco	ome	Donations/ Cl	narities (Local/Foreign)	Sale of Property/Assets		
	Gift		Membership	Contributions			
	Other - Specify						
Anticipated Volumes of	Less than 100,00	10	500,001 - 1,00	00.000	Above 5,000,001		
Deposits from above sources :	100,001 - 500,00		1,000,001 - 5		ADOVE 3,000,001		

In the event of my death prior to the above named minor attaining majority I have no objection in this account being operated by the natural guardian of the minor.

## **CUSTOMER 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 and / or banking facilities attached thereto and subject to be further bound by any variations, amendments and changes made to the 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 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.

Signature of Guardian

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			FOR BANK US	E ONLY		
Branch Use Only						
WF Reference No.		Promoter Code :		-	General Terms and Conditions given and explained the customer.	
Che	cked By					Account Authorised By
Name, Emplo	oyee No. & Signature					Name, Employee No. & Signature
NSC Use Only						
Received Date : D		YY			Checked By :	
						Name, Employee No. & Signature