

PARTNERSHIP ACCOUNT OPENING FORM

Date: DDMMYYYYY

BANK	Branch		Partnership Cli	ient ID :	
	Please open a savings/current/fixe Partnership.	ed deposit/call depos	sit account(s) i	in the name of t	he below mentioned
	Account No.	Savings Current FD	O CD Curre	ency Account Ty	pe Link to Existing eBanking Profile
					ebanking Profile
	PARTNERSHIP	INFORMATION			
Business Name:					
Business Registration No. :			Date of	f Registration:	D M M Y Y Y
Registered Address:					
Country:		Stat	te :		
Postal Code :		Dist	trict :		
Correspondence Address:					
Telephone No. :				Fax No. :	
Email Address :					
Nature of Business : Tax File No. :			VAT No.		
Contact Person Full Name :			VAT No. :		
(Rev./Dr./Mr./Mrs./Ms.) (Please underline the surname)					
Contact Person Client ID : NIC / PP / DL No. :			Cor	ntact No. :	
Me, II , beno	DETAILS OF	PARTNERS			
Full Name of Partner 01 :	DETAILS OF	PARTIVERS			
(Rev./Dr./Mr./Mrs./Ms.) (Please underline the surname)					
NIC / PP / DL No. :				Client ID :	
Full Name of Partner 02 : (Rev./Dr./Mr./Mrs./Ms.) (Please underline the surname)					
NIC / PP / DL No. :				Client ID :	
Full Name of Partner 03 : (Rev./Dr./Mrs./Ms.) (Please underline the surname)					
NIC / PP / DL No. :				Client ID :	
Full Name of Partner 04 : (Rev./Dr./Mr./Mrs./Ms.)					
(Please underline the surname) NIC / PP / DL No. :				Client ID :	
Full Name of Partner 05 :				CHERCID.	
(Rev./Dr./Mr./Mrs./Ms.) (Please underline the surname)					
NIC / PP / DL No. :				Client ID :	
Full Name of Partner 06 : (Rev./Dr./Mr./Mrs./Ms.) (Please underline the surname)					
NIC / PP / DL No. :				Client ID :	
Full Name of Partner 07 : (Rev./Dr./Mr./Mrs./Ms.) (Please underline the surname)					
NIC / PP / DL No. :				Client ID :	
Full Name of Partner 08 : (Rev./Dr./Mr./Mrs./Ms.) (Please underline the surname)					
NIC / PP / DL No. :				Client ID :	
Full Name of Partner 09 : (Rev./Dr./Mrs./Ms.) (Please underline the surname)					
NIC / PP / DL No. :				Client ID :	

Full Name of Partner 10 : (Rev./Dr./Mr./Mrs./Ms.) (Please underline the surname)							
NIC / PP / DL No. :			Client ID :				
	SAVINGS / CUI	RRENT ACCOUNT OPENING					
Initial Deposit :							
Mode of Payment :	Cash Transfer fro	m Account					
	Inward Remittance Ch	eque		Signature			
Account Statement Frequency*	: Daily W	eekly	Monthly	Quarterly			
*For Daily and Weekly Statemen	its charges will apply as per tariff.						
Current Account Introduction							
I certify that I know and I am we	ell acquainted with the Partners of the	•	ose signatures ap	pear below and I confirm			
that the above Partners are suit Introduced by:	table to open and maintain a current a	ccount with DFCC Bank PLC.					
Address:							
Profession/Occupation :		Contact No. :					
Account No. :		NIC No. :					
				Signature of the Introducer (on rubber stamp, if applicable)			
	FIXED DEPOSIT / CA	LL DEPOSIT ACCOUNT OPE	NING				
Deposit Amount :							
Mode of Credit :	Cash Transfer fro	m Account					
	Inward Remittance Cheque			Signature			
Deposit Period :	1 month 3 months	6 months	12mon	ths 24 months			
	Other - Specify						
Interest To be Paid : Quarterly Annually Biannually On Maturity							
	,	,		,			
Mode of Interest Payment :	Account Transfer	SLIPS Accou	unt No. :				
	Bank	Branch					
Account Holder's Name							
Maturity Instructions :	Rollover principal plus interest on	maturity date at the rate of int	terest prevailing at	the time.			
	Renew principal at the prevailing	interest rate on maturity date a	and pay interest.				
Unless specific instructions as sta interest prevailing on the date of	ated above are given, it is the Bank's not f maturity.	mal practice to rollover the pri	ncipal plus the acc	rued interest, at the rate of			
GENERAL INFORMATION							
	<u> </u>						
Source of Funds : (Choose one or more)	Sales and Business Turnover	Export Proceeds		Salary/Profit/Income			
	Family Remittances	Contract Proceeds		Investment Proceeds Sale of Property/Assets			
	Commission Income	Membership Contribution					
	Other - Specify	wichibership Contribution	,,,,,				
	Other Specify						
Anticipated Volumes of Deposits from Above Sources :	Less than 100,000	100,000 - 500,000		500,000 - 1,000,000			
peposits ironi Above sources :	1,000,000 - 2,000,000	2,000,000 - 3,000,000		3,000,000 - 5,000,000			
	5,000,000 - 7,000,000	7,000,000 - 10,000,000		above 10,000,000			

PARTNERS' DECLARATION

We 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. We confirm that the details given above and overleaf are true and correct. Further we 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 our 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 us 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.

As between ourselves, our heirs and legal representatives on one hand and the Bank on the other hand;

- 01. Each one of us has authority to bind the firm and sign on its behalf. We will give you due notice in writing in the event of our authorising any other person to bind the firm and sign on its behalf and we agree that you shall be entitled to act upon such notice until receipt by you of a further notice from us or any one of us withdrawing such authority.
- 02. We hereby further agree

Signature of the Partner 01

Signature Checked By:

- a) that on the death or retirement of any partner, the surviving partner or partners or the continuing partner or partners, as the case may be, shall give written notice to the Bank of such death or retirement.
- b) that until such notice shall have been or until a written notice shall have been given to the Bank by the heirs or legal representatives of the deceased or by the retiring partner, as the case may be, the Bank shall be entitled to treat the surviving partner or partners or the continuing partner or partners, as the case may be, as having full power to carry on the business of the firm and to deal with its assets as though there had been no change in the firm.
- c) that in the event of any partner giving written notice to the Bank that he/she has terminated the authority of the other partners, the Bank may refuse to act upon the authority of the other partners or any of the other partners whether to operate on any account of the firm with the Bank or otherwise.

Signature of the Partner 03

Signature of the Partner 04

d) that notice in writing shall be given to the Bank by us of any new partner being taken to the firm.

Signature of the Partner 02

	Signature of the Partner 05 (On Rubber Stamp)	_	Signature of the Partner 06 (On Rubber Stamp)		Signature of the Partner 07 (On Rubber Stamp)		Signature of the Partner ()8
			Signature of the Partner 09 (On Rubber Stamp)		Signature of the Partner 10 (On Rubber Stamp)			
			BAN	NK USE ONLY				
Branc	h Use Only							
Date :	D D M M Y Y Y Y	Promoter C	ode :		General Terms and Condition customer.	ons given ar	d explained to the	
FD Int	erest Rate (per annum) :		%	%	%		%	
Accou	int Opened By :							
		Name ar	d Employee No.		Signature			
Accou	int Authorised By :							
			d Employee No.		Signature			
Appro	oved By Manager :							
			d Employee No.		Signature	Brancl	n Round Seal	
NSC L	Jse Only							
Receiv	ved Date : D D	MMYY	YY					
Check	ed By :			Account Lir	iked to			

eBanking By:

