

Customer Number (S)		Approved  Date...../...../.....
1	<input type="text"/>	
2	<input type="text"/>	
Account Number (S)		
1	<input type="text"/>	
2	<input type="text"/>	
3	<input type="text"/>	

(Please complete in BLOCK letters and (v) where applicable  
 Strike off cages, which are not applicable)

Please open an account for me/us as per details provided below. I / We agree to provide any documentation required by the bank in consideration with the account(s) being opened, and to abide by the current rules of the bank for the conduct for such accounts.

TYPE OF ACCOUNT	
<input type="checkbox"/> Individual	<input type="checkbox"/> Joint (Please fill in details of joint Applicant/s in the space provided below)
<input type="checkbox"/> Current	<input type="checkbox"/> Savings
<input type="checkbox"/> Fixed Deposits	<input type="checkbox"/> Call Deposits
<input type="checkbox"/> Other .....	<input type="checkbox"/> Other .....
If foreign Currency, Please state currency .....	
<input type="checkbox"/> RFC	<input type="checkbox"/> NRFC
<input type="checkbox"/> RNNFC	<input type="checkbox"/> EFC
	<input type="checkbox"/> Other .....
	(Specify)

PRIMARY APPLICANT					
Name in full (Mr/Mrs/Miss/.....)					
<input type="text"/>					
Short Name					
<input type="text"/>					
Correspondence address					
<input type="text"/>					
Residence address (If different to above)					
<input type="text"/>					
Overseas address (Applicable to non - residents)					
<input type="text"/>					
Name and address of employer					
<input type="text"/>					
Occupation..... Designation .....					
Are you a tax payer <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, income tax file number.....					
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced					
Telephone	<table border="1"><tr><th>Home</th><th>Office</th></tr><tr><td><input type="text"/></td><td><input type="text"/></td></tr></table>	Home	Office	<input type="text"/>	<input type="text"/>
Home	Office				
<input type="text"/>	<input type="text"/>				
Fax	<input type="text"/>				
Mobile	<input type="text"/>				
E mail	<input type="text"/>				
NIC number	<input type="text"/> Issued on.....				
Date of birth	<input type="text"/> ( DD/MM/YYYY )				
Nationality .....					

JOINT APPLICANT					
Name in full (Mr/Mrs/Miss/.....)					
<input type="text"/>					
Short Name					
<input type="text"/>					
Correspondence address					
<input type="text"/>					
Residence address (If different to above)					
<input type="text"/>					
Overseas address (Applicable to non - residents)					
<input type="text"/>					
Name and address of employer					
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Nationality .....					



Nationality  
 Sri Lankan with dual citizenship  
 Expatriate/Foreign national  
 Nationality \_\_\_\_\_  
 Place of birth \_\_\_\_\_  
 Type of Visa \_\_\_\_\_  
 Expiry date of visa \_\_\_\_\_

Nationality  
 Sri Lankan with dual citizenship  
 Expatriate/Foreign national  
 Nationality \_\_\_\_\_  
 Place of birth \_\_\_\_\_  
 Type of Visa \_\_\_\_\_  
 Expiry date of visa \_\_\_\_\_

PP No

PP No

Expiry date  (DD/MM/YYYY)

Expiry date  (DD/MM/YYYY)

Palace of Issue \_\_\_\_\_

Palace of Issue \_\_\_\_\_

**FIXED DEPOSIT/CALL DEPOSITS/INVESTMENTS**

Fixed  Call  Other  Currency \_\_\_\_\_

Days  \_\_\_\_\_  
 Months  \_\_\_\_\_  
 Years  \_\_\_\_\_

Interest Payable Monthly  or Maturity   
 Automatic Renewal Yes  or No   
 If yes, Capital plus Interest  or Capital only  Amount \_\_\_\_\_  
 On maturity pay principal plus Interest  or Interest only

In cash  Pay order  Credit Account  \_\_\_\_\_

**SOURCE OF FUNDS**

Initial Deposit \_\_\_\_\_ Cash  Cheque  Debit Account number \_\_\_\_\_  
 Cheque No. & Bank \_\_\_\_\_

**CHEQUE BOOK/CURRENT ACCOUNTS ONLY**

Name that should appear on cheque book

**STATEMENTS**

I wish to get e-statement  Normal statement   
 Monthly  Weekly  Daily  Other  \_\_\_\_\_  
 Send e-statement to ( e-mail address) \_\_\_\_\_

**NOMINATIONS**

If you are sole account holder operating Time/Call Deposit (s) and Saving Account (s) with Pan Asia Bank, you could nominate a person (s) to be the beneficiary of the balance (s) in your account (s) in case of your demise.

Yes  - Please complete Nomination Form  
 No

**ATM CARD**

Preferred language for ATM Transactions

English   
 Sinhala   
 Tamil

Name that should appear on the ATM card (maximum 24 characters)

Supplementary card holder(s) (maximum 24 characters)

Primary Account - Current

Primary Account - Savings



**INTRODUCTION FOR CURRENT ACCOUNT**

I the undersigned hereby confirm that the applicant(s) of this current account is/are known to me and is/are suitable to operate a current account with Pan Asia Banking Corporation PLC

Name and address of Introducer \_\_\_\_\_

NIC \_\_\_\_\_ Account Number \_\_\_\_\_ or Employee Number \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_

**FOR BANK USE ONLY**

CIF Number \_\_\_\_\_ Primary Account Holder (P) \_\_\_\_\_ Joint Account Holder (J) \_\_\_\_\_

	(P)	(J)		(P)	(J)		(P)	(J)
Identity Checked	<input type="checkbox"/>	<input type="checkbox"/>	National Identity Card	<input type="checkbox"/>	<input type="checkbox"/>	Employment Contract	<input type="checkbox"/>	<input type="checkbox"/>
Address Verified	<input type="checkbox"/>	<input type="checkbox"/>	Passport	<input type="checkbox"/>	<input type="checkbox"/>	Statement of other Banks	<input type="checkbox"/>	<input type="checkbox"/>
Signature Witnessed	<input type="checkbox"/>	<input type="checkbox"/>	Driving Licence	<input type="checkbox"/>	<input type="checkbox"/>	Letter from a public authority	<input type="checkbox"/>	<input type="checkbox"/>
GBC signed	<input type="checkbox"/>	<input type="checkbox"/>	Utility Bill	<input type="checkbox"/>	<input type="checkbox"/>	Income tax receipt/assessment notice	<input type="checkbox"/>	<input type="checkbox"/>
Copy of NIC/PP	<input type="checkbox"/>	<input type="checkbox"/>	Tenancy Agreement	<input type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>
Copy of Visa	<input type="checkbox"/>	<input type="checkbox"/>						
Indemnity	<input type="checkbox"/>	<input type="checkbox"/>						
Nomination	<input type="checkbox"/>	<input type="checkbox"/>						

Branch Employee Name \_\_\_\_\_ Number \_\_\_\_\_

Input by \_\_\_\_\_ Number \_\_\_\_\_ Sales Code \_\_\_\_\_

Authorised by \_\_\_\_\_ Number \_\_\_\_\_ Lead Code \_\_\_\_\_

Manager /Asst. Manager (Name & Signature) \_\_\_\_\_