



# ACCOUNT OPENING APPLICATION FORM – INDIVIDUAL

Date

The Manager,  
Hatton National Bank PLC,  
Hatton National Bank PLC,

Branch.

I the undersigned request you to open the following account /accounts in my name with your Bank. (Please complete all details in CAPITAL LETTERS and mark (✓) where applicable.)  
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For Bank Use Only	
Account No. 1.	<input type="text"/>
2.	<input type="text"/>
3.	<input type="text"/>
CIF No. 1.	<input type="text"/>

## TYPE OF ACCOUNTS

General Savings  General Current Account  Capital Savings  Privilege Account  Yauwanabhimana  Adhishtana  Money Market   
 NRFC/RFC/Other  (Specify)..... Currency

## EXISTING ACCOUNT HOLDERS

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the Name & NIC number should be indicated.  
An existing account holder should complete the information pertaining to 'Personal Details' only if there is a change in the information submitted to the Bank previously. However the Name & NIC number should be indicated.

## PERSONAL DETAILS

1. Name in Full (Rev./Dr./Mr./Mrs./Miss/Ms.)

2. Nationality  3. Country of Residence

4. Nationality of Permanent Residence  5. 3. Any other Citizenship/PR  (Please state the country)

6. NIC No.  } (Please attach copies)  } (Date of Issue)

7. Passport No.  8. Date of Birth

(Submission of Passport Number will only apply to Non Nationals opening permitted accounts.)

9. Permanent Address (Confirmation of Address required if different from NIC)

10. Communication Address (if different from the permanent address)

11. Telephone Numbers: Residence  Office  Mobile   
 Fax  E-Mail

12. Occupation  if "Business" state the nature of Business

13. Marital Status Single  Married  Divorced  Widowed

12. Name of Employer

13. Address of Employer

14. Full Name of Spouse

15. Employer of Spouse

## CHANNEL SERVICES

### Internet Banking

Please provide Internet Banking Facilities  Preferred User Login (Min 8 characters)

### Visa Debit Card

Please issue International Visa Debit Card with ATM & Shopping (POS)  Please provide SMS alert facility to the mobile number stated above

Mother's Maiden Name (Security Requirement for Visa/Debit Card)

### Mobile Banking

Please provide Mobile Banking Facilities to the mobile number stated above

### Issue of Password for Internet/Mobile Banking

Please send my Password to the address stated above Permanent address  Communication address

## REQUIREMENT FOR ACCOUNT STATEMENT

Please forward Account Statement as indicated.

Mode of Delivery Post (Monthly)\*  E-mail  E-mail frequency Daily  Weekly  Monthly  \*Current Accounts only

INITIAL OF APPLICANT/S	OFFICER'S INITIAL
<input type="text"/>	<input type="text"/>

