



HNB

ACCOUNT OPENING APPLICATION FORM – INDIVIDUAL

Date

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The Manager,
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)

For Bank Use Only																					
Account No. 1.	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																				
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TYPE OF ACCOUNTS

General Savings General Current Account Capital Savings Privilege Account HNB You Yauwanabhimana Adhishitana

Money Market NRFC/RFC/Other (Specify)..... Currency

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EXISTING ACCOUNT HOLDERS

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. Country of Permanent Residence

5. Any other Citizenship/PR

6. NIC No.

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} (Please attach copies)

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} (Date of Issue)

(Please state the country)

7. Passport No.

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8. Date of Birth

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(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

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Office

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Mobile

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Fax

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E-Mail

12. Occupation

if "Business" state the nature of Business

13. Marital Status

Single Married

14. Name of Employer

15. Address of Employer

16. Full Name of Spouse

17. Employer of Spouse

CHANNEL SERVICES

Internet Banking

Please provide Internet Banking Facilities

Preferred User Login (Min 8 characters)

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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 Despatch

Post (Monthly)* E-mail

E-mail frequency

Daily Weekly Monthly

*Current Accounts only

Please note: A passbook will not be issued if e-statements are requested for savings accounts.

INITIAL OF APPLICANT/S	OFFICER'S INITIAL

