



Orient Finance PLC

BUSINESS OFFICE

No. 46, 48 Dr. N. M. Perera Mawatha, Colombo 08, Sri Lanka.
 Telephone : 0117 577 577 Fax : 0117 577 678
 Hotline : 0117 577 677
 E-mail : fd@orient.lk
 website : www.orientfinance.lk
 Company Registration No. PB 75 PQ

Account Opening Form

Branch

Date

I/We wish to open a Fixed Deposit / Savings Account with Orient Finance PLC with a sum of Rs.
 (Rs.) on the terms and conditions given on the page 4 of this Application.

Account No.

Primary Deposit Holder

Joint Deposit Holder

Title	Rev. / Dr. / Mr. / Mrs. / Miss /										
Initials											
Surname	-----										
Names denoted by Initials	-----										
Address	-----										
Gender	M	F	Date of Birth	D	D	M	M	Y	Y	Y	Y
NIC / Passport / DL No.	<input type="text"/>										
Marital Status						Nationality					
Telephone	<input type="text"/>										
Mobile	<input type="text"/>										
E-mail											
Employment / Business	-----										
Position / Profession	-----										
Office Address	-----										
Telephone	<input type="text"/>										
Fax	<input type="text"/>										
E-mail											

Title	Rev. / Dr. / Mr. / Mrs. / Miss /										
Initials											
Surname	-----										
Names denoted by Initials	-----										
Address	-----										
Gender	M	F	Date of Birth	D	D	M	M	Y	Y	Y	Y
NIC / Passport / DL No.	<input type="text"/>										
Marital Status						Nationality					
Telephone	<input type="text"/>										
Mobile	<input type="text"/>										
E-mail											
Employment / Business	-----										
Position / Profession	-----										
Office Address	-----										
Telephone	<input type="text"/>										
Fax	<input type="text"/>										
E-mail											

The following is a mandatory declaration which is required to be completed by all applicants under the Inland Revenue (Amendment) Act No. 56 of 1985

The following is a mandatory declaration which is required to be completed by all applicants under the Inland Revenue (Amendment) Act No. 56 of 1985

Are you liable for Income Tax ? (✓) Yes No.
 Tax File No.

Are you liable for Income Tax ? (✓) Yes No.
 Tax File No.

How did you get to know about us

Call from Company <input type="checkbox"/>	Referral <input type="checkbox"/>	Media <input type="checkbox"/>	Promotion <input type="checkbox"/>	Other (Specify) <input type="checkbox"/>	<input type="text"/>
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Operating Instructions to be given by;

Me <input type="checkbox"/>	Either of Us <input type="checkbox"/>	Jointly <input type="checkbox"/>	Other (Specify) <input type="checkbox"/>	<input type="text"/>
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Address for Correspondence

Name	<input type="text"/>				
Address	<input type="text"/>				
Telephone	<input type="text"/>	<input type="text"/>	<input type="text"/>	Mobile	<input type="text"/>
E-mail	<input type="text"/>				

Initial Deposit Amount

Rs.	<input type="text"/>			
in words	<input type="text"/>			
by Cash <input type="checkbox"/>	by Cheque <input type="checkbox"/>	by SLIPS <input type="checkbox"/>	Bank <input type="text"/>	Branch <input type="text"/>

Interest Payments (for Fixed Deposits only)

Interest Rate per Annum	<input type="text"/> %	Period	<input type="text"/>	Months
Interest Payment Frequency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Annually	<input type="checkbox"/>	on Maturity
Interest Payment Mode	<input type="checkbox"/> by Cheque / Bank Transfer	<input type="checkbox"/> Credit to Account *	<input type="checkbox"/>	Other
* Name of Account Holder	<input type="text"/>			
* Account No.	<input type="text"/>	Bank/Branch	<input type="text"/>	
Renewal Instructions	<input type="checkbox"/> Re-Invest with Interest **	<input type="checkbox"/> Re-invest without Interest	<input type="checkbox"/>	Pay by Maturity
FD Certificate to be dispatched	<input type="checkbox"/> Post	<input type="checkbox"/>	will call over	

** Re-Investing would be done at the rate of Interest prevailing at the date of Maturity.

Nominee 1

Title	Rev. / Dr. / Mr. / Mrs. / Miss /										
Initials	<input type="text"/>										
Surname	<input type="text"/>										
Names denoted by Initials	<input type="text"/>										
Address	<input type="text"/>										
Gender	M	F	Date of Birth	D	D	M	M	Y	Y	Y	Y
NIC / Passport / DL No.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Marital Status	<input type="text"/>					Nationality	<input type="text"/>				
Telephone	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mobile	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E-mail	<input type="text"/>										

Nominee 2

Title	Rev. / Dr. / Mr. / Mrs. / Miss /										
Initials	<input type="text"/>										
Surname	<input type="text"/>										
Names denoted by Initials	<input type="text"/>										
Address	<input type="text"/>										
Gender	M	F	Date of Birth	D	D	M	M	Y	Y	Y	Y
NIC / Passport / DL No.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Marital Status	<input type="text"/>					Nationality	<input type="text"/>				
Telephone	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mobile	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E-mail	<input type="text"/>										

Authorization & Certification

- 1 I/We certify that all information provided in this Application Form are true and correct to the best of my/our knowledge.
- 2 I/We agree to comply with and to be bound by the Terms and Conditions given on the page 4 of this Application Form.

Signature of the Prime Deposit Holder

Date

Signature of the Joint Deposit Holder

Date

Signature/s certified by:

Name of the Officer	Designation	Signature
		Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Documents to be annexed with your Application

	collected	to be submitted
<input type="checkbox"/> Copy of National Identity Card / PP / DL	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Income Tax Receipts	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> KYC	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Utility Bills	<input type="checkbox"/>	<input type="checkbox"/>

For office use only

Account Type	<input type="checkbox"/> Fixed Deposit <input type="checkbox"/> Savings Account	Client ID <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Marketing Executive's Name		
Client Created by:		
	Name	Signature
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
Account Opened by:		
	Name	Signature
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
Approved by:		
	Name	Signature
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
Confirmed by:		
	Name	Signature
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
FD Certificate No.		

TERMS & CONDITIONS

1. Unless instructions are given in writing by the deposit holder to the company to the contrary of instructions given at the time of opening at least seven days before the end of the term of the deposit, the Company shall have the authority which is hereby given to renew the fixed deposit exclusive or inclusive of interest for a further term and for a successive terms at the bank's discretion and subject to such condition (including the rate of interest) as may be prescribed by the OFL from time to time.
2. In the event of withdrawing the deposit before the end of the contract period by the depositor it is understood that the depositor will be paid interest only at the lower rate prescribed by the OFL for deposits withdrawn before the end of the term of the depot and the company shall have the right to deduct whatever interest paid in excess, consequent to drawing the interest monthly at the higher rate agreed upon for the full term from the principal amount of the deposit or any balance interest payable at the time of such withdrawal.
3. In the event of death of any joint account holder, the survivors will be entitled to all rights of the deceased in such deposits (subject to the conditions imposed by statutory authorities from time to time)
4. In individual accounts, in the event of the death of the account holder, unless he or she has not appointed a nominee under section 544 of the Civil Procedure Code, legal heirs of the deceased will be entitled to the rights of the deceased.
 - (a) Nominee may be the surviving spouse/child/relative or any person of account holder's choice.
5. In the event of a depositor being fallen in to the category of Tax payers lately, such information should be passed on to the Company with immediate effect.
6. In the event of deposit made by cheques, the deposit will be activated only subject to realization of the cheques.
7. Any changes of address, payee, nominee or loss of fixed deposit certificate should be notified in writing to the Company immediately.
8. The company reserves the right to review the rates of interest in keeping with the market rates.
9. In the event of the sole depositor or a joint depositor being a minor, the deposit cannot be redeemed until the minor attains the age of majority.
10. Withdrawals should be notified only in writing to the company by the holder or holder/s.
11. Payment of interest,
 - a Interest can be paid monthly, or maturity at the option f the depositors,
 - b Interest will accrue at simple rates and shall be calculated and paid only at the end of the term on fixed deposits where interest is paid at maturity. Monthly interest payments will be made on the date of date of deposit on each month.
12. Loans - at the discretion of the management, the depositors could obtain loans from their deposits. Interest and other charges will be levied on such loans at the rate prevailing at the sole discretion of the management.
13. In the event any other financial facility being obtained by the depositor/s, the depositor/s herein consent to a general and overall lien being created on the Deposit.
14. Renewals - If the company is not notified of any change with regard to the terms of renewal of the deposit or withdrawal of such deposits on or before the maturity date, this deposit will, at the option of the company be renewed for a similar period at the rates of interest prevailing on such dates.



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Company Registration No. PB 75 PQ

ගනුදෙනුකරු හඳුනාගැනීම | Know Your Customer

(2006 අංක 6 දරණ මූල්‍ය ගනුදෙනු වාර්තා කිරීමේ පනත අනුව අවශ්‍යතාවයකි)
(2006, 6th இலக்க பணக் கொடுக்கல் வாங்கல்கள் அறிக்கையிடும் கட்டளையின்படி தேவையானது)
(Requirement in terms of Financial Transaction Reporting Act No 6 of 2006)

ශාඛාව/කිளை/Branch	<input type="text"/>	ස්ථිර තැන්පතු/நிலையான வைப்புக்/Fixed Deposit	<input type="checkbox"/>
දිනය/திகதி/Date	<input type="text"/>	ඉතුරුම් ගිණුම්/சேமிப்புக்கணக்கு/Savings Account	<input type="checkbox"/>
මුදල් වර්ගය/நாணய வகை/Currency	<input type="text"/>	වෙනත්/ஏனையவை/Others	<input type="checkbox"/>
ගනුදෙනුකරු අංකය/வாடிக்கையாளரின் இலக்கம்/Client ID	<input type="text"/>	විස්තර දක්වන්න/விபரிக்கவும்/Specify	<input type="text"/>

(අ) කොටස - මූලික තොරතුරු / (அ) பகுதி - அடிப்படை தகவல்கள் / Section A - Basic Information

1.	ගිණුමේ නම கணக்கின் பெயர் Account Name	<input type="text"/>
	ගිණුම් අංකය கணக்கு இலக்கம் Account No.	<input type="text"/>
2.	වෘත්තිය தொழில் Occupation	<input type="text"/>
3.	සේවයෝජනයෙන් නම தொழில்தருனர் பெயர் Name of Employer	<input type="text"/>
4.	පුරවැසිභාවය குடியுரிமை Citizenship	<input type="checkbox"/> ශ්‍රී ලාංකික இலங்கையர் Sri Lankan <input type="checkbox"/> ද්විත්ව පුරවැසිභාවය සහිත ශ්‍රී ලාංකික இரட்டை குடியுரிமையுள்ள இலங்கையர் Sri Lankan with Dual Citizenship <input type="checkbox"/> විදේශ පුරවැසිභාවය සහිත ශ්‍රී ලාංකික அந்நிய குடியுரிமையுள்ள இலங்கையர் Sri Lankan with Foreign Citizenship
	විදේශික පුරවැසිභාවය அந்நிய குடியமகன் Foreign National	ජාතිය தேசிய இனம் Nationality <input type="text"/> විසා වර්ගය விசாவின் வகை Type of Visa <input type="text"/> විදේශීය ලිපිනය (අනෙක්) வெளிநாட்டு முகவரி (இருப்பின்) Foreign Address (if any) <input type="text"/> විසා කල් ඉකුත්වන දිනය முடிவுறும் திகதி Visa Expiry Date <input type="text"/>
5.	ගනුදෙනුකරු වර්ගය வாடிக்கையாளரின் தரம் Client Type	<input type="checkbox"/> තනි පුද්ගල/බද්ධ தனிയാர்/இணை Individual/Joint <input type="checkbox"/> සීමාසහිත පුද්ගලික සමාගම வரையறுக்கப்பட்ட தனியார் கம்பனி Private Limited Company <input type="checkbox"/> සමාජ/සමිති/පුරුකායතන/සංගම් கழகம்/சங்கம்/நற்பணி/சங்கம் Clubs/Societies/Charities/Associations <input type="checkbox"/> තනි පුද්ගල/තවුල් ව්‍යාපාර தனிയാர்/பங்காளிகள் Proprietor/Partnership <input type="checkbox"/> සීමාසහිත පොදු සමාගම வரையறுக்கப்பட்ட பொதுக் கம்பனி Public Limited Company <input type="checkbox"/> භාරකාර/රාජ්‍ය නොවන සංවිධාන நம்பிக்கை நிதியங்கள்/அரச சார்பற்ற நிறுவனங்கள் Trust/NGOs

(ආ) කොටස - අනිවාර්ය පරීක්ෂාව / (ஆ) பகுதி - கட்டாயமான செவ்வைப்பார்ப்பு / Section B - Mandatory Checks

6.	නම, උපන් දිනය සහ ජාතිය තහවුරු කරගැනීම / பெயர், பிறந்ததிகதி, இனம் / Name, Date of Birth and Nationality Verification	<input type="checkbox"/> ජාතික හැඳුනුම් පත தேசிய அடையாள அட்டை National Identity Card <input type="checkbox"/> බාල වයස්කරුවන් සඳහා උප්පත්ත සහතිකය சிறுவர்களுக்கான பிறப்பு சான்றிதழ் Birth Certificate for Minors <input type="checkbox"/> නමුදු තිල සේවා කාඩ්පත இராணுவ உத்தியோக பூர்வ சேவை சீட்டு Official Armed Forces Service Card <input type="checkbox"/> විදේශ ගමන් බලපත්‍රය கடவுச் சீட்டு Passport <input type="checkbox"/> වෙනත් (විස්තර දක්වන්න) ஏனையவை (விபரிக்கவும்) Others (specify) <input type="text"/>
7.	ලිපිනය සහ ලිපිනය තහවුරු කරගැනීම / விலாசம் முகவரி உறுதிப்படுத்தல் / Address and Address Verification	<input type="checkbox"/> ජාතික හැඳුනුම් පත தேசிய அடையாள அட்டை National Identity Card <input type="checkbox"/> රියදුරු බලපත්‍රය சாரதி அனுமதிப் பத்திரம் Driving License <input type="checkbox"/> සේවා නියුක්ත ගිවිසුම தொழில் ஒப்பந்தம் Employment Contract <input type="checkbox"/> ආදායම් බදු ලද පත්/තක්සේරු දැන්වීම් வருமான வரி வரவுச் சீட்டு/மதிப்பீடு அறிவிப்பு Income Tax Receipt/Assessment Notice <input type="checkbox"/> කුලී ගිවිසුම வாடகை ஒப்பந்தம் Tenancy Agreement <input type="checkbox"/> රජයේ අධිකාරියකින් ලිපියක් அரசாங்க அதிகாரியின் அங்கீகாரம் Letter from a Public Authority <input type="checkbox"/> බැංකු ප්‍රකාශන பிற வங்கிக் கூற்று Bank Statements <input type="checkbox"/> පාරිභෝගික බිල්පත් பட்டியல் Utility Bills <input type="checkbox"/> වෙනත් (විස්තර දක්වන්න) ஏனையவை (விபரிக்கவும்) Others (specify) <input type="text"/>
8.	පදිංචි ලිපිනයෙහි තත්වය / வதிவிட முகவரியின் தரம் / Status of Residence	<input type="checkbox"/> ගිමිකරු உரிமையாளர் Owner <input type="checkbox"/> දෙමව්පියන්ගේ பெற்றோரின் Parents' <input type="checkbox"/> බදු / කුලී குத்தகை / வாடகை Lease / Rent <input type="checkbox"/> නිල නිවාස உத்தியோக Official <input type="checkbox"/> මිතුරින් / නෑදෑයන් நண்பர்கள் / உறவினர்கள் Friends' / Relatives' <input type="checkbox"/> බෝඩ් / නවාතැන්පොදු வதிவிடம் / தங்குமிடம் Board / Lodging

