



FOR OFFICE USE ONLY

Account Number		 Manager
Branch			
Product Code	625		
CIF 1 - No.		 Date
CIF 2 - No.			
Entered by	PF	Sig.	
Authorized by	PF	Sig.	

[illegible]

Name of Employer		
Address		
Telephone Number	[][][][][][][][][]	[][][][][][][][][][][][][][][][][][][]
Present Designation/ Profession		
Service Period in current employment /Profession	[][] Years	[][] Years
Status of Current Employment	<div> <input type="checkbox"/> Government <input type="checkbox"/> Pensionable </div> <div> <input type="checkbox"/> Semi-Government <input type="checkbox"/> EPF </div> <div> <input type="checkbox"/> Private <input type="checkbox"/> Other </div>	<div> <input type="checkbox"/> Government <input type="checkbox"/> Pensionable </div> <div> <input type="checkbox"/> Semi-Government <input type="checkbox"/> EPF </div> <div> <input type="checkbox"/> Private <input type="checkbox"/> Other </div>
Average net salary/ net income per month (in LKR)	[][][][][][][][]	[][][][][][][][][]

Online Banking Requirement	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Debit Card Requirement	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Link to Existing Card <small>(Note – Accountholders of both accounts should be the same)</small>	<input type="checkbox"/> Link to Existing Card <small>(Note – Accountholders of both accounts should be the same)</small>
	<input type="checkbox"/> Apply for a New Card	<input type="checkbox"/> Apply for a New Card
	Card No: <div style="border: 1px solid black; width: 100%; height: 20px;"></div>	Card No: <div style="border: 1px solid black; width: 100%; height: 20px;"></div>

Purpose of Opening the Account & Usage	<input type="checkbox"/> Employment/Professional Income	<input type="checkbox"/> Business Transactions	<input type="checkbox"/> Loan Repayment/Bill Payment	
	<input type="checkbox"/> Remittances	<input type="checkbox"/> Share Transaction/Investments	<input type="checkbox"/> Savings	
	<input type="checkbox"/> Social/Charity Work	<input type="checkbox"/> Upkeep of Family/ Person	<input type="checkbox"/> Other (Specify)	
Anticipated Volumes per month (in LKR)	<input type="checkbox"/> Less than 99,999	<input type="checkbox"/> 100,000 – 499,999	<input type="checkbox"/> 500,000 – 999,999	<input type="checkbox"/> 1,000,000 – 1,999,999
	<input type="checkbox"/> 2,000,000 – 2,999,999	<input type="checkbox"/> 3,000,000 – 5,000,000	<input type="checkbox"/> Above 5,000,000	
Expected Mode of Transactions	<input type="checkbox"/> Cash	<input type="checkbox"/> Cheque	<input type="checkbox"/> Fund Transfers	<input type="checkbox"/> Inward Remittances

FATCA DECLARATION

Are you a US person under the Foreign Account Tax Compliance Act (FATCA) of the US?

Applicant 1 : Yes ☐ No ☐Applicant 2 : Yes ☐ No ☐

If yes, FATCA declaration has to be submitted along with this application form

OPERATING INSTRUCTIONS FOR JOINT ACCOUNTS

The transactions will be carried out by **either of us** relating to this account. In the event of the death of anyone of us the balance lying to the credit of the account will be payable to the survivor without reference to the representative of the deceased.

DECLARATION

I/We agree to comply with and to be bound by the rules and regulations of the bank governing the conduct of this account and other services including Debit card; Internet & Mobile Banking; Mobile Apps; SMS alerts & E-statements and the terms and conditions relating to this account and other facilities attached thereto which I/we have read and understood. I/we acknowledge the receipt of a copy of the Terms and Conditions governing the above account and facilities.

In the event of if, I/We become a US person under the Foreign Account Tax Compliance Act (FATCA) of US. I/We do hereby undertake to inform the said fact to the Bank immediately.

Signature of Applicant 1:

Date:/...../.....

Signature of Applicant 2:

Date:/...../.....

Funding Using Existing A/C

Yes / No

Debit from my/our Savings/Current Account bearing number to fund this new Account.**DECLARATION FOR ELECTRONIC FUND TRANSFER CARDS (To: Director, Department of Foreign Exchange, Central Bank of Sri Lanka)**

(To be filled by the Applicant/s to obtain foreign exchange against Debit or any other Electronic Fund Transfer Card [EFTC].)

I / We _____ (Primary /Supplementary Cardholder), _____ (Primary /Supplementary Cardholder), declare that all the details given above by me/us on this form are true and correct. I/We hereby confirm that I/We am/are aware of the terms and conditions applicable for the use of Electronic Fund Transfer Cards (EFTC) as detailed in the **Directions No. 03 of 2021 dated 18 March 2021 (Annexed)** issued under the provision of the **Foreign Exchange Act, No. 12 of 2017 (the FEA)** subject to which the card may be used for transactions in foreign exchange and I/we hereby undertake to abide by the said conditions. I/We further agree to provide any information on transactions carried out by me/us in foreign exchange on the card/s issued to me/us as the Bank of Ceylon may require for the purpose of the FEA. I/We am/are aware that the Bank is required to suspend availability of foreign exchange on EFTC if reasonable ground exists to suspect that foreign exchange transactions which are not permitted in terms of the annexed directions issued under the provisions of the FEA are being carried out on the EFTC issued to me/us and to report the matter to the Director, Department of Foreign Exchange. I/We also affirm that I/we undertake to surrender the EFTCs to the Bank, if I/We migrate or leave Sri Lanka for permanent residence or employment abroad, as applicable. **Further, I/We also agreed to notify my/ our change in residential status to the Bank, if any, accordingly.**

Applicant 1 Signature.....

Applicant 2 Signature.....

Bank use only**Declaration by the Authorized Dealer for Electronic Fund Transfer Cards****To : Director – Department of Foreign Exchange**

I, _____ (Name of the officer) as the Authorized Officer of the bank have carefully examined the information together with relevant documents given by the applicant/s and satisfied with the bona-fide of these information and documents. Further, I as the Authorized Officer of the Bank undertake at all times, to exercise due diligence on the transactions carried out by the cardholder on his/her EFTC in foreign exchange and to suspend the availability of foreign exchange on the EFTC if reasonable ground exists to suspect that foreign exchange transactions which are not permitted in terms of **Directions No. 03 of 2021 dated 18 March 2021** issued under the provisions of the **Foreign Exchange Act, No. 12 of 2017** are being carried out on the EFTC, in violation of the undertaking given by the Cardholders and to **bring the matter to the attention of the Director - Department of Foreign Exchange.**

Declaration of the Authorized Officer for Account Opening

I have carefully examined the above information together with the relevant documents submitted by the customer/s and satisfied myself that the said information and documents are in conformity with the Financial Transaction Reporting Act No 6 of 2006 and the Internal Policies & circulars of the Bank. Further, I have updated the CIF according to the information.

Date PF Number

Signature

ACKNOWLEDGEMENT

I/We hereby acknowledge the receipt of following:

Internet Banking Login & PIN : ☐ Yes ☐ NoDebit Card & PIN : ☐ Yes ☐ NoCard No:

Signature of the Applicant 1

Date

Signature of the Applicant 2

Date

TERMS AND CONDITIONS RELEVANT TO BOC SMART SALARY SAVER ACCOUNT

1. BOC Smart Salary Saver Account can be opened as an individual account or a joint account upon fulfillment of eligibility criteria defined by the Bank.
2. Only two persons can be joined for joint accounts.
3. The account holder/s should be Sri Lankan Resident/s over 18 years of age.
4. Unless both joint account holders are eligible under the criteria defined in BOC Smart Salary Saver Scheme, the primary account holder should be the salaried individual.
5. The initial deposit, Rate of interest, Service Charges and other levies applicable for BOC Smart Salary Saver Account is in accordance with the current rules and regulations of the Bank, which is subject to change from time to time at the sole discretion of the Bank.
6. In order to entertain the special benefits of the account (e.g.: Salary Advance, Fund Investments), the account holder/s should fulfill the required criteria decided by the Bank from time to time such as the continuous salary remittance/deposits with defined amounts, age limit, no default records etc.
7. The Bank shall have the right to amend, cancel or discontinue the benefits, privileges and facilities associated with BOC Smart Salary Saver Account or the criteria to be satisfied for the grant of such benefits at any time and shall be subject to Bank's policies and procedures and the Bank shall have the right to refuse such request at the sole discretion of the Bank.
8. Salary advance is offered based on the fulfillment of eligibility criteria by the account holder/s. However, the records of Credit Information Bureau and the Bank's Default Records Unit of both account holders are evaluated.
9. Credit facilities offered to account holder/s (Credit Card, Salary Advance facility, Loans etc.) are subject to standard credit evaluation and documentation process, which are applicable for the respective facilities.
10. All the facilities/value added services offered under BOC Smart Salary Saver Account shall be subject to terms and conditions applicable to such facilities/value added services unless specially amended/waived off under the BOC Salary Saver Account.
11. Interest will not be paid for the balance in BOC Smart Salary Saver Account. Cheque books are not issued for this account. Other privileges/benefits offered for Current Accounts are not available for this account.
12. Account holder/s should make arrangements to remit the monthly salary/earnings to this account.
13. If the account holder/s fail/fails to remit monthly salary/earnings in to the BOC Smart Salary Saver Account on regular basis, the Bank may discontinue the BOC Smart Salary Saver Account and the special features/benefits attached to the account at its sole discretion.
14. Monthly E-statements are emailed to the given e-mail address . Printed statements if required can be obtained from the Bank. Charges under domestic tariff are applicable for additional copies.
15. Account holder/s shall irrevocably hold the Bank indemnified and save harmless against any loss, charge, suit, claim, expense or damage that the Bank may incur or suffer because of facilitating Internet Banking, SMS alerts or SMART Passbook or any other facility provided by the Bank.
16. The Bank will not be liable/responsible in any manner whatsoever, for any loss, damage, charge or expense that may be caused, incurred or suffered by the use of SMS alert /Smart Passbook/any other facility provided by the Bank due to any of the following reasons or otherwise;
 - a) Failure to notify the changes of mobile number
 - b) Disclosure of PIN number/password to a third party
 - c) Providing an incorrect mobile number to the Bank
 - d) The malfunction/failure/interruption of the service/mobile device and/or loss of mobile device
17. Withholding tax, other taxes and statutory levies required by law and charges (if any) shall be applicable to this account.
18. This account shall be governed as per the directions and regulatory requirements issued by the Central Bank of Sri Lanka and laws of Sri Lanka.
19. The Bank should be advised promptly in writing of any change of address/ employment and any other personal information of the account holder/s submitted to the Bank.
20. In the event of the account holder's demise, the balance in the account will be paid to the legal heirs of the account holder in accordance with the laws of Sri Lanka. In case of joint accounts, the surviving party is paid the balance in the account.
21. The Bank reserved itself the right to alter, amend or add to the terms & conditions, privileges, services and facilities at any time in its sole and absolute discretion or if such amendments are necessitated by law, government regulations or instructions of the Central Bank of Sri Lanka and shall be applicable with immediate effect.
22. In addition to the terms & conditions contained herein, account holder shall be bound by the general terms and conditions of the Bank issued to all account holders. Account holder should accept and agree to be bound by all terms & conditions contained herein irrespective of whether such terms and conditions are incorporated in the general terms & conditions or not.

FUND MANAGEMENT ACCOUNT OPENING APPLICATION

(This account is opened only for BOC Smart Salary Saver account holders for Investment of additional funds in BOC Smart Salary Saver Account)

The Manager, Bank of Ceylon

FOR OFFICE USE ONLY

FOR OFFICE USE ONLY			
Fund Management A/C		 Manager
Branch			
Product Code	122		
CIF 1 No.		 Date
CIF 2 No.			
Entered by	PF	Sig.	
Authorized by	PF	Sig.	

Please open an individual/joint Fund Management Account as per the details provided below.

BASIC INFORMATION

Applicant 1(Primary Applicant)		Applicant 2	
Name in Full	<div></div>	<div></div>	
NIC No.	<div></div>	<div></div>	
Date of Birth	<div></div>	<div></div>	
Nationality			
Permanent Address			
Postal Code	<div></div>	<div></div>	
Mobile Phone No.	<div></div>	<div></div>	
Email Address	<div></div>	<div></div>	

OTHER INFORMATION

Anticipated Volumes per month (in LKR)	<input type="checkbox"/> Less than 99,999	<input type="checkbox"/> 100,000 – 499,999	<input type="checkbox"/> 500,000 – 999,999	<input type="checkbox"/> 1,000,000 – 1,999,999
	<input type="checkbox"/> 2,000,000 – 2,999,999	<input type="checkbox"/> 3,000,000 – 5,000,000	<input type="checkbox"/> Above 5,000,000	

FATCA DECLARATION

Are you a US person under the Foreign Account Tax Compliance Act (FATCA) of the US?	Applicant 1 : Yes <input type="checkbox"/> No <input type="checkbox"/>	Applicant 2 : Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, FATCA declaration has to be submitted along with this application form.		

FUND MANAGEMENT ACCOUNT OPENING REQUEST

Please open a Fund Management Account in the name of(Applicant I).....and (Applicant II)..... . Please debit my/our BOC Smart Salary Saver Account No. retaining a balance of Rs.10,000/- for day to day operations and transfer the balance to this fund management account at the interest rate as decided by the Bank. Please activate automated account funding from this Fund Management Account to meet payments, in case of insufficient funds in the Smart Salary Saver account

I/We hereby authorize the Bank of Ceylon to effect the above transfers between this account and BOC Smart Salary Saver Account subject to such conditions (including the rate of interest) as may be prescribed by the Bank of Ceylon from time to time.

DECLARATION

I/we agree to comply with and to be bound by the rules and regulations of the bank governing the conduct of this account and the terms and conditions relating to this account which I/we have read and understood.

In the event of if, I/We become a US person under the Foreign Account Tax Compliance Act (FATCA) of US. I/We do hereby undertake to inform the said fact to the Bank immediately.

Signature of the Applicant 1:.....

Signature of the Applicant 2:

Date:/...../.....

Date:/...../.....

NOMINATIONS																								
Nomination										Yes				No										
										Nominee 1					Nominee 2									
Full Name of Nominee																								
Address of Nominee																								
NIC/Passport No.										<div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>					<div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>									
Payment %										<div> <div></div> <div>%</div> </div>					<div> <div></div> <div>%</div> </div>									
<p>I / We do hereby nominate the above named as my/our nominee/s to receive all monies lying in the account on my/our death subject to the provisions of Section 14 of Bank of Ceylon Ordinance. We are aware in the event of the death of any one of joint account holders the nomination becomes invalid.</p>																								
Signatures:										Applicant 1					Applicant 2					Witness:				
																				Name				
										Address														
										<div> <div>...../...../.....</div> <div>Date</div> </div>					<div> <div>...../...../.....</div> <div>Date</div> </div>					Signature				

DECLARATION OF THE AUTHORISED OFFICER														
<p>I have carefully examined the above information together with the relevant documents submitted by the customer and satisfied myself that the said information and documents are in conformity with the Financial Transaction Reporting Act No. 06 of 2006 and the Internal Policies and circulars of the Bank. Further, I have updated the CIF according to the information.</p>														
<div> <div>.....</div> <div>Signature of the Authorized Officer</div> </div> <div> <div>PF Number</div> </div> <div> <div>Date</div> </div>														

TERMS AND CONDITIONS RELEVANT TO FUND MANAGEMENT ACCOUNT														
<ol style="list-style-type: none"> Fund Management Account is opened only for BOC Smart Salary Saver Account holders, solely for investment of funds available in BOC Smart Salary Saver account. The interest rate is in accordance with the current rules and regulations of the Bank, which is subject to change from time to time at the sole discretion of the Bank. Ownership of Fund Management Account (Individual/Joint) shall be the same as BOC Smart Salary Saver Account. Passbooks/ Debit cards are not issued for this account. Account details and transactions can be viewed through e-statements and other digital modes provided by the Bank. Account holder/s shall irrevocably hold the Bank indemnified and save harmless against any loss/charge/claim, expenses, damage that the Bank may incur due to failure in fund transfers owing to system failures or any other reason. This account is operated solely for the investment of additional funds in BOC Smart Salary Saver Account and no any other customer initiated transactions are allowed such as Direct Deposits, withdrawal or standing instructions. Available balance in the Fund Management Account will be automatically transferred to the BOC Smart Salary Saver account to meet any insufficient funds in BOC Smart Salary Saver account. In the event of the account holder's demise, the balance in the account will be paid to the nominee/legal heirs of the account holder in accordance with the laws of Sri Lanka. In case of joint accounts, the surviving party is paid the balance in the account. Withholding tax, other taxes and statutory levies required by law and charges (if any) shall be applicable to this account. This account shall be governed as per the directions and regulatory requirements issued by the Central Bank of Sri Lanka and governed by the laws of Sri Lanka. The Bank should be advised promptly in writing of any change of address/ employment and/or any other personal information of the account holder/s submitted to the Bank. The Bank reserves the right to alter, amend or add the terms & conditions, privileges, services and facilities at any time in its sole and absolute discretion and shall be applicable with immediate effect. In addition to the terms & conditions contained herein, the account holder/s shall be bound by the general terms and conditions of the Bank issued to all account holders. The account holder/s shall accept and agree to be bound by all terms & conditions contained herein irrespective of whether such terms and conditions are incorporated in the general terms & conditions or not. 														