

The Manager
DFCC Bank PLC

Date :

Client ID :

Branch

Director Authorized Signatory Shareholder Share percentage

Full Name:
(Mr/ Mrs/Miss/.....)

Permanent Address : Postal Code :

District : Country :

Correspondence Address : Postal Code :
(Please attach proof document)

NIC/PP No. : Issued Date : Valid Up to :

Date of Birth :

Mobile No : Telephone No. :

Email Address :

Employer/Business :

Occupation/Designation :

Citizenship : Sri Lankan Sri Lankan with Dual Citizen Foreigner

Residency : Sri Lankan resident Non Sri Lankan resident

If foreign and Sri Lankan Resident

Type of Visa : Visa expiry Date :

Foreign Address (if any) :

Status of Residence : Owner Official Lease/Rent
 Parents Friend's/Relative's Boarding place/Lodge

Source of Wealth : Employment Income Investment Proceeds
 Business Income Other (specify)

Tax File No. : VAT No. :

Are you or your close relative a Politically Exposed Person (PEP) ? If "yes", please mention the name and/or designation Yes
 No

Are you a US person under the Foreign Account Tax Compliance Act (FATCA) to the US ? Yes {If yes, FATCA declaration has to be submitted along with the application form }
 No

I hereby confirm that the details given above are true and correct and further agree to inform the Bank of any changes to the above details as and when such changes take place.

I/We consent to DFCC Bank PLC collecting, processing, retaining, and sharing my/our personal data for banking operations, regulatory compliance, and service enhancements, in accordance with the Personal Data Protection Act No. 9 of 2022 and the Bank's Privacy Policy available on its website. I/We acknowledge my/our rights under the PDPA, including access, correction, and withdrawal of consent, subject to legal and operational requirements.

Date :

Signature

Signature Verified

FOR BANK USE ONLY

Client Created by

Name, Employee No. & Signature

Client Authorised By

Name, Employee No. & Signature