DFCC TEEN ACCOUNT OPENING FORM
(With the Guardian)

Clear Form

DFCC BANK *Keep Growing*

The Manager
DFCC Bank PLC

Branch

Date : D D M M Y Y Y Y

Teen's Client ID :

Guardian's Client ID :

Please open a DFCC TEEN account as per the details provided below.

Account No. :

DETAILS OF THE TEEN

Full Name as per the Birth Certificate : (Master / Miss)

Date of Birth : D D M M Y Y Y Y Gender : ☐ Male ☐ Female

Address :

Postal Code :

Birth Certificate No. : Nationality : SL

NIC/EIC : Issued Date : D D M M Y Y Y Y

Email Address :

Mobile No. : Telephone No. :

If Employed

Profession/Nature of Business :

Employer Business Name :

Is the teen or teen's close relative a Politically Exposed Person (PEP) ? If "yes", please mention the name and/or designation ☐ Yes ☐ No

DETAILS OF THE GUARDIAN

Relationship to the Minor :

Full Name :
(Rev./Dr./Mr./Mrs./Ms.)

Permanent Address :

Postal Code :

Status of Residence : ☐ Owner ☐ Rent ☐ Other

Correspondence Address :

Postal Code :

NIC/PP : Issued Date : D D M M Y Y Y Y

Nationality : SL Date of Birth :

Mobile No. : Telephone No. :

Email Address :

* Transactional alerts will be sent to the mobile number and/or the email address of the guardian as provided in this section. The Bank is entitled to effect any changes to the service at any time at its discretion. Further, I hereby consent to send Bank promotional alerts to the details given above.

Profession/Nature of Business:

Employer/ Business Name and Address :

Postal Code :

☐ Please debit the initial deposit of LKR from my current/savings account number , being the guardian to this account.

Signature of the Guardian

Signature Verified

Following is a mandatory declaration on which is a requirement to be completed by all applicants under the Inland Revenue Act No. 28 of 1979

Tax Payer : ☐ **Yes** ☐ **No** **Tax file No.:**

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

Purpose of the Account :

☐ Salary Remittance ☐ Business Income ☐ Loan Repayment ☐ Savings
☐ Investment ☐ Education ☐ Utility Bill Payments ☐ Interest Credits
☐ Other - Specify

Source of Funds :
(Choose one or more)

- ☐ Sales and Business Turnover
- ☐ Family Remittances
- ☐ Commission Income
- ☐ Gift
- ☐ Other - Specify
- ☐ Export Proceeds
- ☐ Contract Proceeds
- ☐ Donations/ Charities (Local/Foreign)
- ☐ Membership Contributions
- ☐ Salary/Profit/Income
- ☐ Investment Proceeds
- ☐ Sale of Property/Assets

Anticipated Volumes of Deposits from above sources :

- ☐ Less than 100,000
- ☐ 100,001 - 500,000
- ☐ 500,001 - 1,000,000
- ☐ 1,000,001 - 5,000,000
- ☐ Above 5,000,001

Transaction Limits : ATM : POS :

In the event of my death prior to the above named minor attaining majority I have no objection in this account being operated by the natural guardian of the minor, provided the natural guardian signs a new mandate.

PARENT/GUARDIAN'S DECLARATION

1. I declare that the above mentioned ..... (Name of the Minor) has completed the age of 13 years and is literate with adequate knowledge to handle Banking Operations .

2. Further, I give authorisation to the above minor to perform transactions through the above mentioned account number and undertake to be responsible for all the performed transactions by him/her, including debit card transactions.
3. I understand that in the event the cumulative value of the debit in the account exceed the limit specified by the bank the account could be frozen and will be lifted only upon my written request to the Bank and on Bank discretion.
4. I agree to indemnify the bank for any losses suffered by the Bank due any misconduct performed by the Minor.
5. I 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 acknowledge my rights under the PDPA,including access, correction, and withdrawal of consent, subject to legal and operational requirements.

6. I hereby confirm that I am aware of the conditions imposed under the provision of the Foreign Exchange Act, No. 12 of 2017 (the Act) on Electronic Fund Transfer Cards (EFTCs) subject to which the card may be used for transactions in foreign exchange and I hereby undertake to abide by the said conditions. I further agree to provide any information on transactions carried out by me in foreign exchange on the card issued to me as DFCC Bank may require for the purpose of the Act. I am aware that the Authorised Dealer (DFCC Bank) is required to suspend availability of foreign exchange on EFTC if reasonable grounds exist to suspect that unauthorised foreign exchange transactions are being carried out on the EFTC issued to me and to report the matter to the Director Department of Foreign Exchange. I also affirm that I undertake to surrender the Debit Card/s to DFCC Bank, if I migrate or leave Sri Lanka for employment abroad, as applicable.

7. I hereby confirm having read and understood/made to understand and agree to comply with and be bound by all applicable laws and regulations and with the DFCC Universal General Terms and Conditions applicable for Customer Accounts and related Transactions.

I declare that all details given by me /us on this form are true and correct.

☐ I have accessed the DFCC Bank PLC website, read and understood the DFCC Universal General Terms and Conditions and Terms and Conditions relating to DFCC Products and Services indicated above.

☐ I acknowledge receipt of a printed copy of the DFCC Universal General Terms and Conditions and Terms and Conditions relating to DFCC Products and Services from the branch and confirm that I have read and understood them.

Signature of the Parent/Guardian

STANDING INSTRUCTIONS

Please set up a standing order to the newly opened Teen account through this mandate from my DFCC account according to the instructions given below.

Debit Account No. :

Name of the Account Holder :

Effective Date : D D M M Y Y Y Y Expiry Date : D D M M Y Y Y Y

Frequency : ☐ Daily ☐ Weekly ☐ Monthly

Amount In Figures :

Amount in Words :

* If the standing instruction fails for 3 consecutive instances due to lack of funds, the Bank may cancel the standing order setup on the account.

* In view of the Bank undertaking to make these remittances, it is expressly understood that the Bank is relieved from all claims for losses which may arise through' error, omission or delay. It is understood that in the event of there being insufficient funds available in my/our account to meet the payments on the dates specified the bank cannot accept responsibility for ensuring that the instructions are carried out when funds do become available subsequently. However, in the event the above standing order is placed for a payment that is due to DFCC Bank, the Bank is allowed to recover the dues along with any surcharges/ penalties from the captioned account even after the due date at its sole discretion.

Authorized Singatory of Debit Account

Authorized Signatory of Debit Account

Signature Verified

FOR BANK USE ONLY

WF Reference No.

Checked By

Name, Employee No. & Signature

Account Authorised By

Name, Employee No. & Signature

Name to be printed on the Card (For personalized Cards)
(Max 20 characters including spaces)

Promoter Code :

CMD 24042026