The Manager DFCC Bank PLC							Date :	:	D D	MN	ЛΥ	YY	Υ	V	DF		<b>B</b> Kee	<b>NN</b> Pp Grow	K ing
Branch Minor's Clien							Client	: ID :											
Please open a minor savings	account	in the nar	me of the i	minor p	orovide	ed bel	low.				Gı	uardia	n's Cli	ent II	):				
Account No. :					OFCC J	unior		DF	CC Jun	ior Pli	us								
				DETA	AILS O	F THE	MINC	OR											
Full Name as per the Birth Certificate: (Master / Miss)																			
Date of Birth :	D D	MMY	YYY			Gend	der :	Male		Fe	male								
Address :																			
Birth Certificate No.:									N	Nation	ality :								
				DETAI	LS OF	THE C	GUARD	IAN											
Relationship to the Minor : Full Name : (Rev./Dr./Mr./Mrs./Ms.)  Permanent Address :																			
Status of Residence :	(	Owner	Ren	t	C	Other													
Correspondence Address :																			
NIC/PP : Nationality :											Date	of Bir	th :						
Mobile No. :										Tele	phon	e No.	:						
Email Address :																			
* Transactional alerts will be se changes to the service at any ti														e Bank	is enti	tled to	effe	ct any	
Profession/Nature of Busine																			
Employer/ Business Name a Address:	ind																		
Following is a mandatory d Tax Payer : Yes No Tax file I	No.:					e com	pleted	by all	applio	cants	unde	r the I	nland	Reve	nue A	ct No	. 28	of 197	Э
Are you or your close relati If "yes", please mention th					EP) ?		Yes No												
Source of Funds : (Choose one or more)	F (	amily Rer	on Income		er	0	Contra Conati	Procee ct Proc ons/ Cl ership	eeds haritie			reign)		lnν	lary/Pi vestme	nt Pro	ocee	ds	
			,																
Anticipated Volumes of Deposits from above source	ces:		n 100,000 500,000					)01 - 1, ),001 -						A	Above	5,000	,001		
Purpose of the Account :	S	Salary Ren	nittance		Busine	ess Ind	come		Loa	an Rep	oaym	ent			Sa	avings	;		
,		, nvestmen			Educat							ments	5			nteres		edits	
	c	Other - Spe	ecify																

MINOR'S SAVINGS ACCOUNT OPENING FORM

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.

## **DECLARATION OF THE GUARDIAN**

I hereby agree to comply with and to be bound by all applicable laws and the Bank's prevailing rules and regulations and/or terms and conditions and / or procedures and operations, services and transactions relating to the said account and / or banking facilities attached thereto and subject to be further bound by any variations, amendments and changes made to the same as may be prescribed by the Bank from time to time in future. I confirm that the details given above and overleaf are true and correct. Further, I confirm the receipt of details and conditions applicable to the said account and to the products / services related thereto and their terms and conditions, which were explained to me in my language of conver-sance and understood by me.

I hereby consent to DFCC Bank PLC collecting, processing, retaining, and sharing my personal data for banking operations, regulatory compliance, and service enhancements, in accordance with the Personal Data Protec on 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.

opera	tional requirements.										
11	nave accessed the DFCC Ban	k PLC website, read	d and understood t	he DFCC Universal (	General Terms and Cond	litions and Terms and					
C	Conditions relating to DFCC Products and Services indicated above.										
la	I acknowledge receipt of a printed copy of the DFCC Universal General Terms and Conditions and Terms and Conditions relating to DFCC										
Pı	oducts and Services from th	e branch and conf	irm that I have read	l and understood th	nem.						
Г											
L											
	Signature of Guard	ian									
			STANDING II	ISTRUCTIONS							
	ase set up a standing order t en below.	to the newly opene	ed minor account th	rough this mandate	e from my DFCC account	t according to the instructions					
Del	oit Account No. :										
Nar	me of the Account Holder :										
Effe	ective Date :	D D M M Y Y	YY	Expiry Date :	D D M M Y Y Y Y						
Fre	quency :	Daily	Weekly	Monthly							
Am	ount In Figures :										
Am	ount in Words :										
* If	the standing instruction fails t	for 3 consecutive in:	stances due to lack o	of funds, the Bank ma	ay cancel the standing ord	der setup on the account.					
	n view of the Bank undertaking se through' error, omission or					all claims for losses which may my/our account to meet the					
	ments on the dates specified										
	ilable subsequently. However over the dues along with any s										
	Authorized Signat	tory of the Debit A	ccount Auth	orized Signatory of	the Debit Account	Signature Verified					
			FOR BANI	CUSE ONLY							
Bran	ch Use Only										
WF	Reference No.	Promoter Co	de:								
	Checked By Account Authorised By										
	Спескей Бу		Account At	This is carby	7						

Name, Employee No. & Signature

Name, Employee No. & Signature

FORM NO. 01020125 - V2.0