

DFCC TEEN ACCOUNT OPENING FORM

(16 to 18 Years - Without the Guardian)



The Manager
DFCC Bank PLC

Date :

Branch

Teen's Client ID :

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

Account No.

DETAILS OF THE TEEN

Full Name (Master / Miss)	:																								
Permanent Address	:																								
Correspondence Address	:																								
Nationality														Gender :	<input type="checkbox"/> Male	<input type="checkbox"/> Female									
Date of Birth										Birth Certificate No.															
NIC/EIC										Date of Issue :															
Mobile No.										Telephone No.															
Email :																									

* Transactional alerts will be sent to the mobile number and/or the email address 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 the Bank to send promotional alerts to the given above.

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 ☐

Purpose of the Account :

<input type="checkbox"/> Salary Remittance	<input type="checkbox"/> Business Income	<input type="checkbox"/> Loan Repayment	<input type="checkbox"/> Savings
<input type="checkbox"/> Investment	<input type="checkbox"/> Education	<input type="checkbox"/> Utility Bill Payments	<input type="checkbox"/> Interest Credits
<input type="checkbox"/> Other - Specify <input type="text"/>			

Source of Funds : (Choose one or more)

<input type="checkbox"/> Sales and Business Turnover	<input type="checkbox"/> Export Proceeds	<input type="checkbox"/> Salary/Profit/Income
<input type="checkbox"/> Family Remittances	<input type="checkbox"/> Contract Proceeds	<input type="checkbox"/> Investment Proceeds
<input type="checkbox"/> Commission In	<input type="checkbox"/> Donations/ Charities (Local/	<input type="checkbox"/> Sale of Property/Assets
<input type="checkbox"/> Gift	<input type="checkbox"/> Foreign) Membership Contributions	
<input type="checkbox"/> Other - Specify <input type="text"/>		

Anticipated Volumes of Deposits from above sources :

<input type="checkbox"/> Less than 100,000	<input type="checkbox"/> 500,001 - 1,000,000	<input type="checkbox"/> Above 5,000,001
<input type="checkbox"/> 100,001 - 500,000	<input type="checkbox"/> 1,000,001 - 5,000,000	

Transaction Limits : POS : ATM :

TEEN'S DECLARATION

- I declare that I have completed the age of 16 years and I am literate with adequate knowledge to operate a bank account. Further, I agree to Indemnify the bank for any losses suffered by the Bank due to any misconduct by myself. 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.
 - 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.
 - 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.
 - 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 Teen

Branch Use Only

WF Reference No.

Promoter Code :

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

Checked By

Name, Employee No. & Signature

Account Authorised By

Name, Employee No. & Signature