

ACCEPTANCE FORM - Existing Customer

To The Manager, Office

DD MM YYYY

The Hongkong and Shanghai Banking Corporation Limited
Sri Lanka.

Note:

- Please complete in Block Letters and tick where applicable.
- All accounts opened will be subject to laws and regulations of Sri Lanka, including but not limited to, foreign exchange, currently in force and amended from time to time.
- All information requested on this form is mandatory.

FOR BANK USE ONLY	
Customer Number :	Bank Authorised Signature/Stamp
Account Number :	Branch
RM ID :	

Entry Criteria for HSBC Advance

Entry Criteria : To enter the Advance package customer may select and meet one of the entry requirements:

- ☐ I/We confirm that I/We will deposit and maintain a minimum monthly Total Relationship Balance (TRB) of Rs.1,000,000/-.
- ☐ I/We confirm that I/We will remit a minimum monthly salary of Rs.150,000/-.

Note : A monthly service fee of Rs. 1,500/- shall be levied if the above criteria is not maintained

Customer Number	
Account Number	

Personal Information

Primary Applicant

Joint Applicant

Title	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Rev <input type="checkbox"/> Other _____	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Rev <input type="checkbox"/> Other _____
Full Name		
NIC Details	NIC No. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Date of Issue DD MM YYYY	NIC No. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Date of Issue DD MM YYYY
Passport No:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Expiry: DD MM YYYY	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Expiry: DD MM YYYY

Contact Information

Residence Address		
Contact Information	Residence : Office : E-mail : Mobile : Fax :	Residence : Office : E-mail : Mobile : Fax :
Occupation	<input type="checkbox"/> Professional/ Administrative <input type="checkbox"/> Administrative/ Executive <input type="checkbox"/> Self Employed <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Other _____	<input type="checkbox"/> Professional/ Administrative <input type="checkbox"/> Administrative/ Executive <input type="checkbox"/> Self Employed <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Other _____
Name of Employer		
Nature of Business		
Declaration of Politically Exposed Person	I or a member of my family/ business associate/ business partner hold(s) a senior public office (government, judicial, police or military)? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please describe the nature of the relationship/ public position held. _____	I or a member of my family/ business associate/ business partner hold(s) a senior public office (government, judicial, police or military)? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please describe the nature of the relationship/ public position held. _____

Do you have any connected Parties?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please tick the relevant Boxes <input type="checkbox"/> Power of Attorney <input type="checkbox"/> Executor/Administrator of last will <input type="checkbox"/> Contributor Connected party <input type="checkbox"/> Supplementary Cardholder <input type="checkbox"/> Nominee	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please tick the relevant Boxes <input type="checkbox"/> Power of Attorney <input type="checkbox"/> Executor/Administrator of last will <input type="checkbox"/> Contributor Connected party <input type="checkbox"/> Supplementary Cardholder <input type="checkbox"/> Nominee
Anticipated Volumes Expected/ average volume of deposits/ withdrawals in to/ from the account in LKR/ FCY equivalent to LKR per month	Deposits <input type="checkbox"/> Less than 100,000/- <input type="checkbox"/> 2,000,000/- to 3,000,000/- <input type="checkbox"/> 100,000/- to 500,000/- <input type="checkbox"/> 3,000,000/- to 4,000,000/- <input type="checkbox"/> 500,000/- to 1,000,000/- <input type="checkbox"/> 4,000,000/- to 5,000,000/ <input type="checkbox"/> 1,000,000/- to 2,000,000/- <input type="checkbox"/> Over 5,000,000/ Withdrawals <input type="checkbox"/> Less than 100,000/- <input type="checkbox"/> 2,000,000/- to 3,000,000/- <input type="checkbox"/> 100,000/- to 500,000/- <input type="checkbox"/> 3,000,000/- to 4,000,000/- <input type="checkbox"/> 500,000/- to 1,000,000/- <input type="checkbox"/> 4,000,000/- to 5,000,000/ <input type="checkbox"/> 1,000,000/- to 2,000,000/- <input type="checkbox"/> Over 5,000,000/	Deposits <input type="checkbox"/> Less than 100,000/- <input type="checkbox"/> 2,000,000/- to 3,000,000/- <input type="checkbox"/> 100,000/- to 500,000/- <input type="checkbox"/> 3,000,000/- to 4,000,000/- <input type="checkbox"/> 500,000/- to 1,000,000/- <input type="checkbox"/> 4,000,000/- to 5,000,000/ <input type="checkbox"/> 1,000,000/- to 2,000,000/- <input type="checkbox"/> Over 5,000,000/ Withdrawals <input type="checkbox"/> Less than 100,000/- <input type="checkbox"/> 2,000,000/- to 3,000,000/- <input type="checkbox"/> 100,000/- to 500,000/- <input type="checkbox"/> 3,000,000/- to 4,000,000/- <input type="checkbox"/> 500,000/- to 1,000,000/- <input type="checkbox"/> 4,000,000/- to 5,000,000/ <input type="checkbox"/> 1,000,000/- to 2,000,000/- <input type="checkbox"/> Over 5,000,000/
Ongoing Sources of Funds	<input type="checkbox"/> Salary/ Profit Income <input type="checkbox"/> Interest in Time Deposits <input type="checkbox"/> Sales of Property/Vehicle <input type="checkbox"/> Rent Income <input type="checkbox"/> Family Remittance <input type="checkbox"/> Other _____	<input type="checkbox"/> Salary/ Profit Income <input type="checkbox"/> Interest in Time Deposits <input type="checkbox"/> Sales of Property/Vehicle <input type="checkbox"/> Rent Income <input type="checkbox"/> Family Remittance <input type="checkbox"/> Other _____
Types of services which will be used (i.e. nature of activity)	<input type="checkbox"/> General banking services (e.g. Cash, Cheques, PIB, etc) <input type="checkbox"/> Investment <input type="checkbox"/> Credit services (e.g. Loans, Credit Cards, etc) <input type="checkbox"/> Remittance services (e.g. Wire Transfer, Demand Draft) <input type="checkbox"/> Other (please specify) _____	<input type="checkbox"/> General banking services (e.g. Cash, Cheques, PIB, etc) <input type="checkbox"/> Investment <input type="checkbox"/> Credit services (e.g. Loans, Credit Cards, etc) <input type="checkbox"/> Remittance services (e.g. Wire Transfer, Demand Draft) <input type="checkbox"/> Other (please specify) _____

Advance Debit Card

Debit Card	Please note that exchange rate variance will apply in case your debit card is linked to a foreign currency savings account	
	Do you require a free HSBC Platinum Debit Card Yes <input type="checkbox"/> No <input type="checkbox"/> Sole/ Principal applicant (Please state account numbers to be linked) 1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 2. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 3. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Do you require a free HSBC Platinum Debit Card Yes <input type="checkbox"/> No <input type="checkbox"/> Joint applicant (Please state account numbers to be linked) 1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 2. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 3. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Name as you would want it to appear on your card <input type="text"/> Maximum 19 characters including spaces	Name as you would want it to appear on your card <input type="text"/> Maximum 19 characters including spaces

Please Deliver my/ our Debit card(s) to the address stated herein.

C/O:

.....

Note: For security reasons, your Debit card Personal Identification Number (PIN) will be mailed to the above address under separate cover.

SMS Alerts

Please notify me via SMS when my A/Cs are debited/credited with funds:

- ☐ Above Rs.10, 000/- (Free of Charge)
- ☐ On all transactions (An annual fee of Rs.1000/- shall be levied for SMS alerts on all transactions)
- ☐ Do not notify me via SMS when my A/C(s) are debited/credited with funds

• Mobile Number

Applicable for Joint accounts only

We are in agreement to receive the SMS alerts to the mobile number notified above only in the event the facility is applied under the joint accounts.

Advance Cheque Book

Current Account

Please note that you are automatically eligible to open a current account. If you have a current account

Do you require a cheque book ☐ Yes ☐ No

If yes, process my cheque book and charge costs associated to my account

Number of cheque leaves required ☐ 25 ☐ 50

Current account number

STATUTORY TAX DECLARATION

IN TERMS OF THE PROVISIONS OF THE INLAND REVENUE LAWS AND REGULATIONS, THE BANK SHALL APPLY THE WITHHOLDING TAX RATE PREVAILING AT EACH INTEREST PAYMENT DATE.

Declaration

The following declaration shall govern all HSBC Advance accounts of The Hongkong and Shanghai Banking Corporation Limited, hereinafter referred to as the "Bank"/ "HSBC".

- I/We, have read and accepted the HSBC Advance account terms and conditions (including where applicable any translated versions) the link to the soft copy of which will be emailed to me/us with the HSBC Advance Welcome email or a hard copy of which is available on request and agree to be bound by such terms and conditions.
- I/We have read and accepted the terms and conditions governing current, savings and fixed/time deposit accounts, call deposit accounts and others (in foreign currency and/or local currency) as well as terms and conditions governing debit and credit card/s of the aforesaid Terms and Conditions and agree to be bound by them.
- We have read and accepted terms and conditions which specifically deal with the mandate applicable to joint accounts (for joint account holders only) dated this _____ day of _____ 20.... of the aforesaid Terms and Conditions and agree to be bound by them.
- I/We declare that the information given in this application is true and complete. I/We authorize the Bank to confirm the information given in this account opening application from any source you may deem fit including and not limited to requesting for any documentary evidence of my/our monthly/annual income.
- I/We undertake to advise the Bank immediately when information already provided by me/us in the account opening application form has/have changed in order that the Bank may hold the most current and updated information on in respect of the account at all times.
- I/We declare that in the event if I/we do not meet the entry requirement in any given month in my/our HSBC Advance sole/joint account/s the Bank shall levy applicable service charge/s that may change from time to time by debiting any of my/our accounts at the Bank.
- I/We acknowledge that, in the event I/we do not meet the entry requirement in any given month for a continuous period of 3 months in my/our HSBC Advance accounts Bank shall have the right to discontinue my/our HSBC Advance status and convert all accounts to ordinary accounts and withdraw all benefits enjoyed as a HSBC Advance customer.
- In the event the HSBC Advance status is discontinued or withdrawn by the Bank and individual accounts under HSBC Advance are re-classified as ordinary accounts, I/we confirm that I/we shall agree to be bound by the terms and conditions governing such account(s) (copies of which are available at any HSBC branch or emailed and which I/We have read and accepted.)
- The Bank is hereby authorized by each joint account holder to honour all cheques, instructions, directions, other instrument and transactions signed and effected by any one or more of the joint account holder/s without restriction, notwithstanding the instructions contained in the joint account mandate relating to individual accounts within the package.
- I/We also irrevocably agree to sign any document which may be required by the Bank from time to time in connection with the operation of HSBC Advance or any ordinary accounts held by me/us.
- I/We agree and acknowledge that usage of the debit card personal identification number (PIN), phonebanking personal identification number (PIN), credit card number, credit card personal identification number (PIN) and personal banking number (PBN) provided by the Bank for accessing phonebanking and personal internet banking (PIB) will be constructed as acceptance of the terms and conditions governing these delivery channels.
- I/We agree and undertake to be bound by the laws and regulations of Sri Lanka, including but not limited to Foreign Exchange, currently in force and as amended from time to time.
- I/We agree to use the HSBC Advance debit card(s) solely within the limits authorized by the Bank.
- I/We undertake to surrender the HSBC Advance debit card(s) to the Bank if I/we migrate or leave Sri Lanka for employment overseas.
- I/We confirm and agree that if I/We am/are responsible for reviewing upon receipt all account statements or other notifications relating to an account and, if I/We fail to do so, the Bank will not be liable to me/us for any losses incurred after the time that such information should have been discovered.
- I/We agree that in the event of the Bank crediting my/our account/s by error the Bank shall be entitled at any stage to reverse the said entry and/or to claim the said amount from my/our account/s.
- I/We confirm that the account will be used by me/us for the sole purpose of my/our banking activity/ies and that all transactions are performed with my/our knowledge and that I/we am/are not in any manner acting on behalf of a third party.
- With regard to fixed/time deposits opened by me/us, I/We agree and understand.
 - that no interest will be payable on a time deposit released before expiry of the minimum period of 1 month;
 - that premature withdrawal of a time deposit is subject to a penalty charge;
 - that the operating instructions for deposit accounts are the same as my/our existing accounts.
- I/We understand that the HSBC Advance account features communicated through the marketing brochure/leaflet is subject to change with notice. Such changes will be displayed by the Bank at its branches and/or on the official website www.hsbc.lk and shall constitute due notice to the account holder/s.
- I/We confirm that as required by applicable laws and regulations prevailing from time to time, I/We have reported, and will continue to report, to all relevant competent tax authorities the assets and/or cash deposited on all my/our account(s) held with HSBC, as well as the income and gains generated by those assets and/or cash.

21. I/We, the undersigned confirm that the terms and conditions contained above were explained to me/us by HSBC at the time of making this application and that I/We fully understand the provisions contained in the said terms and conditions and agree hereby to be bound by such terms and conditions and am/are aware that such terms and conditions are available on the HSBC website – www.hsbc.lk and/or a copy of the same can be obtained by me/us from any of the branches of HSBC and/or the same has been handed over to me/us by HSBC.

22. I/We further confirm that, I/We have duly filled in the information as required in pages 1 to 4 and I/We have not placed my/our initials on each page as confirmation thereof and my/our full signature/s placed hereto on the last page cover/s the contents of and apply/ies to the entirety of this application form.

23. I/We confirm, understand and agree that all online banking transactions conducted on regulated accounts introduced by the Central Bank of Sri Lanka now, hereafter and from time to time including but not limited Personal Foreign Currency Account (PFCA), Capital Transaction Rupee Account (CTRA), Business Foreign Currency Account (BFCA), Inward Investment Account (IIA), Diplomatic Foreign Currency Account (DFCA), Diplomatic Rupee Account (DRA), Special Deposit Account (SDA), Outward Investment Account (OIA), Non Resident Rupee account (NRRR), Emigrants Remittable Income account (ERIA), that are subject to and governed by the directions and /or regulations of the Central Bank of Sri Lanka are restricted in PIB.

I/We further agree that the Bank shall not assume any responsibility whatsoever for any losses due to PIB transactions in relation to the aforementioned regulated accounts being rejected.

24. I/We confirm, that I/We am/are aware that the Bank is bound by the provisions of, including but not limited to, the Prevention of Money Laundering Act No 5 of 2006 (PMLA), as amended, and the Convention on the Suppression of Terrorist Financing Act, No. 25 of 2005, as amended, and the Financial Transactions Reporting Act No 6 of 2006 (FTRA) and related guidelines and directions pertaining thereto and the Banking Act of Sri Lanka No 30 of 1988, as amended ("Act"), together with the provisions of the Directions issued by the Monetary Board of the Central Bank of Sri Lanka, from time to time, under the aforesaid Banking Act, No. 30 of 1988, as amended ("Act"), including the guidelines and directions in respect of Abandoned Property in terms of such Act;

25. These terms and conditions shall be construed and governed by the laws of Sri Lanka and shall be subject to the exclusive jurisdiction of the courts of Sri Lanka.

Note: A monthly service fee of Rs.1,500/- shall be levied if the eligibility criteria is not maintained.

I confirm having received an electronic copy of the HSBC Advance terms and conditions along with the e-welcome pack



.....
Signature of Sole Applicant

.....
Signature of Joint Applicant

Date-

Date-

In the event you are not entirely satisfied in the manner in which you have been served, or if our produces do not meet your expectations, please contact us at your earliest using one of the following options:

- Contact the Customer Solutions hotline on + 94 114 511 566
- E-mail your concerns to customersolutions@hsbc.com.lk
- Write to us: The Manager Customer Service, Retail banking & Wealth Management, No. 24 Sir Baron Jayatilaka Mawatha, Colombo 01.
- The Office of the Financial Ombudsman - Sri Lanka, 143 A Vajira Road, Colombo 5
- Tel: + 94 112 595 625
- Fax : + 94 112 595 624
- E-mail : info@finacialombudsman.lk
- Web : www.finacialombudsman.lk

Please visit our website www.hsbc.lk for translation of this document. In the event of a conflict, the document in English will prevail.

For Office Use Only

Signature witnessed <input type="checkbox"/> Identity checked <input type="checkbox"/> Checked by: _____		Cheque Book : Yes <input type="checkbox"/> No <input type="checkbox"/> Cheque Book date Input by : Name _____ Initial _____ Checked by : _____ Date: _____	
Data input by: Name _____ Initial _____ Report checked by : _____ Date _____		Category of foreign currency account <input type="checkbox"/> PFCA <input type="checkbox"/> CTRA <input type="checkbox"/> IIA <input type="checkbox"/> Other _____	
General Document Check List: <div style="display: flex; flex-wrap: wrap;"> <div style="flex: 1; min-width: 200px;"> <input type="checkbox"/> Copy of the National Identity Card <input type="checkbox"/> Copy of the Passport <input type="checkbox"/> Copy of the Residence Visa <input type="checkbox"/> Copy of the Student ID <input type="checkbox"/> Copy of the Membership Card from a recognized club <input type="checkbox"/> Salary slips </div> <div style="flex: 1; min-width: 200px;"> <input type="checkbox"/> Copy of Utility Bill <input type="checkbox"/> Copy of the ID issued by employer <input type="checkbox"/> Account Opening Form <input type="checkbox"/> Letter of Introduction <input type="checkbox"/> Signature Card <input type="checkbox"/> Other bank statements <input type="checkbox"/> Other _____ </div> <div style="flex: 1; min-width: 200px;"> <input type="checkbox"/> Mandate <input type="checkbox"/> Power of Attorney <input type="checkbox"/> Nomination Form <input type="checkbox"/> Utility Bill Payment Application <input type="checkbox"/> Connected Party Form <input type="checkbox"/> Student Validity Documents </div> </div>			
Data input by: Name _____ Initial _____ Report checked by : _____ Date _____		Debit Card : Yes <input type="checkbox"/> No <input type="checkbox"/> Debit Card date Input by : Name _____ Initial _____ Report Checked by : _____ Date: _____	
ATB Yes <input type="checkbox"/> No <input type="checkbox"/> ATB customer documentation sent by: ATB data input by: Name and initial : _____ Date: _____		Name and initial : _____ Date: _____ Report Checked by : _____ Date: _____	
SMS Yes <input type="checkbox"/> No <input type="checkbox"/> ATB customer documentation sent by: SMS data input by: Name and initial : _____ Date: _____		Name and initial : _____ Date: _____ Report Checked by : _____ Date: _____	