

CHILDREN'S SAVINGS ACCOUNT APPLICATION FORM



**Advance**

To : The Manager  
**The Hongkong and Shanghai Banking Corporation Limited**

I hereby request you to open a Children's Savings Account in the name of the minor as stated below.  
 (Please complete all details in BLOCK CAPITAL letters and (✓)/delete where applicable)

Customer No:
Account No:

**PERSONAL DETAILS**

Full Name :	
Other names (as appearing in the identity document):	
Former names :	
Preferred Name :	Initials :
Date of Birth of Minor Day <input type="text"/> <input type="text"/> Month <input type="text"/> <input type="text"/> Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	ID Type/ Birth Certificate No :
Country of Birth :	
Nationality :	
Multiple Nationality : Yes <input type="checkbox"/> No <input type="checkbox"/> If yes. Nationality 1. .... Nationality 2. .... Nationality 3. ....	
Gender : <input type="checkbox"/> Male <input type="checkbox"/> Female	
Citizenship/ Resident status : Document issue place :	
Residence Address 01:	Permanent Address :
Residence Address 02:	
Previous address : <i>(if less than 3 years at above residence address)</i>	P.O Box :
	Country of residence :

**STATUTORY TAX DECLARATION**

INTERMS OF THE PROVISIONS OF THE INLAND REVENUE LAWS AND REGULATIONS FROM TIME TO TIME THE BANK WILL APPLY THE WITHHOLDING TAX RATE PREVAILING AT EACH INTEREST PAYMENT DATE.

**PARENT/ GRANDPARENT / GUARDIAN DETAILS**

Relationship with Minor : <input type="checkbox"/> Parent <input type="checkbox"/> Grand Parent <input type="checkbox"/> Guardian	
Full Name (Please underline surname) (Mr. / Mrs. / Miss / .....)	
Other names (as appearing in the identity document):	
Former names:	
Date of Birth Day <input type="text"/> <input type="text"/> Month <input type="text"/> <input type="text"/> Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	NIC Number
Passport No. _____	Expiry Date : _____
Country of Birth :	
Nationality :	
Multiple Nationality : Yes <input type="checkbox"/> No <input type="checkbox"/> If yes. Nationality 1. .... Nationality 2. .... Nationality 3. ....	
Tax Information :	Are you a Tax payer Yes <input type="checkbox"/> No <input type="checkbox"/> If yes; Country of Tax Residency Tax file Number 1. _____ 2. _____ 3. _____
Permanent Address :	Home Phone No : Mobile No : E-mail address : Fax No :
At this address since :	
Residence Address 01:	
Residence Address 02:	
P.O Box :	
Previous address : <i>(if less than 3 years at above residence address)</i>	
Occupation/Designation :	Name & Address of Employer  Business Activity/Turnover
	Business Phone No : Fax No : E-mail address :

Where would you like the statement to be mailed to  E-mail Address:  Permanent Address:  Residence Address 01:  Residence Address 02:  Office Address:

PREVIOUS EMPLOYER DETAILS
Name :
Address :
Length of Service :
Nature of Business :
Business Activity / Turnover :

CONNECTED PARTY DETAILS
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"/> Parent/ Guardian <input type="checkbox"/> Nominee
Full Name/s : 1. _____ 2. _____ 3. _____
Date of Birth : 1. _____ 2. _____ 3. _____
Country of Residence : 1. _____ 2. _____ 3. _____
Relationship to the customer : 1. _____ 2. _____ 3. _____
NIC : 1. _____ 2. _____ 3. _____

DECLARATION OF POLITICAL 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 positions held. _____

PURPOSE OF ACCOUNT
Savings <input type="checkbox"/> Educational Purposes <input type="checkbox"/> Investment Purposes <input type="checkbox"/> Other _____

INITIAL DEPOSIT
Initial Deposit (amount) ..... (Minimum LKR 5,000/USD 50 or equivalent in other foreign currencies). <input type="checkbox"/> Cash <input type="checkbox"/> Account Transfer <input type="checkbox"/> Cheque
I hereby authorise you to debit my Account No. _____
Signature of Account Holder(s) _____

ACCOUNT DETAILS
<input type="checkbox"/> Local Currency Account <input type="checkbox"/> Foreign Currency Account <input type="checkbox"/> USD <input type="checkbox"/> GBP <input type="checkbox"/> EUR <input type="checkbox"/> AUD <input type="checkbox"/> Other .....

SOURCE OF FUNDS
<input type="checkbox"/> Salary/Profit Income <input type="checkbox"/> Interest from Time Deposits <input type="checkbox"/> Sales and Business Turnover <input type="checkbox"/> Family Remittance <input type="checkbox"/> Sale of Property/Vehicle <input type="checkbox"/> Gift <input type="checkbox"/> Export Proceeds <input type="checkbox"/> Other .....

ANTICIPATED VOLUMES
Expected / average volume of deposits in to the account in LKR / FCY equivalent to LKR per month. <input type="checkbox"/> Less than 100,000/- <input type="checkbox"/> 100,000 to 499,999/- <input type="checkbox"/> 500,000 to 999,999/- <input type="checkbox"/> 1,000,000 to 1,999,999/- <input type="checkbox"/> 2,000,000 to 2,999,999/- <input type="checkbox"/> 3,000,000 to 3,999,999/- <input type="checkbox"/> 4,000,000 to 4,999,999/- <input type="checkbox"/> Over 5,000,000/-

SOURCES OF WEALTH
<input type="checkbox"/> Earning from work <input type="checkbox"/> Inheritance <input type="checkbox"/> Earning from Business Interest <input type="checkbox"/> Personal Savings <input type="checkbox"/> Winning lottery/Prize money <input type="checkbox"/> Sale of Art <input type="checkbox"/> Return on Investment/Investment Matured <input type="checkbox"/> Sale of an asset (e.g. car) <input type="checkbox"/> Other (please specify) _____

Do you intend to make or receive regular international payments?
Country(ies) you intend to make receive regular international payments

I hereby acknowledge that I have read and understood the Terms and Conditions stated below governing the Children's Savings Account with The Hongkong and Shanghai Banking Corporation Limited

I/We declare that information given in this application is true and correct. I/We authorise you to confirm the information given in this application from any source you may deem fit.

I/We undertake to advise the Bank immediately when information already provided in the account opening application has changed in order that the Bank may hold the most current and updated information in respect of the account at all times.

Signature of Parent/Guardian

Date

FOR BANK USE ONLY	FOR BANK USE ONLY
Signature witnessed _____ Identity Checked <input type="checkbox"/>	Data input by :
Data Input by : Name _____ Initial _____	Name _____ Initial _____
Report checked by _____ Date _____	Report checked by _____
Document Check List :	Date _____
<input type="checkbox"/> Copy of Birth Certificate <input type="checkbox"/> Others	Blacklist checked for guardian/ parents _____
<input type="checkbox"/> Copy of NIC (Parent/Guardian)	Report checked by _____
<input type="checkbox"/> Copy of Passport (Parent/Guardian)	Date _____
<input type="checkbox"/> Account Opening Form	
<input type="checkbox"/> Student Validity Documents	
<input type="checkbox"/> Connected Party Form	

## Terms and Conditions

**The following Terms and Conditions will govern all HSBC Advance Children's Savings Accounts of The Hongkong and Shanghai Banking Corporation Limited. (hereinafter referred to as the 'Bank')**

1. HSBC Children's Savings Account (Account) will be opened, in the name of the minor (Account Holder) and deposits into the Account may be made, by any person.
2. The minimum initial deposit for opening the Account would be the initial deposit amount specified by the Bank at the time of opening the Account, which is subject to change from time to time.
3. The Account Holder's original certificate of birth issued by the Registrar of Births should be produced at the time of opening the Account for perusal by the Bank. The Bank will retain a photocopy of the said certificate of birth on record.
4. Interest rate applicable to the Account is subject to change with notice. The rate of any interest payable on the Account will be displayed by the Bank at its branches in Sri Lanka and/or on the official website of the Bank at [www.hsbc.lk](http://www.hsbc.lk) and shall constitute due notice to the Account Holder .
5. A quarterly statement will be provided to the Account Holder and which will contain all transactions carried out on the Account for the particular period.
6. Upon the Account Holder reaching the age of 18 years, the Account will be converted to a regular savings account (subject to minimum regular savings account balance requirement). However, the Account Holder would be required to complete the necessary documentation. In the event the necessary documents are not submitted to the Bank within 30 days from the date the Account Holder reaches 18 years of age, the Bank will close the relevant Account/s and issue a Bank draft in favour of the Account Holder which will be dispatched to the last correspondence address registered with the Bank.
7. In the event of incapacity of the Account Holder, the proceeds of the Account shall be disbursed to the Parent/Grand Parent/any other person who opened the HSBC Children's Savings Account for the minor (any other person) or a Curator appointed by the Court (in such instance a receipt signed by the Parent/Grand Parent/any other person a Curator appointed by Court shall be valid and sufficient discharge for any payment made to any such Parent/ Grand Parent/any other person or a Curator appointed by the Court). The Bank reserves the sole right to determine such incapacity of the Account Holder for this purpose.
8. In the event of the death of the Account Holder, the proceeds of the Account shall be disbursed in accordance with the laws of intestate succession of Sri Lanka.
9. The Account Holder in whose name the Account is opened would be the beneficiary of the deposits made to the Account. Hence no withdrawals/closure of Account will be permitted until the Account Holder reaches 18 years of age. Withdrawals/closure of Account will however be allowed only at the sole discretion of the Bank for purposes or reasons, which benefit the Account Holder such as higher education, emergency medical or migration on the application of the Parent/ Grand Parent/ any other person or a Curator appointed by Court in the event the Parent/Grand Parent/any other person is not living. The Bank retains the sole right to determine the validity of request for such withdrawals/ closure and may require documentary evidence to validate the same.
10. The Account Holder/Parent/Grand Parent/any other person (collectively the "customer") is responsible to examine each statement of Account and for preserving copies of the statements of the Account. Should copies of statements be requested from the Bank, the Bank reserves the right to levy charges for providing this service in accordance with its published tariff. The customer must advise the Bank if the statement of Account is not received within 14 days from the end of the statement cycle.
  11. a. Promptly upon receipt of each statement of Account and in any event no less than 30 (thirty) calendar days from the date on which the Account Holder is deemed to have received that statement of Account, the customer agrees to examine and verify, each entry appearing on a statement of Account, reconcile it with their own records and immediately notify the Bank in writing of any errors, omissions, irregularities, including any fraudulent or unauthorized transactions or any other objections the customer has to that statement of Account (collectively, "account irregularities") ("30 Day Review"). If the customer fails to notify the Bank within the 30 Day Review, the balance shown on the statement of Account and all entries including account irregularities, will be deemed correct, complete, authorized and binding upon the customer, and the Bank will be released from all liabilities for any transaction occurring up to the date of the most recent statement of Account except for transactions where notice has been given in accordance with this clause.
  - b. If the customer fails to abide by its obligations under clause 11.a above, the customer conduct or omission causes or contributes to a loss in respect of the Account (losses of any kind whatsoever, taxes, levies, fines, fees or penalties suffered and/or incurred by, or brought against the Bank), then the customer agrees that the Bank will not have any responsibility to the customer with respect to such loss. The customer acknowledges that the failure to review statements of Accounts in a timely manner as required pursuant to these Terms and Conditions will be deemed to cause or contribute to the loss on the Account to the extent of any loss occurring subsequent to the time that any error or omission would have been discovered if the statement of Account or transaction records been reviewed in accordance with these Terms and Conditions. The customer acknowledges that the Bank's maximum liability to the customer will be limited to actual direct loss in the principal amount wrongfully or erroneously withdrawn from the Account due to the Bank's gross negligence or willful misconduct.
12. In the event of the Bank crediting the Account of the customer by error the Bank will be entitled at any stage to reverse the said entry and/or to claim the said amount from the customer.