

## ACCOUNT OPENING FORM



(c) **vallibel** Finance PLC (PQ 526) No. 310, Galle Road, Colombo-03, Sri Lanka.  
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## FIXED DEPOSIT ACCOUNTS – CORPORATE

Date 

D	D	M	M	Y	Y	Y	Y
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## For Office Use Only

Branch	
Fixed Deposit No.	
Certificate No.	
BSP Code	

The Manger  
Vallibel Finance PLC

Please open a Fixed Deposit account in the name of  
my/our entity as specified below.

**Deposit Amount (Rs.):** .....

**Amount in Words** : .....

## Customer Type (Please tick (✓) appropriate boxes)

<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Public Unquoted Company	<input type="checkbox"/> Trusts
<input type="checkbox"/> Partnership	<input type="checkbox"/> Company Limited by Guarantee	<input type="checkbox"/> Charities
<input type="checkbox"/> Private Limited Company	<input type="checkbox"/> NGOs	<input type="checkbox"/> Other (Specify).....
<input type="checkbox"/> Public Quoted Company	<input type="checkbox"/> Clubs/Societies/Associations	

## Expected Mode of Deposit

<input type="checkbox"/> Cash	<input type="checkbox"/> Bank Draft	<input type="checkbox"/> Renewal
<input type="checkbox"/> Cheque	<input type="checkbox"/> Direct Deposit to VF A/C	<input type="checkbox"/> Other (Please Specify).....
<input type="checkbox"/> Electronic Fund Transfer		

## Cheque/Bank Draft

Cheque/Draft No	
Bank	
Branch	

## Information of the Entity

Name of the Business/ Firm/ Company/ Organization			
Business/Entity Registration Number			
Registered Office Address			
Correspondence Address (If different to Registered Address)			
Date of Incorporation			
Country of Incorporation			
Nature/purpose of business/organization			
Telephone Number/s			Fax No.
E-mail			
Contact Person	Name		
	Designation		
	Telephone No.		
	E-mail		

## Tax Declaration

Income Tax File	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Income Tax File No.		VAT Tax File No.
Tax Rate		

## Fixed Deposit Instructions

Interest Rate (p.a.)	<input type="text"/>	Period: 01 03 06 12 24 36 48 60	Interest Payable:	Monthly <input type="checkbox"/>	Maturity <input type="checkbox"/>
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Special Approvals: .....

FD Certificate:  C/O  POST

**Interest Payment Details**

Bank			
Branch			
Account number			
Interest Payment Method	Cheque by post <input type="checkbox"/>	Will call over <input type="checkbox"/>	Reinvest with capital <input type="checkbox"/>
	Cheque to bank <input type="checkbox"/>	Bank slip <input type="checkbox"/>	

**Terms & Conditions****Deposits**

- a. The Minimum deposit amount is Rs 5,000.
- b. Deposits are fixed for the period specified in the FD certificate and will be repayable on the maturity.
- c. Premature withdrawals will be solely at the discretion of the management and will be subject to an interest adjustment due to the reduced term of investment.
- d. In the event of deposits made by cheques, the deposit will be activated only subject to realization of the cheques. It should be drawn in favor of Vallibel Finance PLC.
- e. Any change of address, contact details or loss of Fixed Deposit Certificate should be immediately notified to the Company in writing.
- f. Withdrawals should be notified only in writing to the Company by the holder.
- g. At the request of the Depositor the Company may also remit the interest / capital on maturity to an account designated by the Depositor and in such event the Depositor hereby undertake to indemnify the Company against any claims, losses, damages, expenses and any other detriment that may arise and/or result from such remittance as directed by the Depositor.
- h. The company reserves the right to review the rates of interest in keeping with the market rate.
- i. The interest on this deposit will be subjected to taxes imposed by the Department of Inland Revenue of Sri Lanka from time to time.
- j. The Company reserves the right to amend the Terms and Conditions on which a deposit is held at any time and in such manner, which the Company deems necessary with or without any notice to the depositor.

**Payment of Interest**

- k. Interest can be paid monthly or at maturity at the option of depositor, interest will accrue at simple interest rates and shall be calculated at the end of the term on Fixed Deposit and paid only at the end of the term on fixed deposit where interest is payable at maturity or at every month where interest is payable monthly. Monthly interest payment will be made on the date of deposit of each month.

**Loans**

- l. At the discretion of management, depositor could obtain loans on their deposits, interest and other charges will be levied on such loans at rates prevailing at the sole discretion of the management.

**Renewals**

- m. If the company is not notified of any change with regard to the terms of renewal of the deposit or withdrawal of such deposit on or before the maturity date, this deposit inclusive of interest, at the option of the company, will be renewed for a similar period at the rates prevailing at such date.

**Declaration of the Customer**

I/We declare that information given in this application is true and correct. I/ We hereby certify that I have read and understood the terms and conditions of the Vallibel Finance PLC governing the conduct of Fixed Deposits Accounts and contents of this document and I/We hereby agree to comply and be bound by the same.

**Authorized Signatories:**

Full Name	Designation	NIC Number	Full Signature
1.			
2.			
3.			
4.			
5.			
6.			

All Directors and authorized signatories should complete individual KYC forms.

.....  
Date

.....  
Company Rubber stamp

**Mandatory Checks (For Office Use Only)****(1) Documents Required**

- (a) Duly filled Account Opening Mandate
- (b) Duly filled Know Your Customer (KYC) Form of the Company / Institution
- (c) Duly filled Know Your Customer (KYC) for Directors of the Company
- (d) Duly completed Know Your Customer (KYC) for Authorized Signatories
- (e) Required documents to open the account as referred in the KYC Form
- (f) List of Authorized Signatories
- (g) Declaration of Beneficial Ownership

**(2) Verification**

- (a) Name and Registration Number of the Company is consistent with Certificate of Incorporation
- (b) Registered Address of the Company is consistent with Form 1 / Form 40 / Form 13

Previous Deposit Certificate	<input type="checkbox"/>	Receipt copy	<input type="checkbox"/>	Receipt No.	<input type="text"/>
BR Copy	<input type="checkbox"/>	Cheque No. & Amount			<input type="text"/>
Address Verification	<input type="checkbox"/>	KYC Forms	<input type="checkbox"/>	Realization Date	<input type="text"/>
(Company/Directors/Authorized Signatories)					
Risk Categorization Form	<input type="checkbox"/>				
Allocated By	.....				
Input By	.....				
Verified By	.....				
Manager's Signature (Approved)					