

The Manager
Seylan Bank PLC

.....Branch

For Bank Use Only
Account No.....

APPLICATION TO OPEN A
NON – RESIDENT FOREIGN CURRENCY (NRFC)
ACCOUNT

Please open a NRFC account in

.....
(state name of currency) in my/our name(s) as
detailed overleaf.

Savings Account

Fixed Deposit Account for one/three/six/twelve
months

Mail the fixed deposit receipt to the address
given below and await further instructions at
maturity.

Fixed Deposit Account for one/three/six/twelve
months

Retain the fixed deposit receipt with you and
renew for similar period together with interest at
the interest rate prevailing on the date of
renewal under advice to me/us.

Fixed Deposit Account for one/three/six/twelve
months

Retain the fixed deposit receipt with you
and renew only the principal amount for a
similar period at the interest rate prevailing on
the date of renewal. Remit interest to
Rupee/foreign currency account number
.....

- I/We send herewith photocopies of my/our
passport/s containing photographs and
personal details including valid visa.
- I/We agree to comply with and be bound by
the prevailing and future regulations governing
the conduct of NRFC accounts.
- I/We agree to inform the branch where the
account is maintained of any changes in the
information given here.
- I/We agree to inform the branch where the
account is maintained of my/our return to
Sri Lanka for permanent residence within two
weeks of returning.

Purpose of the account Savings Others
(Please specify)

.....
Monthly Salary:

I/We request you to send all the correspondence
including statements of the account to (please
tick).

Overseas Address Local Address

Overseas Address

Local Address

(Continued overleaf)

FULL NAME: MR/MRS/MISS

EMPLOYER'S NAME:

EMPLOYER'S ADDRESS:

OCCUPATION:

DURATION OF EMPLOYMENT:

OVERSEAS TEL NO.:

OVERSEAS MOBILE NO.: FAX:

CONTACT NO. IN SRI LANKA: FAX:

EMAIL:

PASSPORT NO.:

PLACE OF ISSUE:

DATE OF ISSUE:

DATE OF EXPIRY:

DEPARTURE DATE FROM SRI LANKA:

DATE OF RETURN TO SRI LANKA:

Joint account in name of

(Please fill a separate application for joint applicant)

Signing Authority: Either of us Both of us Other

PLEASE PLACE YOUR SIGNATURE WITHIN THE BOX

DATE: