SEYLAN BANK PLC
The bank with a heart
Co. Reg. No. PQ 9

SOLE PROPRIETORSHIP/PARTNERSHIP MASTER MANDATE

..... Branch Date .....

Account number

To be completed by the applicant

Name of Business

Business Registration number Dated .....

Business address

Telephone number s Fax

Business income tax file number

Nature and Purpose of Business

Principal place of Institution's business operations

Anticipated Volumes in LKR

Other connected businesses

Applicable for sole proprietorship

Full name of sole proprietor

ID number (NIC/Passport)

Acceptance of terms and conditions

I hereby acknowledge that I am in receipt of the above and have read and understood the terms and conditions and agree to comply with them. Seylan Bank PLC to open any account requested by me using this mandate as the source document.

Signature (on business rubber stamp)

Date .....

Applicable for partnerships

Acceptance of terms and conditions

We hereby acknowledge that We are in receipt of the above and have read and understood the terms and conditions and agree to comply with them. At a request made by all of us, we authorise Seylan Bank PLC to open any account in the name of our partnership using this mandate as the source document.

Operating Instructions

- All to sign ☐
- Others please specify ☐ .....

Partners details/signatures on business rubber stamp of all partners

Specimen Signature (s)

1 Full name

ID number

2 Full name

ID number

3 Full name

ID number

4 Full name

ID number

5 Full name

ID number

INTRODUCED BY

Name in Full

Address

NIC/Passport No

Issue date/Expiry date

Account Number

Bank / Branch

Telephone Number(s)

Occupation

Name & Address of Employer

I certify that I know and am well acquinted with the above named proprietor/partners of the firm and that his/her/their signature(s), was/were affixed in my presence. I confirm and certify that he/she/they, is/are suitable person(s) to open and maintain accounts with Seylan Bank PLC.

…….. ……. ……

Date Signature of Introducer Signature(s) verified (Authorised Officer)

(For Bank use)

Account Officer Analysis Code Sundry Analysis Code

Customer type Account type

Documents obtained

- Photocopies of NIC/passport/DL of proprietor/ all partners
- Certified copy of Certificate of Business Registration
- KYC - Parties to business A/C (completed by active partners)

Date account opened

……. …….. ……

Authorised Officer Asst. Branch Manager Branch Manager

Date account closed

……. …….. ……

Authorised Officer Asst. Branch Manager Branch Manager