The Manager
Seylan Bank PLC

For Bank Use Only
Account No……

……Branch

Dear Sir,

**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 three/six/twelve months

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

☐ Fixed Deposit Account for 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 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

…… of……at
……Bank……Branch.

- 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 correspondence including statements of the account to (please tick).**

☐ Overseas Address ☐ Local Address

Overseas Address

Local Address

(Continued overleaf)

(Please complete this column in case of Joint Accounts only)

FULL NAME: MR/MRS/MISS……

……

EMPLOYER'S NAME:……

EMPLOYER'S ADDRESS:……

OCCUPATION:…… DURATION OF EMPLOYMENT: ……

TEL NUMBER:…… FAX/ EMAIL ……

PASSPORT NO:…… PLACE OF ISSUE:……

DATE OF ISSUE: ☐☐☐☐☐☐ DATE OF EXPIRY: ☐☐☐☐☐☐

DEPARTURE DATE FROM SRI LANKA: ☐☐☐☐☐☐

DATE OF RETURN TO SRI LANKA:……

Signing Authority: ☐ Either of us ☐ Both of us ☐ Other:……

SIGNATURE

DATE: ……

……

PLEASE PLACE YOUR SIGNATURE WITHIN THE BOX