



SARVODAYA
DEVELOPMENT FINANCE

FIXED DEPOSIT / SAVINGS ACCOUNT OPENING FORM

ස්ථිර තැන්පතු / ඉතිරි කිරීමේ ගිණුමක් විවෘත කිරීමේ පෝරමය

நிலையான வைப்பு/சேமிப்பு கணக்கு ஆரம்பிக்கும் படிவம்

Sarvodaya Development Finance Limited
No 155/A, Dr Danister De Silva Mawatha, Colombo 08.
Tel: 0115 444 666
E-mail: info@sdf.lk
Web: www.sarvodayafinance.lk
company Regd: No P B 3795
Branch/ශාඛාව/கிளை

Date
දිනය
திகதி
D D M M Y Y Y Y
Type of Account
ගිණුම් වර්ගය
கணக்கின் வகை
Fixed Deposit Savings Accounts
(For office use only/කාර්යාලීය ප්‍රයෝජනය සඳහා පමණි/அலுவலக பாவனைக்கு மாதிரி)
Account No.
ගිණුම් අංකය.
கணக்கு இல.

Please fill in BLOCK LETTERS - (delete what is inapplicable) / කරුණාකර පැහැදිලි අකුරෙන් පුරවන්න. (අදාළ නොවන වචන කපා හරින්න.)
தனித்தனி எழுத்துக்களில் நிரப்பவும் (பொருத்தமற்றவற்றை நீக்கி விடவும்) Please open individual/joint Fixed Deposit/Savings Account in my name/our names. I/We agree to comply with and to be bound by the rules and regulations applicable for the conduct of such account. කරුණාකර මගේ/ අපගේ නමින් නව/ නවුල් ස්ථිර තැන්පතු ගිණුමක්/ ඉතිරිකිරීමේ ගිණුමක් විවෘත කරන්න. එකී ගිණුම් පවත්වාගෙන යාමේදී අදාළ වන නීතිරීති සහ රෙගුලාසි වලට අනුකූල වීමට සහ ඒවායින් බැඳී සිටීමට මම/අප එකඟ වෙමි/වෙමු. தயவு செய்து எனது / எமது பெயரில் தனியான / கூட்டு சேமிப்பு கணக்கொன்றை ஆரம்பிக்கவும். அத்தழைகய கணக்கைப் பேணுவதற்கு ஏற்புடையதான விதிகளுக்கு இணங்கி உடன்படுகின்றேன்/ளோம்.

Principal applicant ප්‍රධාන අයදුම්කරු முதன்மை விண்ணப்பத்தாரர்

Rev./Dr./Mr./Mrs./Miss — Initials Surname
පුජා/වෛද්‍ය/මයා/මිය/මෙනවිය — මූලකරු වාසගම
வண/ டாக்/ திரு/ திருமதி/ செல்வி — முதலெழுத்துக்கள் குடும்பப் பெயர்
Name in Full, as in NIC/PP
ජා.නැද.නුමපනේ/ විදේශ ගමන් බලපත්‍රයේ අති ආකාරයට සම්පූර්ණ නම
முழுப் பெயர் தே.அ.அ./க.சீ. யில் உள்ளவாறு
Date of Birth
දා.පන් දිනය
பிறந்த திகதி
NIC/Passport Number
ජා.නැ./වි.ග.බ. අංකය
தே.அ.அ./க..சீ. இல
Issued/Expiry Date
නි.ක/අවලංගු දිනය
வழங்கப்பட்ட/ முடிவடையும் திகதி
Permanent Address
ස්ථිර ලිපිනය
நிரந்தர முகவரி
Mailing Address
ලිපි යැවිය යුතු ලිපිනය
தொடர்வு முகவரி
Profession
වෘත්තිය
தொழில்
Employer Details
රැකියා ස්ථානය
தொழில் புரியும் இடம்
Telephone No./දුරකථන අංකය/தொலைபேசி இல:
Home
නිවෙස
வதிவிடம்
Mobile
දුරකථන
கையடக்கம்
Office
කාර්යාලය
அலுவலகம்
Fax No.
ෆැක්ස් අංකය
தொலைநகல்
e-mail/විද්‍යුත් තැපෑල/மின்னஞ்சல்
Income Tax Payer
ආදායම් බදු ගෙවන්නෙක්ද?
வருமானவரி செலுத்துபவரா
Yes
මව
ஆம்
No
නැත
இல்லை
If Yes, file number
මව නම්, ලිපිගොනු අංකය
ஆம், எனில் கோப்பு இல
Weightage
බරකැමීම
நூற்று வீதம்

1st Joint applicant පළමු නවුල් අයදුම්කරු 1ம் இணை விண்ணப்பத்தாரர்

Rev./Dr./Mr./Mrs./Miss — Initials Surname
පුජා/වෛද්‍ය/මයා/මිය/මෙනවිය — මූලකරු වාසගම
வண/ டாக்/ திரு/ திருமதி/ செல்வி — முதலெழுத்துக்கள் குடும்பப் பெயர்
Name in Full, as in NIC/PP
ජා.නැද.නුමපනේ/ විදේශ ගමන් බලපත්‍රයේ අති ආකාරයට සම්පූර්ණ නම
முழுப் பெயர் தே.அ.அ./க.சீ. யில் உள்ளவாறு
Date of Birth
දා.පන් දිනය
பிறந்த திகதி
NIC/Passport Number
ජා.නැ./වි.ග.බ. අංකය
தே.அ.அ./க..சீ. இல
Issued/Expiry Date
නි.ක/අවලංගු දිනය
வழங்கப்பட்ட/ முடிவடையும் திகதி
Permanent Address
ස්ථිර ලිපිනය
நிரந்தர முகவரி
Mailing Address
ලිපි යැවිය යුතු ලිපිනය
தொடர்வு முகவரி
Profession
වෘත්තිය
தொழில்
Employer Details
රැකියා ස්ථානය
தொழில் புரியும் இடம்
Telephone No./දුරකථන අංකය/தொலைபேசி இல:
Home
නිවෙස
வதிவிடம்
Mobile
දුරකථන
கையடக்கம்
Office
කාර්යාලය
அலுவலகம்
Fax No.
ෆැක්ස් අංකය
தொலைநகல்
Relationship to the Acc. Holder/ලියෝ ගිණුම අති සමාජයාල/கணக்கு வைத்துள்ள உறுமுகாரர்
e-mail/විද්‍යුත් තැපෑල/மின்னஞ்சல்
Income Tax Payer
ආදායම් බදු ගෙවන්නෙක්ද?
வருமானவரி செலுத்துபவரா
Yes
මව
ஆம்
No
නැත
இல்லை
If Yes, file number
මව නම්, ලිපිගොනු අංකය
ஆம், எனில் கோப்பு இல
Weightage
බරකැමීම
நூற்று வீதம்

For Fixed Deposits Only **ස්ථිර තැන්පතු ගිණුම් සඳහා පමණි** **நிலையான வைப்பிற்கு**

Initial Deposit Amount Rs. රු.		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
In Words වචන වලින් සொற்களில்		<input type="text"/>							
Cash මුදල් பணம் முலமாக	<input type="checkbox"/>	by Cheque වෙක්පන් මගින් காசோலை முலமாக	<input type="checkbox"/>	by SLIPS පිටපත් මගින් சீட்டுக்கள் முலமாக	<input type="checkbox"/>	Bank බැංකුව வங்க	<input type="checkbox"/>	Branch ශාඛාව கிளை	<input type="text"/>

Interest Payments					
Interest Rate per Annum වසරකට පොලී අනුපාතය வருடாந்த வட்டி வீதம்	<input type="text"/> %	Period காலය	<input type="text"/>	Months මාස	<input type="text"/>
Interest Payment Frequency පොලිය වන චාර ගණන வட்டி செலுத்தும் முறை	<input type="checkbox"/> Monthly මාසිකව මාතෘතම	<input type="checkbox"/> Annually වාර්ෂිකව வருடாந்தம்	<input type="checkbox"/> On Maturity කල් ඉකුත්වීම முதிர்ச்சியில்	<input type="checkbox"/> Other වෙනත් வேறு
Interest Payment Mode පොලිය ගෙවීමේ ක්‍රමය வட்டி வழங்கும் முறை	<input type="checkbox"/> by Cheque/Bank Transfer වෙක්පන් මගින් / බැංකු හුවමාරු காசோலை முலமாக வங்கி பரிமாற்றம்	<input type="checkbox"/> Credit to Account ගිණුමට බැර කරන්න கணக்கில் வரவில்லாத	<input type="checkbox"/> Other වෙනත් வேறு	
*Name of Account Holder *ගිණුම් හිමියාගේ නම *கணக்கு வைத்திருப்பவரின் பெயர்					
*Account No. *ගිණුම් අංකය *கணக்கு இல.					
Renewal Instructions නැවත තැන්පතු අළුත් කිරීමට උපදෙස් மீள் புதுப்பித்தல் வழிமுறை					
<input type="checkbox"/>	Re - Invest with interest** නැවත තැන්පතු පොලිය** வட்டியுடன் புதுப்பிக்கவும்	<input type="checkbox"/>	Re-invest without interest නැවත තැන්පතු පොලිය නොමැතිව வட்டியுடன் புதுப்பிக்கவும்	<input type="checkbox"/>	Pay by Maturity කල් ඉකුත්වීම முதிர்ச்சியில் செலுத்தவும்
FD Certificate to be dispatched ලබා දිය යුතු ස්ථාවර තැන්පතු நிலையான வைப்பு சான்றிதழ்					
<input type="checkbox"/>	Post තැපැල්	<input type="checkbox"/>	Will call over පැමිණ ලබාගන්න அழைப்பை ஏற்படுத்தவும்		

**Re - Investing Would be done at the rate of interest prevailing at the date of Maturity

Nominees	නාමිකයන්	நியமத்தர்
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NOMINATION IN TERMS OF SECTION 544 (1) (D) OF THE CIVIL PROCEDURE CODE (AMENDMENT) ACT NO 14 OF 1993 Nominations made in respect of a joint deposit will be applicable only in the event of demise of both / all depositors.

1993 අංක 14 දරණ සිවිල් නඩු විධාන සංග්‍රහයේ (සංශෝධිත) 544 (1) (අ) වගන්තිය ප්‍රකාර නාමිකයන් හවුල් ගිණුමක් සම්බන්ධයෙන් කරන ලද නාමිකයන් නම් කිරීමේ තැන්පත්කරුවන් දෙදෙනාම / සියළුදෙනාම මියයියහොත් පමණක් අදාළ වනු ඇත.

1993ம் ஆண்டு 14ம் இலக்க குடியியல் நடவடிக்கை முறைச் சட்டக் கோவை (திருத்திய) 544(1) பிரிவின் நியதிகளன்படி விளக்கமளிக்கமளிக்கப்பட்டது. இருவரும் / சகல வைப்பாளர்களும் மரணத்தை தழுவிப்போது மட்டுமே கூட்டு வைப்பிடு சம்பந்தமாக செய்யப்பட்ட நியமனங்கள் நடைமுறைப்படுத்தப்படுத்தப்படும்.

<input type="checkbox"/> REQUIRED අවශ්‍යයි தேவை	<input type="checkbox"/> NOT REQUIRED අවශ්‍ය නැත தேவையற்றது
1.....	
2.....	
தැன்பன் කරුගේ අත්සන வைப்பிருப்பவரின் கையொப்பம் Signature of Depositors	

NOMINEE / නාමිකයා / நியமிக்கப்பட்டவர்கள் <input type="text"/> %	
MR./මයා/திரு <input type="checkbox"/>	MRS./මිය/திருமதி <input type="checkbox"/>
MISS./මෙනවිය/செல்வி <input type="checkbox"/>	
FULL NAME සම්පූර්ණ නම முழுப்பெயர்	
<input type="text"/>	
ADDRESSES ලිපිනය முகவரிகள்	
<input type="text"/>	
NIC No ජා.හැ. අංකය தே.அ.அ/க.சீ.இல	
<input type="text"/>	
MOBILE NUMBER ජංගම දුරකථන අංකය செல்லிட தொ.பே	
<input type="text"/>	
RELATIONSHIP TO DEPOSITOR තැන්පත්කරුට ඇති අයිතිය வைப்பாளர்களுடனான உறவுமுறை	
<input type="text"/>	

NOMINEE / නාමිකයා / நியமிக்கப்பட்டவர்கள் <input type="text"/> %	
MR./මයා/திரு <input type="checkbox"/>	MRS./මිය/திருமதி <input type="checkbox"/>
MISS./මෙනවිය/செல்வி <input type="checkbox"/>	
FULL NAME සම්පූර්ණ නම முழுப்பெயர்	
<input type="text"/>	
ADDRESSES ලිපිනය முகவரிகள்	
<input type="text"/>	
NIC No ජා.හැ. අංකය தே.அ.அ/க.சீ.இல	
<input type="text"/>	
MOBILE NUMBER ජංගම දුරකථන අංකය செல்லிட தொ.பே	
<input type="text"/>	
RELATIONSHIP TO DEPOSITOR තැන්පත්කරුට ඇති අයිතිය வைப்பாளர்களுடனான உறவுமுறை	
<input type="text"/>	

OUR INTRODUCTION TO SARVODAYA DEVELOPMENT FINANCE LIMITED / බව සර්වෝදය විවෙලෝපනේට් ගයිතැන්ස් ආයතනය ගැන දැනුවත් වූයේ පහත කුමන මාධ්‍යයක් හරහාද

- FRIENDS/RELATIONS**
මිතුරන්/ඥාතීන්
நண்பர்கள் / உறவினர்கள்
- PAPER ADVERTISEMENT / ARTICLES**
පුවත්පත් දැන්වීමක් / ලිපියක්
பத்திரிகை செய்தி
- SDF SALES PERSON**
SDF අලෙවි මහතෙකු මගින්
- SDF STAFF MEMBER**
SDF නිලධාරියකු මගින්
ஆபிரியர்
- ADVERTISEMENT (TV/RADIO)**
රූපවාහිනි / ගුවන් විදුලි දැන්වීමක්
விளம்பரங்கள் (தொகா / வானொலி)
- INTERNET & E-MAIL**
අන්තර්ජාල / විද්‍යුත් ලිපිනයන්ගෙන්
இணையம் மற்றும் மின்னஞ்சல்
- EXISTING ACCOUNT HOLDER**
වර්තමාන ගිණුම් හිමියෙකු මගින්
தற்போது கணக்கு வைத்திருப்பவர்
- OTHERS**
වෙනත්
ஏனைய

Correspondence / යා යුතු ලිපිනය / தபால் முகவரி

ලිපි ආයුතු ලිපිනය / நிரந்தா முகவரி / Mailing Address

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

ඊ - මේල් ලිපිනය / மள்ளஞ்சல் / E-Mail Address	<input type="text"/>	නිව්ය යුතු ආකාරය / விநியோக முறை / Mode of Delivery	<input type="checkbox"/> E-mail	<input type="checkbox"/> To Address
-----------------------------------------------------	----------------------	-----------------------------------------------------------	---------------------------------	-------------------------------------

Operating Instructions
මෙහෙයුම් උපදෙස්

Sole
තනි
තනිවේ

Either
මිනුම කෙනෙක්
මිනුමක්
මිනුමක් ඉරුවා

All ot sign
සියලු දෙනාගේම අත්සන්
අනෙවැනිදාම ඉටු

Other/වෙනත්/වෙනත්
.....

VERY IMPORTANT / ඉතා වැදගත් / මිනිසුන් ප්‍රකාශනය

I/We hereby certify that I/We have read and understood the rules and regulations of Sarvodaya Development Finance Limited.

මෙම ගිණුම පවත්වාගෙන යාම සම්බන්ධයෙන් දැක්වා ඇති රෙගුලාසි මම/අපි කියවා තේරුම් ගත් බව මෙයින් සහතික කරන අතර, එම කොන්දේසි පිළිගැනීම මම/අපි එකඟ වෙමි/වෙමු.

All items above and the terms and conditions stated overleaf have been read & explained to me/us

ඉහත කරුණු සහ පසු පිටෙහි කොන්දේසි කියවා තෝරා දුන් පසුව මම/අපි මෙහි අත්සන් කරන ලදී.

මෙම ලේඛනයේ සඳහන් වී ඇති කොන්දේසි සහ වගකීම් මාට/අපට පැහැදිලිව පැහැදිලි කරනු ලැබ ඇත / මාට/අපට පැහැදිලිව පැහැදිලි කරනු ලැබ ඇත.

Singnature of Depositor / තැන්පත්කරුගේ අත්සන / වෛස්ථානිකයන්ගේ අත්සන

NIC/P.P No
ජා.හැ.අ./වි.ග.බ.අ අංකය
දේ.අ.අ./ක.ජ.ම.ම

Singnature of Depositor / තැන්පත්කරුගේ අත්සන / වෛස්ථානිකයන්ගේ අත්සන

NIC/P.P No
ජා.හැ.අ./වි.ග.බ.අ අංකය
දේ.අ.අ./ක.ජ.ම.ම

FOR OFFICE USE ONLY

DEPOSITOR CATEGORY
NORMAL 1 2
STAFF

Customer Code
1st Depositor
2nd Depositor

DOCUMENT TO BE ANNEXED WITH APPLICATION

	Collected	to be Submitted
<input type="checkbox"/> Copy of National Identity Card /PP	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Income Tax Receipt	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> KYC	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Utility Bills	<input type="checkbox"/>	<input type="checkbox"/>

Account Type Fixed Depsit Savings Account

Marketing Executives's Name

EMP NO/ CODE

Client Created by:
Name Signature Date

Account Opened by:
Name Signature Date

Approved by:
Name Signature Date

Confirmed by:
Signature - Manager Date

CERTIFICATE DISPATCH

COLLECT AT
 H/O C/O BRANCH POST

Date of New Passbook Issued

Pass book number

DATE OF POST



KYC DATA COLLECTION FORM
 ගනුදෙනුකරු නිසි පරිදි හඳුනා ගැනීම පිළිබඳ දත්ත
 வாடிக்கையாளர் தகவல் சேகரிப்புப் படிவம்

For Office Use Only			
Account No (s)			
Client Code		Branch	
Managers' Initial		Date	

Personal Details											
Full Name: Rev/Mr/Mrs/Miss/Dr. (Please underline surname)											
National Identity Card No (NIC)											
(Indicate valid Passport Number in the case of Foreign Nationals)											
Date of Birth				D	D	M	M	Y	Y	Y	Y
Nationality <input type="checkbox"/> Sri Lankan <input type="checkbox"/> Resident <input type="checkbox"/> Non Resident - Country of Residence											
<input type="checkbox"/> Sri Lanka with Dual Citizenship - Country											
<input type="checkbox"/> Foreign National with dual citizenship / resident in or employed in Sri Lanka											
Country				VISA Expiry Date							

Contact Information			
Permanent Address			
Mailing Address			
Foreign address (If applicable)			
Contact No	Res:	Mobile:	Office: Fax:
E-mail			

Employment Information			
Employment Status	<input type="checkbox"/> Self employed	<input type="checkbox"/> Part-time employed	<input type="checkbox"/> Retired
	<input type="checkbox"/> Full-time employed	<input type="checkbox"/> Not currently employed	<input type="checkbox"/> Other (Specify)
Occupation / Position held			
Name of the Employer			
Address of the Employer			
Nature of Business	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Import / Export	
	<input type="checkbox"/> Finance/Insurance	<input type="checkbox"/> Wholesale	
	<input type="checkbox"/> Construction	<input type="checkbox"/> Communication	
	<input type="checkbox"/> Retail	<input type="checkbox"/> Business Services	
	<input type="checkbox"/> Transport	<input type="checkbox"/> Real Estate	
	<input type="checkbox"/> Restaurants	<input type="checkbox"/> Public Services	
	<input type="checkbox"/> Hotel/Boarding house	<input type="checkbox"/> Gem and Jewelry	
	<input type="checkbox"/> Casino / Gambling house / Night club	<input type="checkbox"/> Other (Specify)	
	<input type="checkbox"/> Personal & Household Services	

Family Information	
Marital Status	Married <input type="checkbox"/> Single <input type="checkbox"/> Other <input type="checkbox"/>
Name of Spouse	
Spouse's Occupation / Position Held	
Spouse's Employer	
No. of Children (Dependant)	

Other Information		
Ownership of wealth (If property is on rent/lease, please indicate)	<input type="checkbox"/> Residential property	<input type="checkbox"/> Financial assets
	<input type="checkbox"/> Business permises	<input type="checkbox"/> Investments
	<input type="checkbox"/> Motor Vehicles	<input type="checkbox"/> Other (Specify)
Source of wealth: Wealth generated from	<input type="checkbox"/> Business / Ownership	<input type="checkbox"/> Inheritance
	<input type="checkbox"/> Investments	<input type="checkbox"/> Other (Specify)
	<input type="checkbox"/> Profession / Employment
Other connected Business/ Professional activities and Interest		
Are you or any of your immediate family is a politically exposed person (PEP)? (Refer definition below)	Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes please specify		

"Politically Exposed person" (PEP) means an individual who is entrusted with prominent public function either domestically or by a foreign country, or in an international organization and includes a head of a state or a Government, a politician, a senior, government officer, judicial officer or military officer, a senior executive of a State Owned Corporation/ Government or Autonomous body but does not include middle ranking individuals

Immediate family members of PEPs include; spouse (current and past), siblings (including half-siblings) and their spouses, children (including step-parents), grand children and their spouses.

Expected Mode of Transactions

- Cash Cheque Electronic Fund Transfer Other (Please Specify)

Purpose for opening, maintaining and the account usage

- Savings Utility Bill Payment Loan Repayment
 Investment Purpose Business Transactions Share Transaction
 Employment / Professional Income Family Remittance Other

Foreign Passport holders (Dual Citizens/ Resident in or Employed in Sri Lanka
(Please give the reason for opening the account in Sri Lanka

Source of Fund Expected Source and nature od credits into the account (As appropriate)

- Family Remittances Commission Income Contract Proceeds Sale/Business Turnover
 Investment Propose Sale of property/assets Gift Salary/ Profit Income
 Others (Please specify)

Average Monthly Income

- Less than 50,000 100,001 to 250,000 500,001 to 1,000,000
 50,001 to 100,000 250,001 to 500,000 More than 1,000,000

Anticipated Volumes : Expected / Usual average volumes of deposits into the account Rupees per month

- * Expected / Usual average volumes of deposits into the account in rupees per month
 Less than 100,000 500,001 to 1,000,000 5,000,000 to 10,000,000
 100,001 to 500,000 1,000,001 to 5,000,000 More than 10,000,000

Declaration of the Customer

I Confirm that the details given above are true and correct

.....
Signature

.....
Date

Mandatory Checks (For office use only)

1. Name, Date of birth and Nationality Verification: To be supported by one of the followings.

- National Identity Card Passport (Unexpired)
 Driving License Marriage Certificate (Name Change)

2. Address Verification : Residential address to be supported by one if the following accepted documents
(N.B - Mobile phone bills are not accepted)

- National Identity Card Bank Statement Letter from a public authority
 Tenancy agreement Utility bill (specify) Income Tax Receipt/ Assessment Notice
 Driving License Employment Contract Other (Specify)

(Photocopies of the above document should be Obtained and certified by the Company Officer as 'Original Seen')

3. Does the customer appear in a Suspected Terrorist List (Sanction List - UNSCR 1373 / 1267) or any Other Alert List :

- Yes No If yes (Specity)

Documents Reviewed by (Signature) Emp No
Authorized by..... (Signature) Emp No