

LIMITED LIABILITY COMPANY ACCOUNT MANDATE



Savings A/C No:

Fixed Deposit No:

Corporate CIF

Please Note: The information requested are in compliance with the rules and regulations set out by the **Financial Intelligence Unit (FIU) of Central Bank of Sri Lanka** and will be treated with utmost confidentiality.

1. Declaration

Softlogic Finance PLC

Date: _____

_____ Branch & Number _____ (office use)

Dear Sir/ Madam,

(Company Name) _____ Private Limited

(Registered Office) _____

Tele: _____ do hereby request you to open a **Savings/ Fixed Deposit** account in the name of this Company as shown above. In pursuance of the request, we hand you herewith certified copies of the following together with the Original Documents (as applicable) for perusal and return:

1. Certified copy of the Certificate of Incorporation
2. Certified copy of Form 40 or Form 1/ or 5 (Application for Registration) and the Articles of Association
3. Certified copy of the Board Resolution authorizing to open an account (format attached)
4. Certified copy of Form 13 – Confirmation of the registered address (where applicable only)
5. Certified copy of Form 20 – List of registered Directors
6. Copy of Trading Certificate (for public companies only)
7. Specimen signature cards
8. Audited financials of immediate past two (02) years (if available)

The full names and signatures of the Directors are also appended.

We agree to comply with and to be bound by the company's rules for the time being for the conduct of such accounts as displayed in the company's premises.

We agree that the company may without notice combine or consolidate my/our account/s and liabilities to the company and set-off or transfer any sum/s standing to the credit of any such accounts or any sum/s owing to us from the company in or towards satisfaction of our liabilities to the company on any other respect whether such liabilities be actual or contingent primary or collateral and several or joint.

We hereby certify that the following is a true copy of an extract from the minutes of a meeting of the Board of Directors of the Company, held in accordance with its Articles of Association, on _____ 20____ at _____

Resolved:

- a) That an Account in the name of the Company be opened with Softlogic Finance PLC and that the said Financial company is hereby authorized to act on the instructions given on behalf of the company by (authorized signatories) _____ (eg: any two directors).
- b) This authority shall also be applied to any deposit accounts to be opened, unless otherwise resolved.
- c) All changes that may take place from time to time in the authorized signatories to be promptly advised to Softlogic Finance PLC in writing.
- d) The applicant company agrees to comply with & to be bound by the rules of Softlogic Finance PLC, governing the conduct of such accounts.

Secretary / Managing Agents

Seal of the Company (affixed in a manner specified by the Articles)

Director / Chairman

2. Details of the Company

1. Name of the Company: _____
2. Certificate of Incorporation No.: _____
3. Date of Incorporation: D D / M M / Y Y Y Y
4. Registered Office / Factory Address: _____
5. Date of Commencement of Business: D D / M M / Y Y Y Y
6. Correspondence Address (if different from Registered Address): _____
7. Purpose of Opening this Account: _____
8. Source of Funds to the Account:

Sales & Business T/O <input type="checkbox"/>	Donations & charities (local/foreign) <input type="checkbox"/>
Commission Income <input type="checkbox"/>	Profits/provisional income <input type="checkbox"/>
Export proceeds <input type="checkbox"/>	Investment proceeds <input type="checkbox"/>
Contract proceeds <input type="checkbox"/>	Membership contributions <input type="checkbox"/>
Other _____	
9. Tax File No _____
10. Existing Accounts (if any) _____
11. Countries involved in business _____
12. Foreign address (if any) _____
13. Does the entity have foreign investors? _____
14. Is the entity a branch of an NGO Yes ☐ No ☐
15. Nature and Purpose of the Business: _____
16. Statement Frequency: **Daily/ Weekly/ Monthly/ Quarterly/ Half-Yearly/ Yearly** (Delete whichever is inapplicable)
17. Geographical Area: Customer is residing within a reasonable distance to the Branch? Yes ☐ No ☐
- If not reason for opening an account at the branch _____
18. Other connected businesses/professional activities/expected type of counterparties _____

Limited Liability Company Account Mandate

3. FATCA Compliance

The Limited Liability Company is a subject of the USA Taxes as per the Foreign Account Tax Compliant Act (FATCA) and fall within the categories mention herein.

☐ Yes ☐ No

1. One or more Director/s is/are residing in the USA
2. Limited Liability Company registered in the USA
3. Limited Liability Company resident in the USA
4. USA Limited Liability Company resident in another Country
5. Director/s is/ are beneficial Owner/s is/are lawful resident/s of the USA, including a Green Card holder/s
6. US Corporations, estates and trusts
7. Non-USA Entities/ Persons with substantial interest to any USA entity
8. Non-USA Entities with at least one USA person as a substantial beneficial owner
9. Joint accounts where at least one party falls within any of the above categories opening application.

If your response is "Yes",

1. Please submit the 'Foreign Account Tax Compliant Act (FATCA) compliance form' obtained from the Bank, along with your account opening application.
2. Directors of the Limited Liability Company authorize company to furnish the information to the US Inland Revenue Services

4. Deposit and withdrawal Instructions for the Term Deposit (Delete whichever is inapplicable)

1. Type of Product : Fixed deposit ☐ Savings Account ☐

Below 2-9 is only applicable for Fixed Deposits only.

2. Amount of deposit : _____ (in words) _____ /- (in figures)

3. Deposit period : _____ Months/ Days 4. Interest payable : at Maturity/ Monthly/ _____ (specify)

5. Automatic renewal: Yes/ No if Yes, Inclusive/Exclusive of interest

6. Modes of transactions Cash ☐ Cheque ☐ Fund Transfer ☐ All modes of forms ☐

(If automatic renewal is provided as "Yes", the deposit will be renewed as per the instructions given herein at the prevailing interest rate, same period and conditions applicable at the time of maturity until further notice.)

7. If yes: Cumulative with interest/ without interest

8. Interest Payable to: Account No _____ of _____ (Bank/Branch) in favour of _____ (Name of beneficiary).

9. The Deposit is repayable

☐ to A/c No _____ of _____ (Bank/ Branch) favouring _____

☐ by Pay Order

10. Method of Crediting funds of the term deposit:

Please accept cash/ cheque No _____ for Rs. _____ /-

☐ Debit My/ Our Savings/ Current Account No. _____ with you for a sum of Rs _____ /-

11. Anticipated volumes of turnover <1Mn ☐ 1-5Mn ☐ > 5Mn ☐

5. Operating Instructions (Specify)

☐ Any two signatories

☐ Any two of the combinations a) Signature Numbers _____ b) Signature Numbers _____

6. Authorized Signatories

<p>CIF No. _____</p> <p>Name with initials: _____</p> <p>NIC _____</p> <p>Designation _____</p> <p>Signature (4) with seal _____</p>	<p>CIF No. _____</p> <p>Name with initials: _____</p> <p>NIC _____</p> <p>Designation _____</p> <p>Signature (4) with seal _____</p>	<p>CIF No. (office use) _____</p> <p>Name with initials: _____</p> <p>NIC _____</p> <p>Designation _____</p> <p>Signature (3) _____</p>
<p>CIF No. (office use) _____</p> <p>Name with initials: _____</p> <p>NIC _____</p> <p>Designation _____</p> <p>Signature (4) _____</p>	<p>CIF No. _____</p> <p>Name with initials: _____</p> <p>NIC _____</p> <p>Designation _____</p> <p>Signature (4) with seal _____</p>	<p>CIF No. (office use) _____</p> <p>Name with initials: _____</p> <p>NIC _____</p> <p>Designation _____</p> <p>Signature (6) _____</p>

For office use only

KYCs: <input type="checkbox"/>	Completed Mandate: <input type="checkbox"/>	CIF Entry: <input type="checkbox"/>	Reasonable Branch Proximity: <input type="checkbox"/>	Checked Sig & No _____
Authorization: <input type="checkbox"/>	Authorization: <input type="checkbox"/>	Authorization: <input type="checkbox"/>	Authorization: <input type="checkbox"/>	Authorized Sig & No _____

APPENDIX I – Beneficial Ownership Form

Declaration of Beneficial Ownership	
<p><i>This form has been issued under the Financial Institutions (Customer Due Diligence) Rules, No. 1 of 2016 issued in terms of the Section 2(3) of the Financial Transactions Reporting Act No 6 of 2006. This form, or an approved equivalent, is required to be completed by customers of financial institutions designated under the Act to the best of their knowledge. The original completed and signed and witnessed version of this form must be retained by the financial institution and available to the competent authorities upon request.</i></p>	
Customer Identification:	
Name and Designation of Natural Person Opening Account	
Name, Reg. No. and Address of Legal person for Which the Account is Being Opened	
Name, Deed No., Trustee and Address of Legal arrangement for Which the Account is Being Opened	
I declare that I:	
<input type="checkbox"/>	am the sole beneficial owner ² of the customer for this account.
<input type="checkbox"/>	am not the beneficial owner* of the customer of this account. Complete identifying information for all beneficial owners that own or control 10% or more of the customer's equity, beneficial owners on whose behalf the account is being operated, and at least one person who exercises effective control of the legal entity regardless of whether such person is already listed.

2 beneficial owner as “a natural person who ultimately owns or controls a customer or the person on whose behalf a transaction is being conducted and includes the person who exercises ultimate effective control over a person or a legal arrangement.”

Name	NIC or Passport # /Country of Issue/Country of Citizenship	Date of Birth	Current Address	Source of Beneficial Ownership (1=Equity (indicate %), 2=Effective Control, 3=Person on Whose Behalf Account is Operated)	Check if Politically Exposed Person (PEP) ³
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

Details of the Natural person Authorized to Act on Behalf of the Customer

Name :

NIC/Passport :

Date of Birth :

Signature :

(By signing you attest to the veracity of all information contained herein)

Verification of Beneficial Ownership

Authorized Financial Institution Official

Name :

Title :

Date :

Signature and Seal:

(by signing, you attest that you have identified the Customer whose signature is on this form and have witnessed said signature)

³ politically exposed person" means an individual who is entrusted with prominent public functions 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 rank or junior rank individuals