

Member Details:

Date:

Member Full Name:

Permanent Address:

Date of Birth:

Place of Birth :

Nationality:

NIC / Identification Number:

Contact No :

Gender:

Email Address:

WhatsApp No:

Occupation:

Employer Details:

Deposited Amount for Membership:

No of Subscription Unit:

Purpose of Membership:

Nominee Details:

Nominee Full Name:

Nominee Address :

NIC / Identification No:

Ownership (%):

Payment Details:

Payment Method:

Beneficiary Name:

Account No:

Bank:

Branch:

Member Screening Details:

Purpose of the membership				
Source of funds for transaction	Business Income	<input type="checkbox"/>	Salary / Profit Income	<input type="checkbox"/>
	Property / Assets Sales	<input type="checkbox"/>	Family Remittance	<input type="checkbox"/>
	Donation (Local / Foreign)	<input type="checkbox"/>	Other.....	<input type="checkbox"/>
Anticipated Annual funds inwards flow to the account	Up to 100,000/-	<input type="checkbox"/>	100,000/- to 500,000/-	<input type="checkbox"/>
	500,000/- to 1,000,000/-	<input type="checkbox"/>	Above 1,000,000/-	<input type="checkbox"/>
	Other.....	<input type="checkbox"/>		<input type="checkbox"/>
Source of Wealth	Business Owned	<input type="checkbox"/>	Profession / Job / Profit Margin	<input type="checkbox"/>
	Investments	<input type="checkbox"/>	Inheritance	<input type="checkbox"/>
	Other.....	<input type="checkbox"/>		
Other Business or Profession Associated				
Are you or an immediate family member a politically exposed person?	Yes	<input type="checkbox"/>		
	No	<input type="checkbox"/>		
	Specifics:		

* FIU Definition for Politically Exposed Person Individuals in Sri Lanka or abroad who are or have been entrusted with prominent public functions. E.g. Head of State or government, Senior politicians, Senior government, Judicial or military officials, senior executives of state-owned corporations, important political party officials.

* Immediate Family Member Includes the spouse, children and their spouses or partners, parents, siblings and their spouses and grandchildren and their spouses.

Terms and Conditions:

1. I hereby confirm that, I have received the copy of rules and regulations. I agree to be bounded by the rules and regulations of the institute that's responsible for handling this account and I agree to let the account be handled according to the rules and regulations.
2. Dividend will be deposited to the account after calculating under the appointed dividend rates. Provided that the ABSL may waive any of the above terms or conditions either unconditionally or on terms. Every such waiver by the ABSL shall be without prejudice to the rights of the ABSL hereunder which shall always remain exercisable as if such waiver had not been made and whenever the ABSL thinks fit.
3. By giving 03 months' notice, withdraw from membership of ABSL, whereupon, he/she may return his/her capital contribution made in respect thereof on returning the unit-certificates
4. The ABSL shall have a first and paramount lien on all money, with the society standing to the person, other than a holding of permanent units and funds held on an account that, when opened was designated as a client account or trust account.
5. Further, ABSL may without notice consolidate the subscription funds with liabilities to the ABSL whether such liabilities be actual or contingent, primary or collateral and several or joint.
6. In the event of death of Ordinary member, the subscriber units held by such member shall devolve on and be held to the credit of his/her heirs' successors in terms of his/her will or the event of intestacy, they shall devolve on the heirs according to the rules of intestate succession or if the administrator so requires the proceeds thereof may be paid to the credit of his estate. Provided that, the lawful representative of a deceased member shall be the only person recognized by the society in respect of the deceased's member's capital contribution, but the representative shall not be treated as a member in respect of that contribution unless and until his/her name is entered in the register of members.

*** Do you consent to the opening of a savings account linked to your membership code? Yes No

I do hereby take notice of the above terms and conditions and in confirmation of my acceptance of the same do hereby set my hand hereunto on thisday of(M).....(Y)

සැලකිය යුතුයි: මෙම අයදුම් පත්‍රයෙහි අඩංගු කරුණු මා වෙත කියවා තේරුම් කර දෙන ලද බව මෙයින් සහතික කරමි.
 குறிப்பு : நான் இப்பத்திரத்தில் உள்ளடக்கப் பட்டுள்ள தகவல்களை வாசித்து புரிந்து கொண்டேன் என்பதை உறுதிப்படுத்துகின்றேன்

Signature of Member

Office Use Only

1. Service Delivery Channel - Face to Face Non-Face to Face

2. Does the member appear in a Suspected Terrorist List (Sanction List – UNSCR 1373 / 1267) or any other Alert List:

Yes No If yes (Specify):

Member No: Receipt No: Date:

Supporting Documents Reviewed By :

System Entry Input by :

Member Account Details (If any):

Pass Book No (If maintain Savings Account):

Payment Methods:

Initial Deposit Amount:

Introduced Branch:

Proposed By

Examined By

Certified By