

# Business Account Application

## DOCUMENTS REQUIRED BY THE BANK

The following table details the documents that are required for opening of Business accounts. Please ensure that all Documents mentioned below are submitted along with the Business Account Application Form.

Documents Required	Limited Company	Partnership	Sole Proprietorship	Clubs & Societies	NPOs / NGOs / Charity	Documents received by the Bank
Account Opening Application Form	X	X	X	X	X	
Mandate / Board Resolution *	X	X	X	X	X	
Certificate of Incorporation / Certificate of Re Registration +	X					
Articles of Association +	X					
List of Directors + (Form 48 / Form 20 / Form 1)	X					
Business Registration Certificate +		X	X	X	X	
Constitution / Rules +				X	X	
National ID, Passport or D/L copies of Authorised Signatories, Directors, Principle shareholders and Ultimate beneficial owners +	X	X	X	X	X	
Utility Bill copies of Authorised Signatories, Directors, Principle shareholders and Ultimate beneficial owners +	X	X	X	X	X	
Signature Cards signed by Authorised Signatories	X	X	X	X	X	
Preliminary Business Information Form (PBIF)	X	X	X	X	X	
Company ownership structure	X				X	
BOI Agreement Section 17 and Certificate ++	X					
Group Identification form (GIF) **	X	X	X	X	X	
Export Development Board (EDB) Certificate or Exchange Control Approval +++	X	X	X			
Approval from relevant Government Ministry / Authority					X	

+ All documents to be certified by an HSBC Group Office for companies incorporated overseas

+ Documents should be certified by Company Secretaries / Company Directors / Notary Public OR Original Document to be sighted by any HSBC Group Office

++ Requested for accounts to be opened in Foreign Currency Banking Unit (FCBU) - *(In the name of Companies Incorporated in Sri Lanka)*

+++ For Exporters' Foreign Currency Accounts

\*\* For companies incorporated overseas

To: The Hongkong and Shanghai Banking Corporation Limited  
 Incorporated in Hong Kong SAR with Limited Liability

 Customer Number 

 Office 

 Account Number 

 Date 

Please open a Business Account in our name as detailed below.

## Business Account Application

### Part A - Business Information

Please ( x ) as appropriate.

**Business Unit**  Domestic Banking Unit (DBU)  Foreign Currency Banking Unit (FCBU)

Limited Liability Company	Limited Liability Company (BOI Approved)	Partnership	Sole Proprietorship
NGO / Charity / NPO	Club / Society / Association	Others (Please specify)	

### Company Details

Registered Name	<input style="width: 95%; height: 20px;" type="text"/>		
Trading As "or" Doing Business As	<input type="checkbox"/> Same as Registered name <input type="checkbox"/> Others (please specify): <input style="width: 350px; height: 20px;" type="text"/>		
Registration / Incorporation Document and Name of issuing authority	Name of issuing authority: <input style="width: 350px; height: 20px;" type="text"/> <input type="checkbox"/> Certificate of incorporation Number <input style="width: 200px; height: 20px;" type="text"/> <input type="checkbox"/> Business Registration Number <input style="width: 200px; height: 20px;" type="text"/> <input type="checkbox"/> Others <input style="width: 200px; height: 20px;" type="text"/>		
Date of Registration (Day/Month/Year)	<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"/>	Country of Registration	<input style="width: 150px; height: 20px;" type="text"/>
<b>Is the business capable of issuing bearer shares ?</b> <input type="checkbox"/> Yes, but no bearer shares have been issued <input type="checkbox"/> Yes, and bearer shares have been issued <input type="checkbox"/> No			
Listing of Stock Exchange	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Stock Exchange	<input style="width: 300px; height: 20px;" type="text"/>
State of Government Owned Entity (Must be completed if Company is owned directly or indirectly by State or Government over 50%)	Name of State or Government <input style="width: 350px; height: 20px;" type="text"/> Ownership (%) <input style="width: 350px; height: 20px;" type="text"/> Voting rights (%) (if different) <input style="width: 350px; height: 20px;" type="text"/>		
Is the business a regulated financial institution ?	<input type="checkbox"/> Yes: Details of regulatory body Name: <input style="width: 450px; height: 20px;" type="text"/> Country: <input style="width: 450px; height: 20px;" type="text"/> Registration reference number: <input style="width: 350px; height: 20px;" type="text"/> <input type="checkbox"/> No		

Country or countries where the business is subject to tax residence	<input type="text"/>
Is the business or any of its customers or suppliers involved in the gaming industry. e.g. online gaming, casinos?	<input type="checkbox"/> Yes: Business Details of their involvement: <input type="text"/> <input type="checkbox"/> Yes: Suppliers Details of their involvement: <input type="text"/> <input type="checkbox"/> Yes: Customers Details of their involvement: <input type="text"/> <input type="checkbox"/> No

Countries with HSBC Business Account (if any)	Country or countries where you have HSBC accounts: <input type="text"/>
	Primary HSBC Account number: <input type="text"/>

Details of referring professional entity (if applicable)	
Full name:	<input type="text"/>
Address (including country):	<input type="text"/>
How many years have you known the referring party ?	<input type="text"/>
Is the professional entity regulated?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

Parent company	
Is the business part of a group of companies ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of the ultimate parent company	<input type="text"/>
<small>(nominate one lead parent if it is a joint venture)</small>	
Country of incorporation / registration of ultimate parent company	<input type="text"/>
Is the parent company an existing customer of HSBC ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide the following details:	
Country of primary HSBC account	<input type="text"/>
Is parent listed on any stock exchange	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide the stock exchange	<input type="text"/>

Commercial Details (Mandatory)			
Nature of Business / Industry	Industry:	<input type="text"/>	( <input type="text"/> % Turnover)
	Industry:	<input type="text"/>	( <input type="text"/> % Turnover)
	Industry:	<input type="text"/>	( <input type="text"/> % Turnover)
Nature of Products/ Services Offered (e.g. toys / garments)	<input type="text"/>		
Date of Business Commenced (Month / Year)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Years of Experience in business	<input type="text"/> Years
Country where major Business is Carried Out	<input type="text"/>	Country where Head office is Located	<input type="text"/>

Countries with Physical Presence / No. of branch / subsidiaries / offices	(Countries where your business has physical presence including all subsidiaries, branches and offices) <input type="text"/>
Number of Employees	<input type="text"/>

Key Customer who Accounts for More Than 50% of Total Sales (if any)	Registered Name	<input type="text"/>
	"Trading As" Name (if different from Registered Name)	<input type="text"/>
	% of sales revenue	<input type="text"/>
	Nature of Business	<input type="text"/>

Top 10 Countries of Revenues, Purchases and Assets held	Country	Percentage of revenue / intended revenue	Percentage of purchase / intended purchase	Percentage of assets held
	<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"/>	<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"/>	<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"/>

## Financial Information

Expected Source of Funds (e.g. source of business initial deposits)	<b>Select all that apply</b>	
	<input type="checkbox"/> Intra-group Financing <input type="checkbox"/> Transfer from other HSBC account <input type="checkbox"/> Investment by Ultimate Beneficial Owner/Partner <input type="checkbox"/> External investment	<input type="checkbox"/> Business Income (accumulated profit/retained earning) <input type="checkbox"/> Business Loan <input type="checkbox"/> Sale of Property/Asset <input type="checkbox"/> Others (please specify): <input type="text"/>

Country of Source of Funds for Account Opening	<input type="text"/>
------------------------------------------------	----------------------

How are the funds going to be transferred into HSBC account(s) ?	<input type="checkbox"/> Cash <input type="checkbox"/> Domestic wire transfer	<input type="checkbox"/> Cheque <input type="checkbox"/> International wire transfer
	Currency and Amount: <input type="text"/>	

Initial Source of Wealth (e.g. activities that generate the business accumulated capital and ongoing deposits)	<b>Select all that apply</b>	
	<input type="checkbox"/> Intra-group Financing <input type="checkbox"/> Transfer from other HSBC account <input type="checkbox"/> Investment by Ultimate Beneficial Owner/Partner <input type="checkbox"/> External investment	<input type="checkbox"/> Business Income (accumulated profit/retained earning) <input type="checkbox"/> Business Loan <input type="checkbox"/> Sale of Property/Asset <input type="checkbox"/> Others (please specify): <input type="text"/>

<b>On going source of wealth</b>	<input type="checkbox"/> Yes
	<input type="checkbox"/> No, principle source of wealth for the future:
	<input type="checkbox"/> Intra-group Financing
	<input type="checkbox"/> Transfer from other HSBC account
	<input type="checkbox"/> Investment by Ultimate Beneficial Owner/Partner
	<input type="checkbox"/> External investment
	<input type="checkbox"/> Business Income (accumulated profit/retained earning)
	<input type="checkbox"/> Business Loan
	<input type="checkbox"/> Sale of Property/Asset <input style="width: 100px;" type="text"/>
	<input type="checkbox"/> Others (please specify): <input style="width: 100px;" type="text"/>

  

<b>Relevant Financial Performance Indicator</b>	<input type="checkbox"/> Annual Business Turnover Approximate total annual turnover of the Company. If your company is a start-up business, please advise based on your business plan.									
	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;"></th> <th style="width: 20%;">Currency</th> <th style="width: 30%;">Amount</th> </tr> </thead> <tbody> <tr> <td>Current Year:</td> <td></td> <td></td> </tr> <tr> <td>Projected for Next Year:</td> <td></td> <td></td> </tr> </tbody> </table>		Currency	Amount	Current Year:			Projected for Next Year:		
	Currency	Amount								
Current Year:										
Projected for Next Year:										
	<input type="checkbox"/> Asset Size									
	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;"></th> <th style="width: 20%;">Currency</th> <th style="width: 30%;">Amount</th> </tr> </thead> <tbody> <tr> <td>Current Year:</td> <td></td> <td></td> </tr> <tr> <td>Projected for Next Year:</td> <td></td> <td></td> </tr> </tbody> </table>		Currency	Amount	Current Year:			Projected for Next Year:		
	Currency	Amount								
Current Year:										
Projected for Next Year:										
	<input type="checkbox"/> Asset under Management									
	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;"></th> <th style="width: 20%;">Currency</th> <th style="width: 30%;">Amount</th> </tr> </thead> <tbody> <tr> <td>Current Year:</td> <td></td> <td></td> </tr> <tr> <td>Projected for Next Year:</td> <td></td> <td></td> </tr> </tbody> </table>		Currency	Amount	Current Year:			Projected for Next Year:		
	Currency	Amount								
Current Year:										
Projected for Next Year:										
	<input type="checkbox"/> Other									
	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;"></th> <th style="width: 20%;">Currency</th> <th style="width: 30%;">Amount</th> </tr> </thead> <tbody> <tr> <td>Current Year:</td> <td></td> <td></td> </tr> <tr> <td>Projected for Next Year:</td> <td></td> <td></td> </tr> </tbody> </table>		Currency	Amount	Current Year:			Projected for Next Year:		
	Currency	Amount								
Current Year:										
Projected for Next Year:										

  

<b>Is the financial report of your company audited by an international firm of accountants or an external auditor?</b>	<input type="checkbox"/> Yes, Name <input style="width: 150px;" type="text"/>
	<input type="checkbox"/> No

<b>Account Transaction Information</b>					
<b>Where are the key countries that this account will be used in ?</b> (more than 10% of total account transaction values in and out)	<b>Country name:</b>		<b>Inflows</b>	<b>Outflows</b>	
	<b>Domestic transfers</b>	Monthly turnover of expected transfers		<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>
		Monthly volume of expected transfers		<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>
	<b>International transfers</b>	Monthly turnover of expected transfers		<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>
		Monthly volume of expected transfers		<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>
	<b>Cash activity</b>	Monthly turnover of expected transfers		<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>
		Monthly volume of expected transfers		<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>
	<b>Cheque activity</b>	Monthly turnover of expected transfers		<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>
		Monthly volume of expected transfers		<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>
	<b>Country name:</b>			<b>Inflows</b>	<b>Outflows</b>
	<b>Domestic transfers</b>	Monthly turnover of expected transfers		<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>
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		Monthly volume of expected transfers		<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>

Expected Seasonal Trends	<input type="checkbox"/> Yes, please provide details: <input type="checkbox"/> No
<b>Owner's Information (for sole proprietors only)</b>	
Do you manage funds on behalf of third parties	<input type="checkbox"/> Yes <input type="checkbox"/> No
Nature of account:	<input type="checkbox"/> Resident <input type="checkbox"/> Non - resident For non-residents, please advise reason for account opening in this country: <input type="text"/>
Principle source of wealth	<input type="checkbox"/> Customer's source of wealth <input type="checkbox"/> Sale of property/assets <input type="checkbox"/> Business ownership <input type="checkbox"/> Real estate development/investment <input type="checkbox"/> Inheritance <input type="checkbox"/> Lottery/Casino/Gaming win <input type="checkbox"/> Pension lump sum payment <input type="checkbox"/> Current or former government official <input type="checkbox"/> Redundancy payment <input type="checkbox"/> External investment <input type="checkbox"/> Active wealth/investments <input type="checkbox"/> Others (please advise: <input type="text"/> ) <input type="checkbox"/> Family loan
Is actual or projected annual revenue more than US\$1,000,000?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the expected source of fund more than US\$150,000?	<input type="checkbox"/> Yes <input type="checkbox"/> No

## Other Business Information

Please advise if you or any member of your group legal entity (include branches, subsidiaries, affiliates and joint ventures) do business in any below list countries: Cuba Iran Syria North Korea Northern Sudan Crimea Region Myanmar Zimbabwe Belarus Russia Ukraine (tick all that apply):	<input type="checkbox"/> No, I/we confirm that I/we will not utilise any accounts with HSBC to facilitate payments to any person or entity listed on a sanctions list or is located in a sanctioned country.
	<input type="checkbox"/> Yes, Country name: <input type="text"/> The nature of the exposure to the sanctioned country is:
	<input type="checkbox"/> Domiciled in country <input type="checkbox"/> Owned by beneficial owners domiciled in the country <input type="checkbox"/> Operated in country (please fill in details below)
	Local sales revenue from the legal entity that operates in this country (state currency and amount) <input type="text"/>
	Total assets of the legal entity that operates in this country (state currency and amount) <input type="text"/>
	<input type="checkbox"/> Has investments in the country (please fill in details below)
	Do the products that HSBC provide to the legal entity support its investment? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Value of investment in this country (state currency and amount) <input type="text"/>
	Percentage of total assets related to investments: <input type="text"/>
	Nature of investments: <input type="text"/>
<input type="checkbox"/> Buying from suppliers in the country (please fill in details below)	
Value of total cost of goods sold for this legal entity (state currency and amount) <input type="text"/>	
Value of imports from this country (state currency and amount) <input type="text"/>	
What percentage of total cost of goods sold are purchased from this country? <input type="text"/>	
Nature of products/services purchased: <input type="text"/>	

Selling to customers or providing services in the country (please fill in details below)

Value of annual export sales to this legal entity  
(state currency and amount)

What percentage of total revenue is from this country?:

Nature of products/services sold:

Are HSBC products used to process/support the transactions with this sensitive country?

Yes

No

Describe the control procedures that your company has in place to monitor transactions with Sensitive Sanctioned Countries and ensure your company remains compliant with sanctions regulations.

What is your company's approach to future business development in Sensitive Sanctioned Countries and the anticipated timing of such actions?

Any other relevant information?

Describe the control procedures in place around the flow of funds between a branch in a Sensitive Sanctioned Countries and its parent entity.



## Contact Details

Registered Address in Place of Incorporation			
	City: <input type="text"/>	Country: <input type="text"/>	Postal Code <input type="text"/> (For overseas Address Only)
Business Address	<input type="checkbox"/> Same as above <input type="checkbox"/> Other address:		
Correspondence address and Statement to be sent to	<input type="checkbox"/> Same as above <input type="checkbox"/> Other address:		
	City: <input type="text"/>	Country: <input type="text"/>	Postal Code <input type="text"/> (For overseas Address Only)

Office Telephone Number	1. <input type="text"/>	2. <input type="text"/>
Office Fax Number	1. <input type="text"/>	2. <input type="text"/>
Business Email Address	<input type="text"/>	
Business Website URL (if any)	<input type="text"/>	
Details of Contact Person(s) (For banking and direct marketing information purposes only.)	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="text"/>	
	Job Title <input type="text"/>	Telephone Number <input type="text"/>
		Mobile Number <input type="text"/>
	Business Email Address (if any)	<input type="text"/>
	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="text"/>	
	Job Title <input type="text"/>	Telephone Number <input type="text"/>
	Mobile Number <input type="text"/>	

	Business Email Address (if any)	<input type="text"/>
Power of Attorney address (if applicable)	<input type="text"/>	
Previous business address(es) (if resident at current address for less than 3 years, please fill in all previous address(es) for the past 3 years) (if applicable)	<input type="text"/>	

## DETAILS OF CONNECTED PARTIES

Please be advised that completion of this section is mandatory. Authorized signatories, Directors, Principle shareholders and ultimate beneficial owners should complete the **Form B** separately.

- \* In the case of Clubs/Societies/Associations/charities and NGOs, please provide details of Office bearers, signatories, members of the governing body or committee or any other person who has control or influence over the operations of the entity.
- \* In the case of a Trust, nominee and fiduciary accounts details of all Trustees, settlers / guarantors and beneficiaries should be provided

All Authorized signatories, Directors, Principle shareholders and ultimate beneficial owners should complete a Customer Information Form in addition to providing the above information as required by rules prescribed in terms of section 2(3) of the Financial Transactions Reporting Act No 6 of 2006.

<b>Major Shareholders:</b> Shareholders who hold over 10% of shareholding of the Company	Date	
	Master File Number	
	Title of Account	
	Account Number	

### Individuals - Form B

Please refer guidelines overleaf when completing this Form. Additional forms could be obtained from the branch.

- Sole Proprietor   
  Partner   
  Director   
  Authorised Signatory  
 Beneficial Owner   
 (Ownership  %)   
 (Voting rights  %, if different from ownership)  
 Key Controller   
 Direct Appointee   
 Power of Attorney

Name in Full* <small>(Please Underline the surname)</small>	Mr/ Mrs/ Miss/ Dr				
Former Names					
Other Names					
Permanent Address  Residential Address <small>( If different from permanent address)</small>				Address since Date _____ <small>(Month/Year)</small>	
Occupation*					
Business / Office Address					
Contact Numbers	Telephone - Residence	Telephone - Office	Mobile	Fax	Business e-mail address

NIC Number	Date of Birth <small>(DD/MM/YYYY)</small>	Place of Birth	Passport	Number	
				Date of Issue	
				Date of Expiry	
				Country of Issue	
Nationality			E-mail Address (Personal)		
Country of Residence					
Any other Business Interest/s					
Multiple Nationalities	<input type="checkbox"/> Yes <input type="checkbox"/> No	Nationality 2	<input style="width: 100px;" type="text"/>	Nationality 3	<input style="width: 100px;" type="text"/>

<b>Previous Address</b> (If the current residential address is less than 3 years)	
<b>Tax residing country</b>	
<b>Country of source of wealth</b>	
<b>Is the UBO a family member?</b> (For UBO only)	<input type="checkbox"/> Yes <input type="checkbox"/> No

**DETAILS OF CONNECTED PARTIES... contd.**

**Corporate Entity**

(I) Registered Name	in English <input type="text"/>		
"Trading As" or "Doing Business As" name (if different from legal name)	<input type="text"/>		
Capacity of Connected Party	<input type="checkbox"/> Director <input type="checkbox"/> Authorised Signatory <input type="checkbox"/> Beneficial Owner (Ownership <input type="text"/> %) <input type="checkbox"/> *Key Controller <input type="checkbox"/> #Direct Appointee		
Registration/Incorporation Document	Certificate of Incorporation number: <input type="text"/> Business Registration Certificate number: <input type="text"/> Certificate of Incumbency: <input type="text"/> Certificate of Good Standing: <input type="text"/> Others: <input type="text"/>		
Country of Registration	<input type="text"/>	Year of Registration <input type="text"/>	
Country of Business Operation	<input type="text"/>	<input type="text"/>	
Registered Address	<input type="text"/>		
	City: <input type="text"/>	Country: <input type="text"/>	<input type="text"/>
Listing on Stock Exchange	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Stock Exchange	<input type="text"/>
Represented by (Full Name)	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms	Date of Birth (Day/Month/Year)	<input type="text"/>
Identification Document Type and Number	<input type="text"/>		
Nationality	<input type="text"/>	Job Title	<input type="text"/>
Residential Address	<input type="text"/>		
Permanent Address (If different from residential address)	<input type="text"/>		

**DETAILS OF CONNECTED PARTIES... contd.**

**Parent company principal shareholder**

Registered Name	<input type="text"/>		
"Trading As" or "Doing Business As" name (if different from legal name)	<input type="text"/>		
Registration/Incorporation Document	Certificate of Incorporation number: <input type="text"/> Business Registration Certificate number: <input type="text"/> Certificate of Incumbency: <input type="text"/> Certificate of Good Standing: <input type="text"/> Others: <input type="text"/>		
Country of Registration	<input type="text"/>	Year of Registration <input type="text"/>	
Country of Business Operation	<input type="text"/>	<input type="text"/>	

Registered Address			
	City:		Country:
Percentage ownership		%	Percentage voting rights (if different)
Listing on Stock Exchange	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Name of Stock Exchange

Nature of Business / Industry			
Countries with HSBC Business Accounts (if any)			
Represented by (Full Name)	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss
	<input type="checkbox"/> Ms	Date of Birth (Day/Month/Year)	
Identification Document Type and Number			
Nationality		Job Title	
Residential Address			
Permanent Address (If different from residential address)			

## DETAILS OF CONNECTED PARTIES... contd.

### Trust & Foundation

(II) Registered Name			
Is this a Trust or a Foundation?	<input type="checkbox"/> Trust	<input type="checkbox"/> Foundation	
Country of establishment		Ownership percentage	
Registered Address			
	City:		Country:
What are the nature, purpose and objectives of the Trust / Foundation?			
What is the Trust/Foundation's class of beneficiaries?			
What is the approximate number of beneficiaries?			
Name of Regulator (where applicable)			

## Account Information and Tax Declaration

### Types of Account Required

Current     Statement Savings     Call Deposit     Share Investment External Rupee Account (SIERA)

Others (Please Specify)

#### Currency of Account

LKR     USD     GBP     EUR

Others (please Specify)

#### For Call Deposit Accounts Only

Call Deposit Amount

Call period required

7 Days

14 Days

#### For Savings and Current Accounts Only

##### Statement Type

Composite Statement (one single statement for all your accounts in the same name)

Regular Statement (a separate statement for each account)

##### Statement Frequency

Monthly     Fortnightly     Weekly

Number of copies required

Additional mailing address (if required)

#### For Current Accounts Only

1. Please supply us with \_\_\_\_\_ no/s Cheque book(s).

50 leaf Order, crossed 'Not Negotiable'

50 leaf bearer

2. Cheque Books to be

Mail to us (the statement address of the account)

Tax Identification Number

## Declaration

Authorised Signature and Company Rubber Stamp	Authorised Signature and Company Rubber Stamp	Authorised Signature and Company Rubber Stamp
Authorised Signature and Company Rubber Stamp	Authorised Signature and Company Rubber Stamp	Authorised Signature and Company Rubber Stamp
Authorised Signature and Company Rubber Stamp	Authorised Signature and Company Rubber Stamp	Authorised Signature and Company Rubber Stamp
Authorised Signature and Company Rubber Stamp	Authorised Signature and Company Rubber Stamp	Authorised Signature and Company Rubber Stamp

### For Bank use only (Branch)

Signature Verified By

Name

### For Bank use only (NSC)

Data input by

Name

Initial

Verified / Approved by

Name

Initial

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