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|  ດ්‍රැංඡර් ප්‍රංශ ප්‍රංශ ප්‍රංශ Gerab Financials | GERAB FINANCIALS LTD/ ද්‍රැංඡර් ප්‍රංශ ප්‍රංශ ප්‍රංශ | Passport Size Photograph |
| | | Date: / / |
| Account Opening Form (Individual) | | |
| Name: | | |
| Account No. | Existing A/C No. | |
| I/We would like to apply for the following product(s) from your MFI: | | |
| A. Savings Account | | |
| <input type="radio"/> Gerab Savings Account | <input type="radio"/> Gerab Recurring Deposit | <input type="radio"/> Gerab Fixed Deposit |
| B. Current Deposit Account | | |
| <input type="radio"/> Gerab Savings Corporate Deposit | <input type="radio"/> Gerab Current Deposit | |
| Mode of Operations | <input type="radio"/> Single <input type="radio"/> Jointly | <input type="radio"/> Either or Survivor <input type="radio"/> Anyone or Survivor |
| For Joint Account | Applicant Name 1: _____ Account No. _____ | |
| | Applicant Name 2: _____ Account No. _____ | |
| | Applicant Name 3: _____ Account No. _____ | |
| | Applicant Name 4: _____ Account No. _____ | |
| For Recurring Deposit | Installment | Nu...../- per month |
| | Term | Years |
| For Fixed Deposit | Amount _____ Nu/- _____ | Term Years |
| For Both Recurring and Fixed Deposits on Maturity: | Please close the account and credit the amount to Account Number. of (Name) | |
| Facilities (Please tick the required service) | | |
| <input type="radio"/> SMS Alert | <input type="radio"/> Mobile App | |
| Terms and Conditions | | |
| <ol style="list-style-type: none"> I/We agree to abide by the Gerab Financials Ltd's rules and regulations in force from time to time. I/We agree use my account solely for the lawful purposes and will not rent or allow or share any other parties to use it. The Bank reserves the right to lien note on my/our account for unlawful NPL Recovery, Disputed Transactions, and under court order. | | |

4. The Bank is authorized to debit my/our account with its annual account maintenance charges as applicable.
 5. The bank is authorized to recover 5% GST from the account if there are any charges applicable.

| Signature/Thumb Impression of Applicant(s) | |
|---|--|
| Signatory 1 | Signatory 2 |
| Signatory 3 | Signatory 4 |
| For MFI Use Only. | |
| Created by: (Signature) Employee Name: Date: Email ID: | Authorized by: (Signature) Employee Name: Date: Email ID: |