

FOR OFFICE USE ONLY

Date : .....

A/C No. ....

CER NO. ....

CIF NO. ....

MANAGER'S INTL .....

**APPLICATION TO OPEN A THILINA REKAWARANA SAVINGS ACCOUNT**

Dear Sir / Madam,

Please open a THILINA REKAWARANA Minors Savings Account for the Minor as indicated below. I agree to comply with and be bound by the rules and regulations applicable for the maintenance of such account.

**FULL NAME OF MINOR :** .....  
(as appearing in the Birth Certificate\*)

**DATE OF BIRTH :** (as appearing in the Birth Certificate\*) ...../...../...../  
(Date) (Month) (Year)

**SEX :** Male / Female

**ADDRESS OF DEPOSITOR :** .....  
(\*Bank's correspondence would be sent to this address)

**AMOUNT OF MONTHLY LUMP SUM DEPOSIT : Rs.** ..... **PERIOD OF DEPOSIT ;** 24/36/48  
/ 60 months

In consideration of **HDFC Bank of Sri Lanka** (hereinafter referred to as "the said bank"), I hereby undertake to make the above monthly deposit for a continuous period as stated above.

I am informed by the Bank that it would undertake to pay a - **GUARANTEED AMOUNT** of Rupees

.....(Rs).....) subject to tax if any, to the said minor only upon the said minor reaching the age of majority, which will be 18 years for purpose of this scheme on his / her written request and after satisfying the Bank about the identity of the said minor and that I would have no further claim on the Bank whatsoever.

It is further agreed that no withdrawals (including those for necessities) would be permitted until the said minor reaches the age of majority except on the demise of the said minor before reaching the age of majority, in which event, all amounts deposited in the THILINA REKAWARANA Minors Savings Account together with interest thereon at such rates as may be decided at the discretion of the bank shall be paid to the legal heirs of the deceased minor according to the personal law applicable to such minor

It is understood, that if I fail to deposit the agreed monthly amount for three (3) Months, either consecutive or cumulative, before the completion of the agreed period of deposit, the undertaking given by the Bank to pay the guaranteed sum to the said minor at the attainment age of majority will cease, and the Bank shall convert the THILINA REKAWARANA Minors Savings Account to an ordinary Thilina Minors Savings account, after deducting any amounts due to Bank consequent to interest adjustment. The balance in such an account will be released only upon the said minor reaching the age of majority and upon proof of identity to the satisfaction of the Bank.

I hereby agree to submit the true condition of my health, which declaration shall form the basis of a contract of insurance on my life which the Bank would obtain from an Insurance Company selected by the Bank in the event of my death, the Guaranteed Amount specified above shall be paid by the Bank to the minor, provided such death is caused by natural means or by accident or by being a victim of war, terrorist activity, riot etc, and provided the declaration made by me is accepted by the Bank and the Insurance Company. However, if the declaration made by me with regard to my health contains false averments, then the Bank / Insurance Company shall not be liable to pay any benefits to the minor under this scheme.

I further agree to abide by all rules and regulations pertaining to THILINA REKAWARANA Minors Savings Accounts and I confirm that I have not sponsored THILINA REKAWARANA Accounts for any other minor at this or any other branch of the Bank where the total sum to be deposited exceeds Rs. 600,000/-

2014 July

(P.T.O)

**DECLARATION OF THE DEPOSITOR / SPONSOR (Applicable only to monthly depositors)**

1. Full name of depositor / Sponsor (Mr/Mrs/Ms/Rev/ .....)
2. Address : .....  
(Change of address to be notified to the Bank)
3. Telephone No: .....
4. NIC / Passport No. of Depositor / Sponsor : .....
5. Date of Birth : .....
6. Age : .....
7. Are you now in good health ?
8. Have you suffered from any serious ailment or undergone any surgical operation during the last 5 years ?  
(if so, give full details)

I declare that I have answered the above questions truthfully and I agree that this declaration and the declaration made with regard to my health shall form the basis of the contract for insurance on my life and if any untrue averments be found to have been made, the Bank / Insurance Company shall not be liable to pay any benefits under this scheme in the event of my death.

Yours Faithfully,

.....  
**SIGNATURE OF DEPOSITOR / SPONSOR**

.....  
**DATE**

Whenever handing over application personally the original Birth Certificate of the minor together with a photocopy should be submitted (The original Birth Certificate would be returned). Otherwise a photocopy of the Birth Certificate should be attached to this application and the original should be produced by the beneficiary with the Entitlement Certificate at the time of claiming the Guaranteed Amount.

**RULES & REGULATIONS FOR THILINA REKAWARANA MINORS SAVINGS ACCOUNT**

1. Business relating to THILINA REKAWARANA Minors Savings Accounts will be conducted by the Bank during normal business hours.
2. The Depositor has to ensure that the Agreed Monthly Deposits (AMD) is made without interruption for the Agreed Period of Deposit (APD). These deposits would be recorded in the passbook as and when it is submitted to the Bank for that purpose. No deposits would be accepted after the expiry of the APD.
3. Depositors should examine the passbook carefully before leaving the Bank and satisfy themselves that the entries made therein are correct. Any discrepancy must be notified to the Bank immediately.
4. The safety of the passbook is the responsibility of the Depositor. The loss of passbook will have to be reported immediately to the account holding Branch.
5. Cheques / Drafts which are not drawn favoring the bank and money orders etc. will be accepted to the credit of THILINA REKAWARANA minors Savings Accounts only at the discretion of the Bank.
6. At the end of the APD, the Depositor would be issued with an ENTITLEMENT CERTIFICATE, which enables the Beneficiary to claim the Guaranteed sum from the bank upon attaining the age of majority (18 years) it will be necessary to surrender this Passbook to the Bank before obtaining the ENTITLEMENT CERTIFICATE. However the Depositor may open or maintain ordinary Thilina minors savings Accounts, which do not come within the scope of this scheme.
7. Under this scheme the bank guarantee the payment of the agreed sum to the Beneficiary upon reaching the age of majority (18 years) subject to conditions stated on the THILINA REKAWARANA application and monthly deposits are completed as agreed. The payment of the agreed sum will not be guaranteed, if the AMD'S and APDs are not completed.
8. Death of the Depositor should be brought to the notice of the Bank with supporting documents by the personal representatives of the Depositor/Beneficiary at the earliest.
9. If the Depositor fails to make the monthly deposits for three months (consecutive or cumulative), the undertaking given by the Bank on the guaranteed sum to the Beneficiary would cease. Thereafter whatever balance lying would be converted to an ordinary Savings Account at the discretion of the Bank and would not be released until Beneficiary reaches the age of majority.
10. No withdrawals would be permitted during the APD.
11. Upon attaining the age of majority the Bank would pay the Guaranteed Sum (less any taxes) to the Beneficiary on the production of the Entitlement Certificate and an acceptable form of identification.
12. The operations of these accounts would also be subject to any rules and regulations pertaining to Ordinary Savings Accounts, wherever the Bank considers relevant. The Bank reserves to itself the right to alter or add to these rules at any time, giving adequate/reasonable notice to the Depositor.



UNION ASSURANCE PLC  
Company Number PQ 12

**Declaration of Good Health - HDFC Minor Savings Account**

**A. Details of the Life to be Insured**

Full Name of the Parent/ Legal Guardian: Sex: Male <input type="checkbox"/> Female <input type="checkbox"/> Date of Birth (DD/MM/YYYY):	Smoker: Yes <input type="checkbox"/> No <input type="checkbox"/> Occupation: Annual Income :
Address :	Contact Number :
Height (in cms):	Weight (in Kg):
Minor Savings Account No: Effective date of Savings Account (DD/MM/YYYY):	
Have you ever been offered insurance cover by HDFC Bank of Sri Lanka in connection with minor savings account of your child? Yes <input type="checkbox"/> No <input type="checkbox"/> Whether the offer of cover was accepted by you or not? Yes <input type="checkbox"/> No <input type="checkbox"/> If you answered "yes" above, please provide the details: Previous minor savings Ac no _____ Sum Assured _____ Cover commencement date _____	

**B. Health Declaration for Proposed Life Insured**

On the life of the Payer	Yes	No
<i>Have you ever suffered from or are you receiving any treatment for:</i>		
01. Are you suffering or have you ever suffered from any illness / disease/ ailment up to the date of making this health declaration or suffer from any physical or mental condition?		
02. Have you ever suffered in the past for: symptoms of high blood pressure, diabetes, heart attack or disease, stroke, chest pain, kidney disease, AIDS or positive HIV test, cancer or tumour, asthma or respiratory disease, mental or nervous disease, liver disease (including hepatitis B carrier), blood disease, digestive and bowel disorder, arthritis or deformities or any other not stated above?		
03. Have you ever been hospitalized up to the date of making this health declaration?		
04. Within the past three years, has any of your application for Life or health insurance declined or accepted at modified terms?		
05. Do you participate or do you intend to participate in any hazardous sports or activities?		
06. Have you ever received or do you now receive any disability benefits		
07. Are you pregnant ( for females only)? If yes, please state how many months?		
08. Has any one in your family (father, mother, brother(s) or sister(s)) died before age 50 or have suffered from cancer, heart disease, kidney failure, stroke		

(If you answered "YES" to any of the above questions numbered in section B, please give complete details including dates, duration and treatment, names and addresses of physicians) on the back of this form and include your signature and the date)

**C. Declaration by the life to be insured**

I understand and agree that the answers and statements made on this Health Declaration are full, complete and true in every particular and will form the basis of the contract, which may arise. All material facts, being facts, which may influence the assessment of this risk, have been disclosed in this Health Declaration, it being understood by me that failure to make such disclosure renders the contract voidable. I consent to Union Assurance Company seeking medical information from any doctor in respect of any matter relating to my physical or mental health and I authorize and consent to him/any hospital giving such information to Union Assurance Company and/or to the claims administrator or medical advisors. Further, I also confirm that I have never participated nor intend to participate in any hazardous sports or activities. I hereby acknowledge that I have read and understood the terms and conditions governing the insurance scheme offered on the HDFC Minor Savings Account as detailed overleaf and agree to comply with them.

මෙම පත්‍රිකාවේ ඇති සියලු කරුණු මා හට සියලුම පැහැදිලි කර දීමෙන් අනතුරුව එම කරුණු හොඳකාරට තේරුම් ගෙන මෙහි මාගේ අත්සන යෙදූ බව ප්‍රකාශ කර සිටිමි.

\_\_\_\_\_  
(Signature of the life to be insured )

Date: \_\_\_\_\_  
Place: \_\_\_\_\_

*For HDFC Office Use Only*

Deposit Scheme: \_\_\_\_\_ Term: \_\_\_\_\_  
Monthly Deposit amount: \_\_\_\_\_

I have checked the above information with records maintained at HDFC and certify them to be correct and the age proof is also enclosed.

.....  
Signature – Authorized Signatory