

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/-

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.