

E-CASH: ADDITIONAL BENEFICIARY

TITLE: MR ☐ MRS ☐ MISS ☐ MS ☐ DR ☐

REMITTER NAME: _____ REMITTER ID: _____

BENEFICIARY DETAILS

TITLE: MR ☐ MRS ☐ MISS ☐ MS ☐ DR ☐

FULL NAME OF BENEFICIARY:
(WITHOUT INITIALS) _____

BENEFICIARY ACCOUNT NUMBER: _____

BENEFICIARY BANK: _____ BRANCH: _____

CURRENCY:
(IN WHICH THE ABOVE ACCOUNT IS HELD) GBP ☐ LKR ☐ USD ☐ EUR ☐

AMOUNT TO BE REMITTED: _____ FREQUENCY: _____

RELATIONSHIP WITH BENEFICIARY: _____

PURPOSE OF THE REMITTANCE: _____

DECLARATION

By submitting this Registration Form:

- ✓ I agree for the above named party to be added to my list of beneficiaries, held under my Remitter ID (as above) with Bank of Ceylon (UK) Ltd, for its ECASH money remittance service
- ✓ I confirm that the information given is true and complete and undertake to keep you advised at all times of any changes to these details when they occur and to provide you with whatever information and documentation you require to comply with current regulations in the UK.
- ✓ I authorise you to conduct any electronic identity checks online using credit reference agencies and other enquiries in accordance with your due diligence procedures.
- ✓ I agree to be bound by the Bank of Ceylon (UK) Ltd Terms and Conditions for its E-CASH Money Remittance Service found at: http://www.bankofceylon.co.uk/documents/tc/ECASH_TCs.pdf

DATA PRIVACY NOTICE

It is important that you understand how the personal information you give us will be used. We strongly advise you read our Privacy Statement which you can find at www.bankofceylon.co.uk or you can ask us for a copy. By signing the e-cash registration form, you agree to your personal information being used in the ways we described in our Privacy Statement.

CUSTOMER SIGNATURE:
(AS APPEARS IN PASSPORT/ ECASH REGISTRATION FORM)

DATE: / /

FOR BANK USE ONLY

OFFICER-IN-CHARGE :	MLRO :
REMITTANCE INSTRUCTIONS HAVE BEEN VERIFIED OVER THE TELEPHONE? YES <input type="checkbox"/> NO <input type="checkbox"/>	
SIGNATURE :	SIGNATURE :
DATE:	DATE: