



E-CASH MONEY REMITTANCE SERVICE REGISTRATION FORM

REMITTER DETAILS

TITLE:	MR <input type="checkbox"/>	MRS <input type="checkbox"/>	MISS <input type="checkbox"/>	MS <input type="checkbox"/>	DR <input type="checkbox"/>
FULL NAME WITHOUT INITIALS:	<input style="width: 100%;" type="text"/>				
DATE OF BIRTH:	<input style="width: 100%;" type="text"/>				
UK RESIDENTIAL ADDRESS:	<input style="width: 100%;" type="text"/>				
POST CODE:	<input style="width: 100%;" type="text"/>	MOBILE NO:	<input style="width: 100%;" type="text"/>		
HOME TELEPHONE NO:	<input style="width: 100%;" type="text"/>	OCCUPATION:	<input style="width: 100%;" type="text"/>		
EMAIL ADDRESS:	<input style="width: 100%;" type="text"/>	ANNUAL INCOME (£):	<input style="width: 100%;" type="text"/>		
EMPLOYER NAME & ADDRESS:	<input style="width: 100%;" type="text"/>				

BENEFICIARY DETAILS

TITLE:	MR <input type="checkbox"/>	MRS <input type="checkbox"/>	MISS <input type="checkbox"/>	REV <input type="checkbox"/>
FULL NAME OF BENEFICIARY WITHOUT INITIALS:	<input style="width: 100%;" type="text"/>			
BENEFICIARY ACCOUNT NUMBER:	<input style="width: 100%;" type="text"/>	RELATIONSHIP WITH BENEFICIARY:	<input style="width: 100%;" type="text"/>	
BENEFICIARY BANK:	<input style="width: 100%;" type="text"/>	BRANCH:	<input style="width: 100%;" type="text"/>	
CURRENCY: (IN WHICH THE ABOVE ACCOUNT IS HELD)	GBP <input type="checkbox"/>	LKR <input type="checkbox"/>	USD <input type="checkbox"/>	EURO <input type="checkbox"/>
AMOUNT TO BE REMITTED:	<input style="width: 100%;" type="text"/>	FREQUENCY:	<input style="width: 100%;" type="text"/>	

DECLARATION

By submitting this Registration Form:

- ✓ 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 confirm that if the registration is successful, **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
- ✓ IF YOU HAVE MORE THAN ONE BENEFICIARY PLEASE SUBMIT THE ADDITIONAL BENEFICIARY FORM FOR EACH AND EVERY BENEFICIARY

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: _____

DATE: / /

FOR BANK USE ONLY

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