APPLICATION TO OPEN A SOLE PROPRIETORSHIP ACCOUNT



Signature

			FOR OFFICE USE ONLY		
			Date (DD/MM/YYYY):		
			Account No :		
The Manager			Currency:		
Commercial Bank of (Ceylon PLC	Branch No :			
(Branch Nam	e)	Officer No :			
		Manager's Intl :			
heing the sole person tra	ading under the name given below, hereby re	guest you to open a CUPPENT/		OSIT/CALL DEPOSIT Account in that	
name. I hereby authorise y actions. agree to comply with and	ou to act on instructions given by me relating d to be bound by the rules of the Bank govern	to this Account and I hold myse	If liable for any indeb	stedness to the Bank created by such	
ne Business issued under	the Business Names Ordinance (Cap. 149)	(CIF No		for office use only)	
Name of firm					
Address					
		E-mail			
Phone No (Office)		Fax No (Office)			
Business Reg. No		Nature of Business (Please Sp	pecify)		
Date of Registration (DD/M	wyyyy	Existing account Nos (if any)			
Details of Proprietor		(CIF No		for office use only)	
ull Name :					
Ar / Mrs / Ms / Please underline surname)					
Address (Residential)					
Date of Birth (DD/MM/YYYY)		NIC / Passport No			
Phone No. (Home)		Phone No. (Mobile)			
lationality		E -mail			
xisting Account No. (If any)		I am / not an income tax paye	er Tax Identification	No (TIN No)	
Marital Status		. ,		, ,	
f married,					
lame of spouse					
imployer of spouse					
				Signature	
				Signature	
OR FIXED / CALL DEPOS	IT ACCOUNTS ONLY				
. Amount (in figures)	(in	words)			
o. Period	Month(s) / Year(s)	c. Source of funds cash	/ cheque / A/C No.		
l. Please renew the dep	osit exclusive / inclusive of interest for similar	terms until further notice	_		
. Please credit / remit ir	nterest at maturity / monthly to account no.				
			Recei	ved Certificate No.	
			1		

FOR CURRENT ACCOUNTS ONLY						(CIF No		fo	or office use only)
To be completed I	by the introd	ucer				_		· · · · · · · · · · · · · · · · · · ·	
I am well aquainted	d with Mr / M	s/M	s /						
Whose signature a	ppears above	. I cer	tify that he/ she i	is a suitable perso	on to maintain a cu	rrent account :			
Full Name : (Rev/ Mr / Mrs / Ms / .)								
Address									
Profession (Please Spe	ecify)					Cur	rent Account No		
Branch						Dat	te (DD/MM/YYYY)		
For office use only	,								
Tor office asc offi	Initia		EMP No.	_					
Signature verified	by					L		Signature	
	•							Signature	
For office use only	<u>.</u>						K	YC docs obtained	
	Initial		EMP No.		Initial	EMP No.		Initial	EMP No.
Input by				Checked by			Scanned by		