M - 04E

APPLICATION TO OPEN A PARTNERSHIP ACCOUNT

COMMERCIAL BANK

FOR OFFICE USE ONLY	
Date (DD/MM/YYYY) :	
Account No :	
Currency :	
Branch No :	
Officer No :	
Manager's Intl :	

The Manager
Commercial Bank of Ceylon PLC

(Branch Name)

We the undersigned, being the partners of the undermentioned firm, hereby request you to open a CURRENT/ SAVINGS/ FIXED DEPOSIT/ CALL DEPOSIT account in the partnership name. We hereby authorise you to act on instructions given by* relating to this account until we or any one of us give you notice to the contrary in writing and we hold ourselves joint and severally liable for any indebtedness to the Bank created by such actions.

This authority and our liability here under shall be continuing notwithstanding any change in constitution of our firm and this authority shall be interpreted in accordance with the law in force in Sri Lanka.

We agree to comply with and to be bound by the rules of the Bank governing the conduct of such accounts. We hand you hearwith the Certificate of Registration of the business issued under the Business Names Ordinance (Capt.149)

*Insert "US" (if all parties are to sign), "either of us" (if either is to sign). "any two of us" or as may be required.

(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 Specify)

Date of Registration (DD/MM/YYYY) / /

Existing account Nos (if any)

Partners

	Full Name	Signature	CIF No- (For office use only)
1.			
	I am / not an income tax payer	Tax Identification No (TIN No)	
2.			
	I am / not an income tax payer	Tax Identification No (TIN No)	
3.			
	I am / not an income tax payer	Tax Identification No (TIN No)	
4.			
	I am / not an income tax payer	Tax Identification No (TIN No)	
5.			
	I am / not an income tax payer	Tax Identification No (TIN No)	

FOR FIXED / CALL DEPOSIT ACCOUNTS ONLY

a. Amount (in figures) | | | | | | | | | | | | (in words) |

b. Period | | | Month(s) / Year(s)

c. Source of funds cash / cheque / A/C No. | | | | | | | | | | |

d. Please renew the deposit exclusive / inclusive of interest for similar terms until further notice

e. Please credit / remit interest at maturity / monthly to account no. | | | | | | | | | | |

Received Certificate No. | | | | | | |

Signature

FOR CURRENT ACCOUNTS ONLY **(CIF No | | | | | | | | | | | for office use only)**

To be completed by the introducer

I am well aquainted with

Whose signature appears above. I certify that they are suitable persons to maintain a current account :

Full Name :
Rev/ Mr/ Mrs/ Ms / …
(Please underline surname)

Address

Profession (Please Specify)

Current Account No | | | | | | | | | | |

Branch

Date (DD/MM/YYYY) | | / | | / | | | | |

For office use only

	Initial	EMP No.
Signature verified by		

Signature

For office use only

KYC docs obtained

	Initial	EMP No.		Initial	EMP No.		Initial	EMP No.
Input by			**Checked by**			**Scanned by**		