

TRANSFER ORDER (STANDING ORDER APPLICATION)



DATE : _____

The Manager
Commercial Bank of Ceylon PLC

Please make the periodical remittances as given below by debiting

NAME : _____ ACCOUNT NO. : _____

TO
NAME OF BENEFICIARY : _____

BENEFICIARY'S ADDRESS
OR
BANK AND BRANCH _____

BENEFICIARY'S ACCOUNT NO. _____ REFERENCE NO. IF ANY _____

PAYMENT FREQUENCY: MONTHLY QUARTERLY HALF YEARLY YEARLY OTHERS (Please Specify) _____

DUE DATE _____ FIRST PAYMENT DATE _____ FINAL PAYMENT DATE _____

PAYMENT AMOUNT RS. _____ CTS. _____

In view of your undertaking to make these remittances, it is expressly understood that the Bank is relieved from all claims for losses, which may arise through error, omission or delay. It is also understood that in the event of there being insufficient funds in my/our account to meet the payments on dates specified, the Bank cannot accept responsibility for ensuring that the instructions are carried out when funds subsequently become available. The Bank will also cancel this order without reference in the event three payments are defaulted.

SIGNATURE/S: _____ Signature/s verified _____

FOR OFFICE USE ONLY

TRANSFER ORDER NO. _____

Input by : _____

Checked by : _____

Amount : _____

Form of remittance : _____

Postage : _____

Special Instructions : _____

Commission : _____

TOTAL COST : _____