APPLICATION TO OPEN A PARTNERSHIP ACCOUNT



	FOR OFFICE USE ONLY	FOR OFFICE USE ONLY			
	Date (DD/MM/YYYY):				
	Account No :	ī			
The Manager	Currency:	Ī			
Commercial Bank of Ceylon PLC	Branch No :	ī			
(Branch Name)	Officer No :	ī			
	Manager's Intl :	ī			
We the undersigned, being the partners of the undermentioned firm, hereby request	you to open a CURRENT/ SAVINGS/ FIXED DEPOSIT/ CALL DEPOSIT acco	= ount			
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 written Bank created by such actions.	ting and we hold ourselves joint and severally liable for any indebtednes	s to			
This authority and our liability here under shall be continuing notwithstanding any caccordance with the law in force in Sri Lanka.	hange in constitution of our firm and this authority shall be interprete	d in			
We agree to comply with and to be bound by the rules of the Bank governing the cond	duct of such accounts. We hand you hearwith the Certificate of Registra	tion			
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.	(617.1)				
N 66	(CIF No for office use or	ily)			
Name of firm					
Address					
E - mail					
Phone No (Office) Fax No (O					
	f Business (Please Specify)				
Date of Registration (DD/MM/YYYY) Existing a	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.					
Large / material in a proper to a mayor. Tou I depatify action No. (TIN No.)					
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)					
Tailify flot all income tax payer Tax identification No (flix No)					
5.					
I am / not an income tax payer Tax Identification No (TIN No)					

FOR FIXED / CALL	DEPOSIT ACCO	UNTS ONLY						
a. Amount (in figu	res)		(in	words)				
b. Period		Month(s) / Year(s)		c. Source	of funds cash / cl	heque / A/C No.		
d. Please renew t	he deposit excl	usive / inclusive of i	nterest for similar	terms until further	notice			
e. Please credit /	remit interest a	t maturity / monthly	to account no.					
			_			—. Receive	ed Certificate No.	
					l		Signature	
					_			
FOR CURRENT ACC	OUNTS ONLY				(CIF No		fo	r office use only)
To be completed b	y the introduc	<u>er</u>						
I am well aquainted	l with							
Whose signature a	pears above. I	certify that they are	suitable persons t	o maintain a curre	nt account :			
Full Name : Rev/ Mr/ Mrs/ Ms /								
(Please underline surnam Address	e)							
Profession (Please Spe	cify)				Cu	rrent Account No		
Branch					Da	ate (DD/MM/YYYY)		
						,		
For office use only	Ĺ							
	Initial	EMP No.						
Signature verified	by						Signature	
	'						Signature	
For office use only	<u></u>						(YC docs obtained	
	Initial	EMP No.		Initial	EMP No.		Initial	EMP No.
Input by			Checked by			Scanned by		