APPLICATION TO OPEN A SOLE PROPRIETORSHIP ACCOUNT

(Branch Name)

I, being the sole person trading under the name given below, hereby request you to open a CURRENT/ SAVINGS/ FIXED DEPOSIT/ CALL DEPOSIT Account in that name. I hereby authorise you to act on instructions given by me relating to this Account and I hold myself liable for any indebtedness to the Bank created by such actions.

I agree to comply with and to be bound by the rules of the Bank governing the conduct of such Accounts. I hand you herewith the Certificates of Registration of the Business issued under the Business Names Ordinance (Cap. 149)

										(CIF N	0							to	r office	use only)
Name of firm																				
Address																				
								E-mail	I			Γ								
Phone No (Office)								Fax No	O (Office)			Γ								
Business Reg. No								Nature	e of Busir	ness (Please S	pecify)								
Date of Registration (DD/MI		\Box								nt Nos (if any							<u> </u>		7	
									5											
Details of Proprietor										(CIF N	0							fo	r office	use only)
Full Name : Mr / Mrs / Ms / (Please underline surname)																				
Address (Residential)																				
Date of Birth (DD/MM/YYYY)								NIC / Pas	sport No											
Phone No. (Home)								Phone N	O. (Mobile)							-	-]		
Nationality								E -mail												
Existing Account No. (If any)								l am / no	t an inco	me tax pay	er T	ax lo	denti	ificatio	on No	(TIN	No)			
Marital Status										. ,							Ľ			
If married,																				
Name of spouse																				
											1 -									
Employer of spouse																				
																	ignat			
																	ignat	ure		
FOR FIXED / CALL DEPOS		NTS ON	LY																	
a. Amount (in figures)							(in wo	ords)												
b. Period	Ν	Month(s)	/Year	·(s)				c. S	Source of	funds cash	/ che	eque	e / A/	/C No.				Π		
d. Please renew the dep	osit exclus	ive / inc	lusive	of inte	erest fo	or simil	lar te	rms until	further r	otice		_								
e. Please credit / remit in	nterest at n	naturity	/ mon	thly to	o acco	unt no														
											Г			Rec	ceived	Cert	tificat	e No.		

The Manager Commercial Bank of Ceylon PLC

M - 03E

《 】 COMMERCIAL BANK

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

Signature

FOR CURRENT ACCOUNTS ONLY

(CIF No	for office use only)
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I am well aquainted with M	/lr / Mrs / Ms	/							
Whose signature appears a	above. I certi	fy that he/ she is a	a suitable person to maintain a c	urrent account :					
Full Name : (Rev/ Mr / Mrs / Ms /)									
Address									
Profession (Please Specify)				Current Account N	o				
Branch				Date (DD/MM/YYYY)					
For office use only	Initial	EMP No.	1						
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		