

**COMMERCIAL BANK OF CEYLON PLC**  
APPLICATION FOR A FOREIGN REMITTANCE



(Please mark 'x' appropriate boxes & fill up the form in capitals. **ALL FIELDS ARE MANDATORY**)

Please issue/effect a **Demand draft**  **Telegraphic Transfer**   
**A/C No** ..... **Currency**  **A/C Type** CURRENT/SAVINGS/PFCA/BFCA/IIA/OIA/DFA/CTRA/.....

<b>32.Amount</b> (FCY AMOUNT TO BE REMMITED) Currency Type ..... Figures ..... Words..... <hr/> <b>50.Applicant's Name</b> (Account holders name) ..... Address ..... NIC/PP/Business reg No ..... Income tax file no..... TIN No..... <b>Contact details</b> T.P No ..... E-mail .....	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="4" style="text-align: center;">FOR OFFICE USE ONLY</th> </tr> <tr> <td>Rate @.....</td> <td colspan="3">Given by.....</td> </tr> <tr> <td>SLRS</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Commission</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Foreign BK chgs</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><b>Total</b></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <th colspan="4" style="text-align: center;">Verifying Funds &amp; Signature Value Date.....</th> </tr> <tr> <td colspan="2">Signature of Officer/ No.....</td> <td colspan="2">Branch.....</td> </tr> <tr> <td colspan="4">A Grade signature (If above Rs 1,000,000.00).....</td> </tr> <tr> <td>Entries Passed</td> <td>Date Effected</td> <td colspan="2">Audit</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <th colspan="4" style="text-align: center;">ENDORSEMENT</th> </tr> <tr> <td><b>Fully</b></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><b>Part</b></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	FOR OFFICE USE ONLY				Rate @.....	Given by.....			SLRS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Commission	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Foreign BK chgs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Total</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Verifying Funds & Signature Value Date.....				Signature of Officer/ No.....		Branch.....		A Grade signature (If above Rs 1,000,000.00).....				Entries Passed	Date Effected	Audit		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ENDORSEMENT				<b>Fully</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Part</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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**56.Intermediate Bank** (Corresponding Bank - If available) .....

**57.Details of Beneficiary Bank (IN BLOCK CAPITALS)**  
 Name of the Bank (State full Name).....  
 Address ..... Branch.....  
 Country.....  
 Swift Code ..... ABA/BSB/BLZ/SORT CODE/TRANSIT & INSTITUTION NO.....

**59.Details Of Beneficiary (IN BLOCK CAPITALS)**  
 IBAN NO..... Account No.....  
 Name.....  
 Address.....

**70.Details of Payment** Inv No/Ref No ..... Other ref .....

Purpose.....

<b>FOR IMPORT PURPOSE</b> (Advanced Payments) Description of items..... HS CODE ..... Country/Port Of Loading..... Country/Port of destination.....	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="8" style="text-align: center;">TRADE TERM/INCOTERM</th> </tr> <tr> <td>EXW</td> <td><input type="checkbox"/></td> <td>FCA</td> <td><input type="checkbox"/></td> <td>CPT</td> <td><input type="checkbox"/></td> <td>CIP</td> <td><input type="checkbox"/></td> </tr> <tr> <td>FAS</td> <td><input type="checkbox"/></td> <td>FOB</td> <td><input type="checkbox"/></td> <td>CFR</td> <td><input type="checkbox"/></td> <td>CIF</td> <td><input type="checkbox"/></td> </tr> <tr> <td>DAT</td> <td><input type="checkbox"/></td> <td>DAP</td> <td><input type="checkbox"/></td> <td>DDP</td> <td><input type="checkbox"/></td> <td>OTH</td> <td><input type="checkbox"/></td> </tr> </table> Goods <b>CLEARED/NOT CLEARED</b>	TRADE TERM/INCOTERM								EXW	<input type="checkbox"/>	FCA	<input type="checkbox"/>	CPT	<input type="checkbox"/>	CIP	<input type="checkbox"/>	FAS	<input type="checkbox"/>	FOB	<input type="checkbox"/>	CFR	<input type="checkbox"/>	CIF	<input type="checkbox"/>	DAT	<input type="checkbox"/>	DAP	<input type="checkbox"/>	DDP	<input type="checkbox"/>	OTH	<input type="checkbox"/>
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**FOR STUDENT PAYMENT ONLY** Student file held at branch **YES/NO**  
 Student Name..... Student ID.....

**FOR SERVICE PAYMENT ONLY** Payment Accordance With the Agreement **YES/NO**  
 Confirmed by..... Tax clearance Attached **YES/NO**

<b>FOR TELEGRAPHIC TRANSFERS ONLY</b> <b>71.Foreign Bank Charges to be borne by</b> Applicant <input type="checkbox"/> Beneficiary <input type="checkbox"/>	<b>FOR DRAFTS ONLY</b> Hold For Collection at your counter <input type="checkbox"/> Return to me/us by mail <input type="checkbox"/>
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I/We agree to bear the cost of any further charges to which the above transaction may give rise. It is understood that you are not be liable or responsible for the consequences of any failure to advice or dispatch or any delay, mistake, omission, misinterpretation, irregularity or error in identification which may happen in or about or after its dispatch transmission of receipt.  
 I/We hereby undertake to submit to you **within 180 days** of the date given below, **a copy of the Commercial Invoice and a copy of the Customs Declaration both duly stamped by Customs** in respect of the import of the goods for which payment has been made in advance by Draft/Mail Transfer/Telegraphic Transfer bearing above reference number.

**SPECIAL REMARKS**

.....  
 Signature of the applicant  
**Date**.....

Received Draft No..... On .....

Signature.....