

SPECIAL DEPOSIT ACCOUNT (SDA)

NON PERSONAL

The Manager
Commercial Bank of Ceylon PLC

(Branch Name)

For office use only	
Date(DD/MM/YYYY)	/ /
SD Account No:	
Interim Account No:	
Branch No :	
Officer No :	
Manager's Intl :	

APPLICATION TO OPEN A SPECIAL DEPOSIT ACCOUNT (SDA) – NON PERSONAL

We request you to open a Special Deposit Account – Fixed Deposit/ Interim Savings Account in the name of the under mentioned Company in USD/EUR/GBP/AUD/SGD/SEK/CHF/CAD/HKD/JPY/DKK/NOK/CNY/NZD .

We agree to comply with and to be bound by the rules and regulations applicable for the conduct of such accounts as specified in the Gazette notification No 2170/4 dated 08.04.2020 and Direction No 04 of 2020 under Foreign Exchange Act No 12 of 2017.

In pursuance of this request we hand over the following documents.

*****Please note that all documents must be certified either by Sri Lankan Embassy or the Banker of your country of residence, if you are residing outside Sri Lanka.**

1. Certified copies of Certificate of Incorporation and Articles of Association
2. Certificate indicating the Current Directors of the company, issued by the registrar of companies.
3. Certified copy of the Board Resolution regulating the conduct of the account **(Format given in Page 4)**
4. Certified Copies of NIC or personal data page of the passports of all Directors and Signatories
5. A reference letter from your Bank.
6. Signature cards / CIF cards / KYC forms / FATCA declaration.

(CIF No. for office use only)

Name of company			
Registered Address			
Phone No. (Office)		Fax No. (Office)	
Business Reg. No.		Nature of Business (Please Specify)	
Date of Registration	(DD/MM/YYYY) <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	Existing account Nos (if any)	<input style="width: 100px;" type="text"/>
e-mail			

Secretary

Deposit Details

- a. Amount (in figures) (in words)
- b. Period (06/12) Months c. Currency d. Debit Account No.
- e. Please renew the deposit exclusive / inclusive of interest for similar term until further notice.
- f. Please credit interest at maturity to Account No.

Current Directors

	Name	Designation	Signature	CIF No- (For office use only)
1.				
2.				
3.				
4.				
5.				
6.				

1. Director CIF

Name & Address

Date of Birth (DD/MM/YYYY) NIC/Passport No.

Phone No. (Mobile) Marital Status If married Existing Account No. (if Any)

Nationality

Name of spouse

Employer of spouse

(CIF No. for office use only)

Signature

2. Director CIF

Name & Address

Date of Birth (DD/MM/YYYY) NIC/Passport No.

Phone No. (Mobile) Marital Status If married Existing Account No. (if Any)

Nationality

Name of spouse

Employer of spouse

(CIF No. for office use only)

Signature

3. Director CIF

Name & Address

Date of Birth (DD/MM/YYYY) NIC/Passport No.

Phone No. (Mobile) Marital Status If married Existing Account No. (if Any)

Nationality

Name of spouse

Employer of spouse

(CIF No. for office use only)

Signature

4. Director CIF

Name & Address

Date of Birth (DD/MM/YYYY) NIC/Passport No.

Phone No. (Mobile) Marital Status If married Existing Account No. (if Any)

Nationality

Name of spouse

Employer of spouse

(CIF No. for office use only)

Signature

5. Director CIF

Name & Address

Date of Birth (DD/MM/YYYY) NIC/Passport No.

Phone No. (Mobile) Marital Status If married Existing Account No. (if Any)

Nationality

Name of spouse

Employer of spouse

(CIF No. for office use only)

Signature

6. Director CIF

Name & Address			
Date of Birth (DD/MM/YYYY)	<input type="text"/>	NIC/Passport No.	<input type="text"/>
Phone No. (Mobile)	<input type="text"/>	Marital Status If married	<input type="text"/>
Nationality	<input type="text"/>	Existing Account No. (If Any) <input type="text"/>	
Name of spouse	<input type="text"/>		
Employer of spouse	<input type="text"/>	<input type="text"/>	
(CIF No. <input type="text"/>	<input type="text"/>	for office use only)	
			Signature

1. Authorized

Signatories CIF

Name & Address			
Date of Birth (DD/MM/YYYY)	<input type="text"/>	NIC/Passport No.	<input type="text"/>
Phone No. (Mobile)	<input type="text"/>	Marital Status If married	<input type="text"/>
Nationality	<input type="text"/>	Existing Account No. (If Any) <input type="text"/>	
Name of spouse	<input type="text"/>		
Employer of spouse	<input type="text"/>	<input type="text"/>	
(CIF No. <input type="text"/>	<input type="text"/>	for office use only)	
			Signature

2. Authorized

Signatories CIF

Name & Address			
Date of Birth (DD/MM/YYYY)	<input type="text"/>	NIC/Passport No.	<input type="text"/>
Phone No. (Mobile)	<input type="text"/>	Marital Status If married	<input type="text"/>
Nationality	<input type="text"/>	Existing Account No. (If Any) <input type="text"/>	
Name of spouse	<input type="text"/>		
Employer of spouse	<input type="text"/>	<input type="text"/>	
(CIF No. <input type="text"/>	<input type="text"/>	for office use only)	
			Signature

3. Authorized

Signatories CIF

Name & Address			
Date of Birth (DD/MM/YYYY)	<input type="text"/>	NIC/Passport No.	<input type="text"/>
Phone No. (Mobile)	<input type="text"/>	Marital Status If married	<input type="text"/>
Nationality	<input type="text"/>	Existing Account No. (If Any) <input type="text"/>	
Name of spouse	<input type="text"/>		
Employer of spouse	<input type="text"/>	<input type="text"/>	
(CIF No. <input type="text"/>	<input type="text"/>	for office use only)	
			Signature

4. Authorized

Signatories CIF

Name & Address			
Date of Birth (DD/MM/YYYY)	<input type="text"/>	NIC/Passport No.	<input type="text"/>
Phone No. (Mobile)	<input type="text"/>	Marital Status If married	<input type="text"/>
Nationality	<input type="text"/>	Existing Account No. (If Any) <input type="text"/>	
Name of spouse	<input type="text"/>		
Employer of spouse	<input type="text"/>	<input type="text"/>	
(CIF No. <input type="text"/>	<input type="text"/>	for office use only)	
			Signature

Certificate No.:

Received On:

Signature

Signature

For Office use only

KYC Docs Obtained

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

The Resolution referred to in item 3 :

* We hereby certify that the following Resolution of the Board of Directors of the.....*Company*..... Limited was passed at the meeting of the Board held on the*Date*..... and has been duly recorded in the Minute Book of the said COMPANY :-

RESOLVED :- That

a. A Banking Account in the name of the Company be opened with Commercial Bank of Ceylon PLC, the Bank, and the bank is hereby authorized to act on instructions given on behalf of the company by (*)*Operating Instructions*..... whether the account be overdrawn or not.

(*) Insert the combination of signatures eg. "any two Directors" or otherwise as may be required by the articles of Association.

b. This authority shall also apply to any deposit accounts to be opened unless otherwise resolved.

c. All changes that may take place from time to time in authorized signatories will be promptly advised to the Bank in writing.

d. The company agrees to comply with and to be bound by the rules of the Bank governing the conduct of such accounts.

Secretary /Director

Chairman /Director

Rules

- a. There is no obligation on the part of the Bank to release the proceeds of any deposit before its maturity.
- b. The proceeds of the fixed deposit will not be released until the fixed deposit receipt is duly discharged and surrendered to the Bank.
- c. Unless written instructions to the contrary are received by the Bank at least seven days before the maturity of the deposit, the Bank shall have the discretion to renew the deposit for a similar period.
- d. All renewals of fixed deposit will be at the rates of interest in force at the time of such renewal.
- e. Interim Savings account could be operated only for the purpose of receiving funds to be placed in SDA Fixed Deposit and crediting maturity proceeds of the FDA Fixed Deposit.
- f. Proceeds of the FDA Fixed Deposit will be routed through the Interim Savings Account when funds in SDA are remitted outside the country or transferred to another account of the same account holder as specified in the directions issued by the Department of Foreign Exchange – Central Bank of Sri Lanka.
- g. All rules governing Special Deposit Account will be in line with the directions issued by the Department of Foreign Exchange – Central Bank of Sri Lanka.