

MISCELLANEOUS ACCOUNT



The Manager
Commercial Bank of Ceylon PLC

(Branch Name)

For office use only

Date (DD/MM/YYYY):

Account No:

Currency:

Branch No:

Officer No:

Manager's Intl:

APPLICATION TO OPEN MISCELLANEOUS ACCOUNT

I/ We authorise you to open a CURRENT/ SAVINGS/ FIXED DEPOSIT/ CALL DEPOSIT account in the name of
 I/We hereby authorise you to act on instructions given by
 relating to this account and I/We hold myself/ ourselves jointly and severally liable
 for any indebtedness to the Bank created by such actions.

All changes which may take place from time to time in the authorised signatories will be promptly advised to the Bank in writing.

I/ We agree to comply with and to be bound by the rules of the Bank governing the conduct of such accounts.

(CIF No for office use only)

Name

Address

Phone No (Office) Fax No (Office)

Registration No Purpose of the Organisation (Please Specify)

Date of Registration (DD/MM/YYYY) Existing account Nos (if any)

e-mail

Authorised Signatories

	Name	Designation	Signature	CIF No- (For office use only)
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

FOR FIXED / CALL DEPOSIT ACCOUNTS ONLY

a. Amount (in figures) (in words)

b. Period Month(s) / Year(s)

c. Source of funds cash / cheque / A/C No.

d. Please renew the deposit exclusive / inclusive of interest for similar terms until further notice

e. Please credit / remit interest at maturity / monthly to account no.

Received Certificate No.

Signature

(CIF No

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 for office use only)

FOR CURRENT ACCOUNTS ONLY

To be completed by the introducer

I am well acquainted with

Whose signature appears above. I certify that they are suitable persons to maintain a current account :

Name

Address

Profession (Please Specify)

Current Account No

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Branch

Date (DD/MM/YYYY)

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For office use only

	Initial	EMP No.
Signature verified by	<table border="1" style="width: 100%; height: 20px;"></table>	<table border="1" style="width: 100%; height: 20px;"></table>

Signature

For office use only

KYC docs obtained

	Initial	EMP No.	Initial	EMP No.	Initial	EMP No.
Input by	<table border="1" style="width: 100%; height: 20px;"></table>	<table border="1" style="width: 100%; height: 20px;"></table>	<table border="1" style="width: 100%; height: 20px;"></table>	<table border="1" style="width: 100%; height: 20px;"></table>	<table border="1" style="width: 100%; height: 20px;"></table>	<table border="1" style="width: 100%; height: 20px;"></table>