

**CUSTOMER INFORMATION FORM**



The Manager  
Commercial Bank of Ceylon PLC

(Branch Name)

**For office use only**

Date (DD/MM/YYYY) : / /   
Account No :

(CIF No  for office use only)

1.  
Full Name : Rev / Mr / Mrs / Ms / .....  
(Please underline surname)

Address

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

Phone No. (Home)  Phone No. (Mobile)

Nationality  e-mail

Employer  Profession (Please Specify)

Address (Office)

Phone No (Office)

Existing Account No. (if any)

Marital Status

**If married,**  
Name of spouse

Employer of spouse

Signature

(CIF No  for office use only)

2.  
Full Name : Rev / Mr / Mrs / Ms / .....  
(Please underline surname)

Address

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

Phone No. (Home)  Phone No. (Mobile)

Nationality  e-mail

Employer  Profession (Please Specify)

Address (Office)

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**If married,**  
Name of spouse

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Signature