UDA - 01E

"UDARA" SENIOR CITIZEN ACCOUNT

COMMERCIAL BANK

For office use only

Date (DD/MM/YYYY) : ☐☐/☐☐/☐☐☐☐

Account No : ☐☐☐☐☐☐☐☐☐☐

Manager's Intl :

The Manager
Commercial Bank of Ceylon PLC

(Branch Name)

APPLICATION TO OPEN AN "UDARA" - SENIOR CITIZENS SAVINGS ACCOUNT

Please open an **"UDARA"** - Senior Citizens Savings Account in my/ our name/s. I/We agree to comply with and be bound by the rules and regulations applicable for the conduct of such accounts. The account will be operated by myself/ ourselves or eighter of us.

1. **(CIF No ☐☐☐☐☐☐☐☐☐☐ for office use only)**

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

Address

Date of Birth (DD/MM/YYYY) ☐☐/☐☐/☐☐☐☐

Phone No. (Home)

70th Birthday (DD/MM/YYYY) ☐☐/☐☐/☐☐☐☐

I am an Income Tax Payer No ☐ Yes ☐

Profession (Please Specify)

Pension Card No
(Where available)

NIC / Passport No

Phone No. (Mobile)

E-mail

Income Tax File No

Existing Account No. (If any) ☐☐☐☐☐☐☐☐☐☐

Signature

2. If Joint Account - Details of other Applicant **(CIF No ☐☐☐☐☐☐☐☐☐☐ for office use only)**

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

Address

Date of Birth (DD/MM/YYYY) ☐☐/☐☐/☐☐☐☐

Phone No. (Home)

70th Birthday (DD/MM/YYYY) ☐☐/☐☐/☐☐☐☐

I am an Income Tax Payer No ☐ Yes ☐

Profession (Please Specify)

Pension Card No
(Where available)

NIC / Passport No

Phone No. (Mobile)

E-mail

Income Tax File No

Existing Account No. (If any) ☐☐☐☐☐☐☐☐☐☐

Signature

Note

1. Interest will be credited monthly at the rate determined by the Bank and at its discretion without prior notice to the customers.
2. Interest will not be credited if the balance in the account is less than the minimum balance stipulated by the Bank.

1. **Signature**

2. **Signature**

For office use only

KYC docs obtained ☐

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