

**COMPANIES REGISTERED UNDER THE COMPANIES ACT**



A Fully Owned Subsidiary of Commercial Bank of Ceylon PLC

**The Manager  
CBC Finance LTD**

Branch Name

**For office use only**

Date (DD/MM/YYYY)  /  /

Account No:

Currency:

Branch No:

Officer No :

Manager's Inti:

**APPLICATION TO OPEN AN ACCOUNT FOR COMPANIES REGISTERED UNDER COMPANIES ACT**

My Directors request you to open a SAVINGS / FIXED DEPOSIT Account in the name of undermentioned Company. In pursuance of this request, I hand you herewith

1. Certificate of Incorporation
2. Certified copy of Articles of Association
3. Certified copy of the Board Resolution regulating the conduct of the account (**Format given overleaf**)
4. Copy of the Trading certificate [for public companies]
5. Certified copy of the form 01/ form 05 or form 20
6. Specimens of the signatures

(CIF No  for office use only)

Name of Company

Address

Phone No. (Office)  Fax No (Office)

Business Reg. No.  Nature of Business (Please Specify)

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

email

**Directors**

	Name	Designation	Signature	Secretary 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 DEPOSIT ACCOUNTS ONLY**

a. Amount (in figures)  (in words)

b. Period  Month(s) / Year(s) c. Source of funds cash / cheque / AC/ 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.

Account Name  Bank  Branch  Received Certificate No.

Signature

**For office use only**

KYC docs obtained

	Initial	EMP No.		Initial	EMP No.		Initial	EMP No.
<b>Input by</b>								

**The Resolution referred to in item 3:**

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

**RESOLVED : That**

- (a) an Account in the name of the Company be opened with CBC Finance Limited, be and is hereby authorised to act on instructions given on behalf of the company by (\*) ....., 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 account to be opened unless otherwise resolved.
- (c) All changes that may take place from time to time in authorised signatories be promptly advised to CBC Finance Limited in writing.
- (d) The company agree to comply with and to be bound by the rules of the CBC Finance Limited governing the conduct of such accounts.

Secretary

Chairman

Director

Director