

MISCELLANEOUS ACCOUNTS



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 A MISCELLANEOUS ACCOUNT

I / We authorise you to open a SAVINGS / FIXED 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 my self/ourselves jointly and severally liable for any indebtedness to the company created by such actions.

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

I/We agree to comply with and to be bound by the rules of the company 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)

email

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 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

