

PARTNERSHIP ACCOUNT



For office use only

Date (DD/MM/YYYY): / /

Account No:

Currency:

Branch No:

Officer No:

Manager's Intl:

The Manager,
CBC Finance Limited

(Branch Name)

APPLICATION TO OPEN A PARTNERSHIP ACCOUNT

We the undersigned, being the partners of the undermentioned firm, hereby request you to open a SAVINGS/ FIXED DEPOSIT account in the partnership name. We hereby authorise you to act on instructions given by* relating to this account until we or any one of us give you notice to the contrary in writing and we hold ourselves jointly as severally liable for any indebtedness to the finance company created by such actions.

This authority and our liability here under shall be continuing notwithstanding any change in constitution of our firm and this authority shall be interpreted in accordance with the law in force in Sri Lanka.

We agree to comply with and to be bound by the rules of the finance company governing the conduct of such accounts. We hand you herewith the Certificate of Registration of the business issued under the Business Names Ordinance (Capt.149)

*Insert "US" (if all parties to sign), "either of us" (if either is to sign), "any two of us" or as may be required.

(CIF No for office use only)

Name of firm

Address

Phone No (Office) e-mail

Business Reg. No Fax No (Office)

Date of Registration (DD/MM/YYYY) / / Nature of Business (Please specify)

Existing account Nos (if any)

Partners

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

Bank

Branch

Beneficiary Name

Received Certificate No.

Signature

For office use only

KYC docs obtained

Initial	EMP No.	Initial	EMP No.	Initial	EMP No.
Input by					