FIXED DEPOSIT ACCOUNT



A Fully Owned Subsidiary of Commercial Bank of Ceylon PLC

For office use only				
Date (DD/MM/YYYY):				
Account No :				
Currency :				
Certificate No :				
Manager's Intl :				

APPLICATION TO OPEN A FIXED DEPOSIT ACCOUNT

The Manager

CBC Finance Limited

(Branch Name)

Please open a Fixed Deposit Account in my / our name / s. I / We agree to comply with and to be bound by the rules and regulations applicable for the conduct of such accounts.

DEPOSIT PARTICUL	ARS				·		-		-																
a. Amount (in figures)							(in w	vords)																	
b. Period		Mont	th(s) / Ye	ear(s)					c. S	ource	of fur	nds ca	sh/	cheo	que	/ A/C	No.					\square		Τ	Τ
d. Please renew the depo	sit excl	usive /	inclusiv	/e of in	terest	for sin	nilar te	erms	until	furthe	r noti	ce						÷ .			-	- 18	2744	32	10 - D
e. Please credit / remit in	terest a	t matur	rity / m	onthly	to acc	ount r	no.																		
Bank				Brar	nch						A	ccour	nt Na	me											
1. Details of Depositor												(CI	F No								f	or o	ffice	use o	only
Full Name : Rev / Mr / Mrs / M	s/																								
(Please underline surname)																									
Address																									_
																									_
Date of Birth (DD/MM/YYYY)		7/				1				NIC	/ Pas	sport	No												_
Phone No. (Home)			<u></u>			1				Pho	ne N	O. (Mo	bile)]			
Profession (Please Specify)	<u> </u>									e-m	ail			F								<u></u>			
I am an Income Tax Payer	No						Yes		3			ax File	e No	F											_
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Received Certificate No				<u> </u>										_											
2. If Joint Account, Deta		ther Do	eposito	r											П		T		1	gna	ture				
				-								(CI	F No									or o	ffice	use	only
Full Name : Rev / Mr / Mrs / Ms (Please underline surname)	s /	<u> </u>																							
Address																									
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Date of Birth (DD/MM/YYYY)										NIC	/ Pas	sport	No												
Phone No. (Home)		510 618 1	<u>100 516 459</u>	- 194 - 194	V IŠ]				Pho	ne N	0. (Mc	obile)	Г]			
Profession (Please Specify)						_				e-m	ail			Γ								7			
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										Jigi	latur	C													
For Joint Accounts Only	الممصحا		التبيينية		. h [ith or .		/hatk					harrant	ion to	CDCE	[1]	be giv	on hi	_
Instructions with regard to o both of us.	aisposaia	at matu	rity will t	be giver	i by [(e	eitner o	or us/	Dotr	n or u	is). Ar	iy oth	er insi	truct	ion to	CBCF	wiii	be giv	en by	1
Signature 1.										2.															
RULES (a) There is no obligation on the part of CBC	F to release	the procer	eds of any d	eposit befo	are its mat	turity.																			
(b) The proceeds of the fixed deposits will n (c) Unless written instructions to the contra (d) All renewals of fixed deposit will be at ra	ot be release ry are receiv ates of intere	ed until the ved by CBCF est in force :	e fixed depo: F at least 7 c at the time	sit receipt i lays before of such ren	is duly dis the date iewal.	charged ar of maturit	ty of the d	leposit, 0	CBCF shal												ve.				
(e) Where the deposit is in joint names, in the	he event of o	Jeath of an	y of the join	t depositor	rs, the pro	oceeds of t	the deposi	it and ac	crued int	erest if an	y, shall h	e payabl	e to the	e surviv	or or s	urvivors	subject	10100000		4/6/					_
For office use only Init	tial		EMP No.					1	nitial		E	EMP N	о.					KYC		s obt nitial	ained		EMP	No.	
Input by		T		1	Chee	cked by	v							T	Sc	anne	d by					Τ			_