

The Manager,
CBC Finance Limited

For office use only	
Date (DD/MM/YYYY):	<input type="text"/>
Account No:	<input type="text"/>
Currency:	<input type="text"/>
Branch No:	<input type="text"/>
Officer No :	<input type="text"/>
Manager's Intl :	<input type="text"/>

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 CBCF^[1] 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 CBCF 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	<input type="text"/>		
Address	<input type="text"/>		
	<input type="text"/>	e- mail	<input type="text"/>
Phone No (Office)	<input type="text"/>	Fax No (Office)	<input type="text"/>
Business Reg. No	<input type="text"/>	Nature of Business (Please specify)	<input type="text"/>
Date of Registration (DD/MM/YYYY)	<input type="text"/>	Existing account Nos (if any)	<input type="text"/>

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 Cash/cheque 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

Account Name

Received Certificate No.

Signature

For office use only		KYC docs obtained <input type="text"/>	
Initial	EMP No.	Initial	EMP No.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>