

# FIXED DEPOSIT ACCOUNT



A Fully Owned Subsidiary of Commercial Bank of Ceylon PLC

The Manager  
CBC Finance Limited

<b>For office use only</b>	
Date (DD/MM/YYYY):	<input style="width: 100%;" type="text"/>
Account No:	<input style="width: 100%;" type="text"/>
Currency:	<input style="width: 100%;" type="text"/>
Certificate No:	<input style="width: 100%;" type="text"/>
Manager's Intl:	<input style="width: 100%;" type="text"/>

## APPLICATION TO OPEN A FIXED DEPOSIT ACCOUNT

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 PARTICULARS

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

### 1. Details of Depositor

(CIF No  for office use only)

Full Name : Rev / Mr / Mrs / Ms / .....   
(Please underline surname)

Address

Date of Birth (DD/MM/YYYY)	<input style="width: 100px;" type="text"/>	NIC / Passport No	<input style="width: 100px;" type="text"/>
Phone No. (Home)	<input style="width: 100px;" type="text"/>	Phone No. (Mobile)	<input style="width: 100px;" type="text"/>
Profession (Please Specify)	<input style="width: 100px;" type="text"/>	e-mail	<input style="width: 100px;" type="text"/>
I am an Income Tax Payer	No <input type="checkbox"/> Yes <input type="checkbox"/>	Income Tax File No	<input style="width: 100px;" type="text"/>

Received Certificate No

    

Signature      Signature

### 2. If Joint Account, Details of other Depositor

(CIF No  for office use only)

Full Name : Rev / Mr / Mrs / Ms / .....   
(Please underline surname)

Address

Date of Birth (DD/MM/YYYY)	<input style="width: 100px;" type="text"/>	NIC / Passport No	<input style="width: 100px;" type="text"/>
Phone No. (Home)	<input style="width: 100px;" type="text"/>	Phone No. (Mobile)	<input style="width: 100px;" type="text"/>
Profession (Please Specify)	<input style="width: 100px;" type="text"/>	e-mail	<input style="width: 100px;" type="text"/>
I am an Income Tax Payer	No <input type="checkbox"/> Yes <input type="checkbox"/>	Income Tax File No	<input style="width: 100px;" type="text"/>

Signature

#### For Joint Accounts Only

Instructions with regard to disposal at maturity will be given by  (either of us/ both of us). Any other instruction to CBCF<sup>[1]</sup> will be given by both of us.

Signature      1.       2.

#### RULES

- (a) There is no obligation on the part of CBCF to release the proceeds of any deposit before its maturity.
- (b) The proceeds of the fixed deposits will not be released until the fixed deposit receipt is duly discharged and surrendered to CBCF.
- (c) Unless written instructions to the contrary are received by CBCF at least 7 days before the date of maturity of the deposit, CBCF shall have the discretion to renew the fixed deposit for a similar period in terms of (d) above.
- (d) All renewals of fixed deposit will be at rates of interest in force at the time of such renewal.
- (e) Where the deposit is in joint names, in the event of death of any of the joint depositors, the proceeds of the deposit and accrued interest if any, shall be payable to the survivor or survivors subject to legislation in force.

#### For office use only

	Initial	EMP No.		Initial	EMP No.	KYC docs obtained	
<b>Input by</b>			<b>Checked by</b>			Initial	EMP No.
						<b>Scanned by</b>	

[1] CBC Finance Limited

