

**MISCELLANEOUS ACCOUNT**



A Fully Owned Subsidiary of Commercial Bank of Ceylon PLC

**The Manager  
CBC Finance Limited**

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 CBCF<sup>[1]</sup> created by such actions.

All changes which may take place from time to time in the authorised signatories will be promptly advised to CBCF in writing.  
 I/We agree to comply with and to be bound by the rules of CBCF 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.   
 Bank  Branch   
 Account Name

Received Certificate No.   
  
**Signature**

[1] CBC Finance Limited

**For office use only**

KYC docs obtained

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

