



APPLICATION TIERA-D

(Treasury Investment Rupee
Account - Dheshabhimani)

For Office Use Only

Branch Code :

A/C No :

CIF No.1 :

CIF No.2 :

Input by :

Authorized by :

The Manager
Bank of Ceylon

.....
Please open an Individual/Joint Account as per details provided below.

.....
Manager's Signature Date

Please tick the appropriate cage

PERSONAL INFORMATION	APPLICATION 1	APPLICATION 2
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Title : Mr./Mrs./Miss/Dr/Rev		
Name in Full Underline the surname		
Any other Names (maiden name/others)		
Address In Sri Lanka (if any)		
Foreign Address		
Nationality		
Occupation and Start Date		
Employer's Name		
Official Address with Postal Code		
Official Tele.No		
Monthly Income		
Previous Employment, if any.		
National Identity card No		
Tel No.(Sri Lanka) (if any)		
Tel No.(overseas)		
Fax No.		
E-mail Address Official Personal		
Preferred Mailing Address	<input type="checkbox"/> Sri Lanka <input type="checkbox"/> Official <input type="checkbox"/> Foreign	<input type="checkbox"/> Sri Lanka <input type="checkbox"/> Official <input type="checkbox"/> Foreign
Date Of Birth		
Marital Status		
*Passport No.		
Mobile No.		
Signature		

***Photocopy of personal detail page of the passport to be attached**

THE ACCOUNT/S NO/S MAINTAINED PRESENTLY OR PREVIOUSLY AT BANK OF CEYLON

Current Saving NRFC A/C NO (i).....(ii).....(iii).....

INTRODUCTION

I am well acquainted with
 Whose signature/s appear overleaf and his /her/their signature/s was/were affixed in my presence. I certify that he/she/they is a/are suitable person/s to open and maintain a Current/Savings Account with Bank Of Ceylon.

A/C No : Signature :
 Tele No. : Name & Designation:.....
 For Office Use Address :
 Verified by :
 Signature of the Officer ; Date :

NOMINATION (EXCEPT CURRENT ACCOUNT)

You may omit if you do not wish to nominate 1 2 3

Full name of Nominee			
Address of Nominee			
ID Card No./Passport No. if available			
Payment %			

I/We do hereby nominate the abovenamed as my/our nominee/s to receive all monies lying in the account on my/our death, subject to the provisions of Section 14 of Bank of Ceylon Ordinance. We are aware in the event of the death of any one of joint account holders, the nomination becomes invalid.

Witness:
 Name & Address.....

Signature 1 Date

Signature 2Date

Signature

OPERATING INSTRUCTIONS

* I/We agree to comply with and to be bound by the rules of the bank governing the conduct of this account which I/We have read and understood and acknowledge the receipt of a copy of the rules and conditions of the personal/joint accounts.

* **For joint accounts** - Cheques/Withdrawals will be signed by *..... I/We hereby authorize you to act on instruction given by **relating to this account** (* insert both/either of us/anyone/all)

In the event of the death of anyone of us the balance at credit of the account will be payable to the survivor without reference to the representatives of the deceased.

• **For foreign currency account** I/W/e agree to comply with and to be bound by the Exchange Control Regulations & Rules of the Bank governing the conduct of this account.

Signature 1

Signature 2

Date:.....

Date