CargillsBank
Banking on the Human Spirit

Account No.:

Business CIF:

Please Note: *The information requested is in compliance of the rules and regulations set out by the **Financial Intelligence Unit (FIU) of Central Bank of Sri Lanka** and will be treated with utmost confidentiality.*

1. Declaration

Cargills Bank Limited   **Date:** _____

_____ **Branch**

Dear Sir/ Madam,

We, the undersigned, being the individual partners of the firm …………………………………………………………………………..(insert the firm name) hereby request you to open a Current/ Savings/ Fixed Deposit/ Call/ REPO account in the name of the Partnership with your Bank, and do hereby hand you with the Certificate of the Registration of the firm's name under section 16 of the Business Names Ordinance (cap 120). We hereby authorize you until we or any one of us shall give you notice to the contrary in writing to treat and consider the given operating instruction in section (5) as fully empowered to act on behalf of our said partnership in all transactions with your Bank binding the partnership and all partners jointly and severally.

This letter of authority and our liability hereunder shall be continuing notwithstanding any change in the constitution of our firm and this authority shall be interpreted in accordance with the law for the time being in force in Sri Lanka.

We understand that any false declaration will entitle you to close our account without notice to us.

We agree to comply with and be bound by all the prevailing Rules and Regulations relating to the said account and further be bound by any variations, amendments and changes made to the same as may be prescribed by the Bank from time to time in future. We agree that this agreement shall be governed and construed in accordance with the laws of Sri Lanka.

2. Details of the Partnership Business

1. Name of the Partnership   : _____

2. No. of Certificate of Registration : _____

3. Date of Registration   : DD / MM / YYYY

4. Nature of the Business   : _____

5. Purpose of Opening this Account : _____

6. Registered Office/ Factory Address   : _____

7. Principal place of business: if different from Registered Address : _____

8. Expected Turnover/ Volume of Business: Rs. _____

9. Tel: (1) _____ (2) _____ Fax: _____ E-mail: _____

10. Sources of income   : _____

3. Details of Partners

No	Full Name of the Partner	Personal Identification No. (PID)*	Residential Address	Contact No.
1				
2				
3				
4				
5				
6				

4. Savings/ Current Accounts Operations

Name to appear on Cheque Book (BLOCK LETTERS/ ENGLISH ONLY)

_____

Statement frequency: (Savings/ Current Account)

☐ Monthly ☐ Quarterly ☐ Half-Yearly ☐ Yearly Specify _____

(Charges applicable as per the schedule of charges)

(Please complete and submit the Channel Service application form provided by our representative to obtain our Digital/ Channel Services)

5. Deposit and withdrawal Instructions for the Term Deposit *(Delete whichever is in-applicable)*

1. Type of deposit : Fixed deposit/ Call deposit/ REPO _____ (Other)

2. Amount of deposit : _____ *(in words)* _____ /- *(in figures)*

3. Deposit period : _____ *Months/ Days*   4. Interest payable : *at Maturity/ Monthly/* _____ *(specify)*

5. Automatic renewal : *Yes/ No*

(If automatic renewal is provided as "Yes", the deposit will be renewed as per the instructions given herein at the prevailing interest rate, same period and conditions applicable at the time of maturity until further notice.)

6. If yes: *Cumulative with interest/ without interest*

7. Interest Payable to: *Account No* _____ *of* _____ *(Bank/ Branch) in favour of*

_____ *(Name of beneficiary).*

8. The Deposit is repayable

☐ *to A/c No* _____ *of* _____ *(Bank/ Branch) favouring* _____

☐ *by Pay Order*

9. Method of Crediting funds of the term deposit:

☐ *Please accept cash/ cheque No* _____ *for Rs.* _____ /-

☐ *Debit My/ Our Savings/ Current Account No.* _____ *with you for a sum of Rs* _____ /-

6. Operating Instructions (For Current and Savings Account only)

The Account will be operated by :

_____

7. Authorized Signatories

CIF No. _____	CIF No. _____	CIF No. _____
Name with initials: _____	Name with initials: _____	Name with initials: _____
Signature (1) with seal	Signature (2) with seal	Signature (3) with seal
CIF No. _____	CIF No. _____	CIF No. _____
Name with initials: _____	Name with initials: _____	Name with initials: _____
Signature (4) with seal	Signature (5) with seal	Signature (6) with seal

For office use only

CIF Entry:	Account Entry:	Contract Opening:	Apportion Details:	Sig. Tag:
CIF Auth:	Account Auth:	Contract Auth:	Apportion Details Auth:	Sig Tag Auth:

Remarks: