



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.
All terms and conditions are available through our website: www.cargillsbank.com or as a printed format on request.

1. Declaration

Cargills Bank PLC

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	National Identity Card No. (PID)*	Residential Address	Contact No.
1				
2				
3				
4				
5				
6				

Note: Each partner is required to submit an "Advance Compliance Form (OPS Form 13)"

OPS-Form-06-E-V6
*PID- Personal Identification No. - NIC, Passport, Driving License

Customer Name _____

NIC _____

Signature _____

Partnership Account Application

4. FATCA Compliance				
I am a subject of the USA Taxes as per the Foreign Account Tax Compliant Act (FATCA) and fall within the categories mention herein. <input type="checkbox"/> Yes <input type="checkbox"/> No				
5. Savings/ Current Accounts Operations				
Name to appear on Cheque Book (BLOCK LETTERS/ ENGLISH ONLY) _____				
Statement frequency: (Savings/ Current Account) <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half-Yearly <input type="checkbox"/> Yearly Specify _____ <i>(Charges applicable as per the schedule of charges)</i>				
(Please complete and submit the Channel Service application form provided by our representative to obtain our Digital/ Channel Services)				
6. 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 <input type="checkbox"/> to A/c No _____ of _____ (Bank/ Branch) favouring _____ <input type="checkbox"/> by Pay Order				
9. Method of Crediting funds of the term deposit: <input type="checkbox"/> Please accept cash/ cheque No _____ for Rs. _____ /- <input type="checkbox"/> Debit My/ Our Savings/ Current Account No. _____ with you for a sum of Rs _____ /-				
7. Operating Instructions (For Current and Savings Account only)				
The Account will be operated by :				
Tick the box below if you'd like to hear from us on existing offers and promotions. <input type="checkbox"/> I like to receive information above Cargills Bank's products and services including any personalized offers and promotions. By signing below, I confirm that I understand how Cargills Bank will handle my personal data in compliance with the Personal Data Protection Act No. 9 of 2022 (as amended) by having read and understood the bank's Data Protection Notice available at Cargills Bank website (www.cargills bank.com) <input type="checkbox"/> I / We agree that as a part of the bank's contractual obligation to provide the necessary services along with bank's desire to optimize the usage of the IT infrastructure of the bank, the bank may from time to time utilize information system infrastructure managed or owned by reputed third-party service providers that may be located within or outside Sri Lanka. I / We acknowledge and agree that the bank may share my/our data with such service providers for hosting and processing information system.				
8. Authorized Signatories				
CIF No. _____ Name with initials: _____	CIF No. _____ Name with initials: _____	CIF No. _____ Name with initials: _____		
Signature (1) with seal	Signature (2) with seal	Signature (3) with seal		
CIF No. _____ Name with initials: _____	CIF No. _____ Name with initials: _____	CIF No. _____ 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:				

Customer Name _____

NIC _____

Signature _____