

APPLICATION

TERM DEPOSIT

(DOMESTIC/FOREIGN CURRENCY)

For Office Use Only

Branch Code :
 A/C No. :
 Receipt No. :
 CIF No. 1 :
 CIF No. 2 :
 Input by :
 Authorized by :

The Manager
 Bank of Ceylon

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

.....
 Manager's Signature Date

TYPE OF ACCOUNT

☐ Fixed Deposit ☐ 7-Day Call Deposit ☐ FCY (Specify Currency) ☐ Others (Specify)

PERSONAL INFORMATION

APPLICANT 1

APPLICANT 2

Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/> Rev	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/> Rev
Name with Initials ¹		
NIC No.	<input type="text"/>	<input type="text"/>
Amount (In figures)		
Amount (In words)		
Term with Automatic Renewal	<input type="checkbox"/> 1 Month <input type="checkbox"/> 3 Month <input type="checkbox"/> 6 Month <input type="checkbox"/> 12 Month <input type="checkbox"/> Other (Pls. specify).....	
Date of Commencement	<input type="text"/>	Rate of interest % p.a.
Interest Payment Instructions	<input type="checkbox"/> 1. Renewal with interest <input type="checkbox"/> 2. Transfer interest to an account If interest to be transferred to an account, please indicate whether interest payment is to be made monthly or at maturity <input type="checkbox"/> Monthly <input type="checkbox"/> At maturity Account No : (SA/CA/NRFC/other.....) Name : Bank : Branch :	

Are you a US person under the Foreign Account Tax Compliance Act (FATCA) of the US²? Applicant 1: Yes/No Applicant 2: Yes/No

1. If new customer, please complete personal details in Application for CASA Account opening mandate
 2. If yes, FATCA declaration has to be submitted along with this application form

NOMINATION (If you do not wish to nominate ,please cancel by crossing this section)

	1	2	3
Full Name of Nominee			
Address of Nominee			
ID Card No. / Passport No. If available.			
Payment %			

I / We do hereby nominate, the above named 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.

Signatures:

Applicant 1. Date:

Applicant 2. Date:

Witness:

Name & Address

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 terms and conditions of the individual/joint term deposit accounts.

In the event if I / We become a US person under the Foreign Account Tax Compliance Act (FATCA) of US, I / We do hereby undertake to inform the said fact to the bank immediately

For joint accounts

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 accounts

I / We agree to comply with and to be bound by the Exchange Control Regulations & Rules of the Bank governing the conduct of this account.

Signature
Applicant 1

Signature
Applicant 2

Date:

Date:

Receipt No:.....

Receipt Received.

.....

.....