

INTRODUCTION (FOR CURRENT ACCOUNTS / CHEQUE DEPOSIT SAVING ACCOUNTS ONLY)

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 /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

Verified by :

Address :

Signature of the Officer :

Date :

TIME DEPOSITS

Currency

- Cash / Cheque / Draft No.
- Amount (figures)
In words
- Term days / months / years
Period From to
- Rate of Interest% p. a. to be payable
*Monthly / at maturity / at the time of withdrawal

- Subject to automatic renewal conditions *with/without interest at the prevailing rate.
- All interest accruing due from time to time should be credited to *Current / Savings / NRFC Account No. of Mr./Mrs./Miss at Branch. (or)
- Mailing address to dispatch the bank cheque for the interest

For Office Use

- Receipt No.
(* Delete whichever is inapplicable)

AUTOMATED BANKING SERVICES

Visa Electron (Debit)Card	Yes <input type="checkbox"/>	No <input type="checkbox"/>
BOC Net	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Internet Banking	Yes <input type="checkbox"/>	No <input type="checkbox"/>
*Email Statement	Yes <input type="checkbox"/>	No <input type="checkbox"/>
SMS Banking	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Utility Payment	Yes <input type="checkbox"/>	No <input type="checkbox"/>

BOC accounts to be linked BOC Credit Card (if any) No. Mobile No. for SMS Banking

→ Bill Nos. (1) to

(2) to

*For Current/NRFC Accounts only

(For Automated Banking Services complete relevant application forms)

***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 2. Date : 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 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 1

Signature 2

Date :

Date :