



110, ඩී. එස්. ජේනානායක මාවත, කොළඹ 08
110, ඩී. ඒ. ආර්. ජෙනානායක මාවත, කොළඹ 08
110, D. S. Senanayake Mawatha, Colombo 08
දුරකථන / ෆැක්ස්: 0602144163/6, 2691721/2 ෆැක්ස්/ෆැක්ස්: 2691453
ඊ-මේල්/ඊ-මේල්: slsbl@sltnet.lk

Form C

SAVINGS ACCOUNT OPENING FORM (SOCIETIES, CLUBS & ASSOCIATIONS)

Account Number

Manager's Initial

The Manager,
Sri Lanka Savings Bank,

Name of the Organization:

Address of the Organization:

Name of officersOffices held

1.

2.

3.

4.

5.

6.

Officers authorized to operate the account

Signature

1.

Income Tax payer? Yes/No

If yes, file No.

Witnessed by:

The witness should be a Justice of Peace/ Attorney-at-Law / Notary Public / Officer in the Civil Service or a Customer of Sri Lanka Savings Bank (state the Account No. in this case)

1. Name in Full:

.....

2. Address:

.....

.....

3. Designation:

Date:

Signature:

We, the undersigned hereby apply to open and operate a savings account with the bank as per the particulars given overleaf which we declare are true and agree to abide by the bank's rules governing such accounts.

Date:.....

.....

Signature of the Secretary

.....
(Name of the Society, Club or Association)

Please attach following documents.

1. Request letter to open an Account.
2. Copy of the Rules certified by the President and Secretary.
3. Certified copy of the minutes of the Board / Annual General Meeting.