

**TRANSFER ORDER ( STANDING ORDER APPLICATION)**



The Manager  
Commercial Bank of Ceylon Limited

DATE : \_\_\_\_\_

Please make the periodical remittances as given below by debiting

NAME : \_\_\_\_\_ ACCOUNT NO. : \_\_\_\_\_

TO  
NAME OF BENEFICIARY : \_\_\_\_\_

BENEFICIARY'S ADDRESS  
OR  
BANK AND BRANCH \_\_\_\_\_

BENEFICIARY'S ACCOUNT NO. \_\_\_\_\_ REFERENCE NO. IF ANY \_\_\_\_\_

PAYMENT FREQUENCY: MONTHLY  QUARTERLY  HALF YEARLY  YEARLY  OTHERS (Please Specify ) \_\_\_\_\_

DUE DATE \_\_\_\_\_ FIRST PAYMENT DATE \_\_\_\_\_ FINAL PAYMENT DATE \_\_\_\_\_

PAYMENT AMOUNT RS. \_\_\_\_\_ CTS. \_\_\_\_\_

In view of your undertaking to make these remittances, it is expressly understood that the Bank is relieved from all claims for losses, which may arise through error, omission or delay. It is also understood that in the event of there being insufficient funds in my/our account to meet the payments on dates specified, the Bank cannot accept responsibility for ensuring that the instructions are carried out when funds subsequently become available. The Bank will also cancel this order without reference in the event three payments are defaulted.

SIGNATURE/S: \_\_\_\_\_ Signature/s verified \_\_\_\_\_

**FOR OFFICE USE ONLY**

TRANSFER ORDER NO. \_\_\_\_\_

Input by : \_\_\_\_\_

Checked by : \_\_\_\_\_

Amount : \_\_\_\_\_

Form of remittance : \_\_\_\_\_

Postage : \_\_\_\_\_

Special Instructions : \_\_\_\_\_

Commission : \_\_\_\_\_

TOTAL COST : \_\_\_\_\_