

භාණ්ඩාගාර මෙහෙයුම් දෙපාර්තමේන්තුව திறைசேரி செயற்பாடுகள் திணைக்களம் Department of Treasury Operations

මුදල් හා කුමසම්පාදන අමාතයංශය,මහලේකම් කාර්යාලය, තැ.පෙ.1559, කොළඹ 01, ශුී ලංකාව.	நிதி திட்டமிடல் அமைச்சு, செயலகம், தபெ. 1559, கொழம்பு 01, இலங்கை	Ministry of Finance & Planning, The Secretariat, P.O.Box: 1559, Colombo 01. Sri Lanka.
අධාක්ෂ ජනරාල් பணிப்பாளர் நாயகம்; Director General 0094112484729 dgto@tod.treasury.gov.lk	രുമ് പെക്സ് Fax	මපාදු பொது General 0094 112 484500
මගේ අංකය හෙතු මුහ My No. TOD/CFM/Bank AC/2015	® രീ අംකය உഥது இல Your No.	දිනය නිෂුනි Date 2.3 .10.2015

Treasury Operations Circular No: 03/2015

All Secretaries of the Ministries Heads of the Departments and District Secretaries

Treasury Approval for Opening of Official Bank Accounts, Closing of Non Operative Bank Accounts and making other changes on official Bank Accounts.

Your kind attention is drawn to the provisions made under FR 380 & 381 on the opening of Official Bank Accounts.

02. In view of strengthening of the overall Treasury control on Official Sub Bank Accounts maintained by the Ministries and Departments under the Treasury Single Account (TSA) system, the formats presently used to obtain the Treasury approval in relation to those Official Bank Accounts have been revised. Accordingly, you are kindly requested to apply the relevant revised formats on following occasions, appropriately.

	Subject	Format No.
1.	Opening of an Official Bank Account	TOD/BA/01
2.	Changes of Secretary to the Ministry/Head of the Department	
	operating the Official Bank Accounts	TOD/BA/02
3.	Closing of non operative Official Bank Accounts	TOD/BA/03
4.	Change of the name of Official Bank Accounts	TOD/BA/04
5.	Change of the Bank Branch maintaining of Official Bank Accounts	TOD/BA/05

- 03. The State Account Circular letter No. 105/98 dated 14.05.1998 issued in this regard is hereby cancelled.
- 04. You may contact Director, Consolidated Fund Management (Tel No. 011 2484994) for further details if required.
- 05. The soft copy of this circular can be downloaded at www.treasury.gov.lk/general-treasury2/treasury-operations

M.S.D.Ranasiri

Director General of Treasury Operations

Copy – Auditor General

(Foreign Aid , Public Del Admin & Finance)	Director (Cash Management)	Director (Consolidated Fund Mgt)	Director (Revenue)	Director (Foreign Aid Mgt)	Director (Debt Mgt)
Tel: 0094 112 484738 Fax: 0094 112 320042	 Tel: 0094 112484901 Tel: 0094 112 484970 namalb@tod treasury any lk	Tel: 0094 112 484994 Tel: 0094 112 484970	Tel: 0094 112484638 Tel: 0094 112 484970	Tel: 0094 112484751 Tel: 0094 112320042	Tel: 0094 112484749 Tel: 0094 112320042 damithal at of transcript and the

Application to be used for obtaining approval for Opening an Official Bank Account

(1)	Expenditure Head -
(2)	(I) Ministry / Department -
	(ii) Sub Office -
(3)	In case of a Department, name of the relevant Ministry -
(4)	The necessity to open the Bank Account -
(5)	Title of the Bank Account – (The title of the Account should be self explanatory of the purpose of the Account) Eg. – Secretary – Ministry of Health & Indigenous Medicine – Local Medicinal Herbs Development Project)
(6)	Details of the existing Official Bank Accounts maintaining under the Ministry / Department
	Name of the Bank Bank Bank operative/ Non If non operative, steps taken to close-down non operative Bank Account/s
	(Please attach a congrate list if the space is not anough)
(7)	(Please attach a separate list if the space is not enough) Why could not an existing Bank Account be utilized for this purpose?
(*)	If so, please state the reasons -
(8)	If you intend to open the Bank Account by closing an existing Bank Account please provide the following details of such Bank Account (1) Bank Bank Branch Bank Account No. Name of the Account Balance as at

	(ii) Month in which reconciliation was done for the last time-
	(iii) Value of the unrealized cheques –
	(iv) What course of action taken to close the existing Account?
	(IV) What course of action taken to close the existing Account !
(9)	(i) Whether the funds are being received from the Consolidated Fund or Foreign
(-)	Aid for the proposed bank account to be opened?
	(ii) If from Foreign Aid, details of the Estimated Provision –
	(,
	Year- Vote particulars - Estimated Amount – Rs
(10)	Name of the Bank and the Bank Branch intend to open the Account -
(11)	Details of Officials proposed to operate the Bank Account –
	Name of the Officials Post Annual Salary Whether Security
	Has been given under
	FR 880
	(i)
	(ii)
	(iii)
	(iV)
	(V)
	(Vi)
(40)	(Vii)
(12)	Name and contact number of the Chief Financial Officer/ Chief Accountant / Accountant
	or any other Officer to obtain further information regarding Proposed Official Bank
	Account,
	(i) Name -
	(ii)Designation -
	(iii)Contact Number -
(13)	Secretary,
(13)	Ministry of
	The above details are correct. Duly filled documents required for the opening of the new
	Bank Account are submitted herewith. You may submit them to the Director General of
	Treasury Operations with your recommendations.
	, -, -, -, -, -, -, -, -, -, -, -, -, -,
	Signature of the
	Head of the Department/Chief Financial Officer/Chief Accountant
	(Place the Seal)
	Date:

(14) **Director General of Treasury Operations** I Recommended the opening of the Official Bank Account bearing the above particulars. Signature of the Secretary to the Ministry (Chief Accounting Officer) (Place the Seal) (15)The following documents are annexed hereto -(i) Copies of the documents to confirm the necessity to open the Official Bank Account. (ii) Duly perfected Mandate of the relevant Bank. (This Form should be certified by the Secretary to the Ministry/ Head of the Department with the seal) (iii) Please provide two (2) duly filled signature cards with the specimen signature per each officer proposed to operate the Official Bank Account. Each specimen signature card should be certified by a following officer as appropriate. (a) Specimen Signature of the - Chif Financial Officer/Chief Accountant of the Secretary to the Ministry Ministry concerned should personally Concerned. certify and place the Seal. (b) Specimen Signature of the - The Secretary to the Ministry concerned should Head of the Department. Personally certify and place the Seal. (c) Specimen Signature of the - The Head of the Department concerned should Other officials. Personally certify and place the Seal.

Application for informing the changes of the Secretary to the Ministry/ Head of the Department Operating the Official Bank Accounts

(1)	Expenditure Head -
(2)	(i) Name of the Ministry / Department -
	(ii) Sub Office -
(3)	In Case of a Department, name of the relevant Ministry –
(4)	Name of the Bank Account –
(5)	Name of the Bank and the Branch –
(6)	Bank Account No –
(7)	(i) Particulars of Former Secretary / Head of Department Full Name
	(ii)Date of Transfer / Retirement –
(8)	(i) Particulars of the Present Secretary / Head of Department
	<u>Full Name</u> <u>Designation</u> <u>Annual Salary</u> Security Kept under <u>F.R.880</u>
	(ii)Date of Assumption of Duties
(9)	Secretary, Ministry of The above details are correct. Documents relating to the delegation of authority to the New Secretary / Head of Department to operate this Bank Account are forwarded herewith. Please forward the above documents to the Director General of Treasury Operations with your recommendation.
	Date – Signature of Head of the Department/ Chief Financial Officer/ Chief Accountant (Place the Seal)

(10) Director General of Treasury Operations,

Recommended and forwarded.

Signature of the Secretary to the Ministry (Chief Accounting Officer) (Place the Seal)

- (11) The following documents are annexed hereto.
 - (i) Two Signature cards bearing the Specimen Signature of the New Head of Department personally certified by the Secretary to the Ministry concerned.
 (with the seal of the Secretary to the Ministry)
 - (ii) Two (2) signature Cards bearing the signature of the New Secretary to the Ministry certified by the Chief Financial Officer/ Chief Accountant (With the Seal)
 - (iii) A certified copy of the letter of appointment issued to New Secretary to the Ministry / Head of Department.

Application to be used for closure of the Official Bank Account

,	
(1)	Expenditure Head -
(2)	(i) Name of the Ministry / Department -
	(ii) Sub Office -
(3)	In Case of a Department, name of the relevant Ministry -
(4)	Name of the Bank Account -
(5)	Number of the Bank Account -
(6)	Name of the Bank and the Branch -
(7)	Reasons for the closure of the Bank Account -
(8)	Last Year and Month in which the Bank Account was in operation -
(9)	Breifly explain the course of action taken under F.R.396 regarding the unrealized cheques
	of the Account -
(10)	Director Conoral of Transcom, Operations
(10)	Director General of Treasury Operations,
	The following documents are also forwarded. Request you to take steps to close the
	above mentioned Bank Account accordingly.
	Signature of the
	Head of the Department
	(Place the Seal)
(11)	The following documents are annexed hereto.
	(i) A copy of the Bank Statement pertaining to the last month of the operation of the Bank Account.
	(ii) Balance Certificate on the existing Balance at the Bank obtained from the
	Bank.
	(iii) A copy of the Bank Reconciliation Statement prepared, up to the date of
	closure of the Account.
	(After making all the adjustment in the Cash Book)

Application to be used for Changing the Name of the Official Bank Account

(1)	Expenditure Head -
(2)	(i) Name of the Ministry / Department -
	(ii) Sub Office -
(3)	In Case of a Department, name of the relevant Ministry –
(4)	Details of the Bank Accounts which proposed to change the name. (i) Exsisting Name of the Bank A/C - (ii) Name of the Bank and the Branch - (iii) Bank A/C No -
(5)	Proposed new Name of the Official Bank A/C – (The title of the Account should be self explanatory of the purpose of the Account. Eg.— Secretary – Ministry of Health & Indigenous Medicine – Local Medicinal Herbs Development Project)
(6)	Reasons for changing name of the official bank Account –
(7)	Secretary, Ministry of The above datails are correct. Duly filled documents relevant to change the name of the official bank account is forwarded herewith. Please forward this application with the attached documents to Director General of Treasury Operations with your recommendation.
	Date -
	Signature of the Head of the Department/Chief Financial Officer/Chief Accountant (Place the Seal)
(8)	Director General of Treasury Operations, Recommended & Forwarded please.
	Signature of the Secretary to the Ministry / Chief Accounting Officer (Place the Seal)
(9)	The following documents are annexed hereto. (Certified Copies of the documents in relation to the change of name of the bank account for the confirmation.)

Application to be used for Changing the Bank Branch of the Official Bank Account

(1)	Expenditure Head -
(2)	(i) Name of the Ministry / Department -
	(ii) Sub Office -
(3)	In Case of a Department, name of the relevant Ministry -
(4)	Name of the Bank Account -
(5)	Number of the Bank Account -
(6)	Existing Bank and Bank Branch -
(7)	Proposed Bank Branch for the Change-
(8)	Reasons for the recommendation to change the bank branch – (Bank Branch can be changed only within the existing branch network of the bank based on valid reasons) Eg.If the existing bank account is maintaining at BOC, then bank branch can be changed only within the BOC Branch network.
(9)	Secretary ,
	Ministry of
	The above details are correct. Duly filled documents relevant to change the bank branch
	The above details are correct. Daily fined documents relevant to change the bank branch
	of the official bank association forwarded because the Disagn forward this application with
	of the official bank account is forwarded herewith. Please forward this application with
	the attached documents to the Director General of Treasury Operations with your
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	the attached documents to the Director General of Treasury Operations with your
	the attached documents to the Director General of Treasury Operations with your recommendation.
	the attached documents to the Director General of Treasury Operations with your recommendation. Date - Signature of the Head of the Department /
	the attached documents to the Director General of Treasury Operations with your recommendation. Date - Signature of the Head of the Department / Chief Financial Officer/Chief accountant
:	the attached documents to the Director General of Treasury Operations with your recommendation. Date - Signature of the Head of the Department /
(10)	the attached documents to the Director General of Treasury Operations with your recommendation. Date - Signature of the Head of the Department / Chief Financial Officer/Chief accountant
(10)	the attached documents to the Director General of Treasury Operations with your recommendation. Date - Signature of the Head of the Department / Chief Financial Officer/Chief accountant (Place the Seal)
(10)	the attached documents to the Director General of Treasury Operations with your recommendation. Date - Signature of the Head of the Department / Chief Financial Officer/Chief accountant (Place the Seal) Director General of Treasury Operations,
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	the attached documents to the Director General of Treasury Operations with your recommendation. Date - Signature of the Head of the Department / Chief Financial Officer/Chief accountant (Place the Seal) Director General of Treasury Operations, Recommended & Forwarded please. Signature of the Secretary to the Ministry / Chief Accounting Officer (Place the Seal) The following documents are annexed hereto. (i) A certified copy of the monthly bank statement for the last month