

# COMPANIES REGISTERED UNDER THE COMPANIES' ORDINANCE

## ACCOUNT OPENING FORM

FORM NO. CUR 7/CA 8

The Manager,  
**HATTON NATIONAL BANK LIMITED**

Date : 

--	--	--	--	--	--	--	--

.....Branch

A/c No : 

--	--	--	--	--	--	--	--	--	--

Dear Sir / Madam,

My Directors request you to open an account in the name of the undermentioned Company. In pursuance of this request I handover herewith the documents indicated below.

Name of Company : .....

Registered Office situated at: .....

1. Certificate of Incorporation (for inspection and return).
2. Copy of the Memorandum and Articles of Association. (Duly certified by the Chairman and Secretary).
3. Certificate of Registrar of Companies that the Company is entitled to commence business. (Trading Certificate) (This certificate is not required in the case of a private company)
4. Certified copy of Resolution of the Board of Directors.
5. Certified list of the Directors on the Registrar of Companies Form No. 48 (Duly certified by the Registrar of Companies).

I also append the signatures of the Directors.

Yours faithfully,

.....  
(Company Secretary)

.....  
(Name of Company & Company Seal)

**BOARD RESOLUTION (To be filled if a separate resolution is not given)**

We hereby certify that the following resolution of the Board of Directors of.....

.....Limited

was passed at a meeting of the Board held on the.....day of.....20.....

and has been duly recorded in the minute book of the said Company :-

**RESOLVED :-** That a banking account for.....Limited be

opened with the Hatton National Bank Ltd., at their.....Branch

and that the Bank be and is hereby empowered to honour cheques, bills of exchange,

promissory notes, drawn, signed, accepted, or made on behalf of the Company by.....

.....

.....

.....

*(Insert any two of the Directors and countersigned by the Secretary, or otherwise as may be required)*

and to act on any instructions given by the persons so authorised with regard to any accounts or transactions of the Company.

.....Chairman

.....Secretary

# DIRECTORS

Full Name

1. Mr./Mrs./Miss.....

N.I.C./P.P.No.....Signature.....

2. Mr./Mrs./Miss.....

N.I.C./P.P.No.....Signature.....

3. Mr./Mrs./Miss.....

N.I.C./P.P.No.....Signature.....

4. Mr./Mrs./Miss.....

N.I.C./P.P.No.....Signature.....

Contact Telephone Nos. ....

Other Accounts with H.N.B. (State details below if any):-

Branch	Account No.	Type of Account
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....

\*Statement required as stated below

Daily   
  Weekly   
  Monthly

Other Bankers (Details if any)

\*Please tick (✓) as appropriate

## FOR BANK USE ONLY

Quarterly Survey Classifications

FTZ Customer   
  Yes   
  No   
 Customer Type   
      
 Nature of Business   
      
 Customer A/c Type   

.....  
 Authorised Officer

.....  
 Data Input by

.....  
 Data Checked by

.....  
 Audited by MILEAN