

SAVINGS ACCOUNT OPENING FORM
(Partnership Account)

Form No. SAV - 8

The Manager

HATTON NATIONAL BANK LTD,

Date

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..... Branch

A/c. No.

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Dear Sir,

We, the individual partners of the undermentioned partnership firm hereby, request you to open a savings account, in the name of our firm as stated below.

Name of Firm.....B.R. No.....

Address of Firm.....

Address for Correspondence.....

Other accounts maintained by the Firm	Bank	Branch	A/c No.

Nature of Business

We hand you herewith the Certificate of Registration of the firm's name issued under Section 16 of the Business Names Ordinance (cap.120) Western Province Business Names Statute No. 4 of 1990 as appropriate. We hereby authorise you until we or any one of us shall give you notice to the contrary in writing to treat and consider.....

(Insert "either of us" "any of us" or "any two of us" etc., as the partners may wish)

as fully empowered to act on behalf of our said partnership in all transactions with your Bank and in particular to sign and present personally, orders for the withdrawal of money lodged with you or moneys held on deposit with you in the partnership name and you are further authorized and empowered to charge the amount of all such withdrawals to the debit of our said partnership account with your Bank.

This letter of authority and our liability hereunder shall be continuing notwithstanding any change in the constitution of our Firm and this authority shall be interpreted in accordance with the law for the time being in force in Sri Lanka. We hereby agree to conform to the rules governing such accounts as detailed in the pass book furnished by Hatton National Bank Limited.

(To be signed by all the partners over the rubber stamp of the firm)

Yours faithfully

FULL NAMES OF PARTNERS (PLEASE USE CAPITAL LETTERS AND UNDERLINE SURNAME)

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

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

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

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

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

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

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

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

5. Mr./Mrs./Miss.....

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

Witnessed by :

Signature :.....

Name :.....

Address :.....

FOR BANK USE ONLY - Quarterly Survey Classifications

(1) FTZ Customer Yes No (2) Customer Type (3) Nature of Business

(4) Customer Account Type (5) Bank Charges Yes No

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Data Entered by

.....
Data Checked by

.....
Audited by

.....
Authorised by