

# SAVINGS DEPOSIT ACCOUNT OPENING FORM

COMPANIES REGISTERED UNDER THE COMPANIES ORDINANCE

FORM No. SAV 6 / SB 6

DATE :

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ACCOUNT No.

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

To : HATTON NATIONAL BANK LIMITED.

..... Branch

Dear Sirs,

My directors request you to open a savings deposit account in the name of .....

..... Limited of

.....  
(Full Address of the Registered Office)

and for this purpose I hand you herewith :

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. (This certificate is not required in the case of private company)
4. Certified copy of a resolution of the Board of Directors
5. Certified list of Directors on the Registrar of Companies form No. 48 (Duly certified by the Registrar of Companies)

I append below a certified copy of a resolution of the Board of Directors and a list of the present directors of the Company and their signatures.

My directors have read and understood and agree to be bound by the rules governing Savings Deposit Accounts as detailed in the Pass Book furnished by the Hatton National Bank Limited.

Witnessed by :

Yours faithfully

.....  
Signature

.....  
Company Secretary

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

Name .....

Address .....

.....  
Signature of Officer Authorising Account

## BOARD RESOLUTION

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 ..... 19..... and has been duly recorded  
in the minute book of the said company.

"RESOLVED :- That a saving deposit account for the.....  
 .....limited be opened with the Hatton National Bank Limited at their  
 .....branch and that the Bank be and is hereby empowered to honour  
 withdrawals signed or made and presented on behalf of the company by.....  
 and to act on any instructions given by the persons so authorised with regard to the account or transactions of the  
 Company"

.....Chairman

.....Secretary

+ Insert "any two directors" or "any director and the secretary" etc. as may be required

**DIRECTORS**

Full Name	National ID / Passport No.	Signature
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....

Contact Telephone Nos.....  
 other Accounts with Hatton National Bank.

<u>A/c No.</u>	<u>Branch</u>	<u>Type of Account</u>
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....

**BANK USE ONLY**

Quarterly Classification Survey

- 1. FTZ Customer  Yes  No
- 2. Customer type  Yes  No
- 3. Nature of Business
- 4. Customer Account type

.....Data Entered by                      .....Data Checked by                      .....A/c Audited by                      .....A/c Authorised by