

AGREEMENT TO TERMS AND CONDITIONS

Name.....	Name.....	Name.....	Name.....
NIC NO/P.P NO.....	NIC NO/P.P NO.....	NIC NO/P.P NO.....	NIC NO/P.P NO.....
Signature	Signature	Signature	Signature

*All partners under the Business Registration should sign

Date:
DD/MM/YYYY

FOR BANK USE ONLY

Verification at the branch

- Account Details Checked
- Consent Letter
- CIF/s Listed and Checked
- Signatures of all the Partners/ Checked
- E Banking Operating Instructions / Attached / Checked
- User count / User forms Checked / Verified

Note: All items are mandatory to be checked by the branch

Inputting Branch Name

CIF
1. <input style="width: 90%;" type="text"/>

Other CIF/s to be attached to the above Corp ID
1. <input style="width: 90%;" type="text"/>
2. <input style="width: 90%;" type="text"/>
3. <input style="width: 90%;" type="text"/>

Checked By (B Class)	<input style="width: 90%;" type="text"/>	EPF NO	<input style="width: 90%;" type="text"/>	Signature	<input style="width: 90%;" type="text"/>	Date	<input style="width: 90%;" type="text" value="DD/MM/YYYY"/>
Verified By (A Class)	<input style="width: 90%;" type="text"/>	EPF NO	<input style="width: 90%;" type="text"/>	Signature	<input style="width: 90%;" type="text"/>	Date	<input style="width: 90%;" type="text" value="DD/MM/YYYY"/>

Verification at the Centralized Operations

Created By	<input style="width: 90%;" type="text"/>	EPF NO	<input style="width: 90%;" type="text"/>	Signature	<input style="width: 90%;" type="text"/>	Date	<input style="width: 90%;" type="text" value="DD/MM/YYYY"/>
Verified By	<input style="width: 90%;" type="text"/>	EPF NO	<input style="width: 90%;" type="text"/>	Signature	<input style="width: 90%;" type="text"/>	Date	<input style="width: 90%;" type="text" value="DD/MM/YYYY"/>
Audited By	<input style="width: 90%;" type="text"/>	EPF NO	<input style="width: 90%;" type="text"/>	Signature	<input style="width: 90%;" type="text"/>	Date	<input style="width: 90%;" type="text" value="DD/MM/YYYY"/>



We hereby authorize you until we give you notice to the contrary in writing to treat and consider the following persons as empowered to act on behalf our said partnership in all the transactions with the bank and in particular the following.

Agreed, to adopt the Hatton National Bank Corporate Internet Banking & Cash Management Services undertaking and that it be executed on behalf of the Firm under the hands of any _____ of the authorized persons below, whose signatures are appended below. Any change to these appointments shall be duly notified to the bank by a separate Consent Letter.

Name	Specimen Signature

We also agree that the following operating instructions would be applicable for the use of HNB CIB. Separate user information forms (Form 'B') would be submitted for each user.

User Group	Maximum Transaction Amount
A	
B	

Authorization Matrix (Mode of operation)

Amount Range	Approval Structure (Eg. A+B or 2 B or 2 A)

*All partners under the Business Registration should sign

Signature	Signature	Signature	Signature
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HNB Partnership Internet Banking & Cash Management
User Information Form (Form 'B')

USER DETAILS

Full Name

Provide Internet Banking Preferred User ID Corp ID

Provide Mobile Banking Mobile Number

User Group (For authorizers) Designation

NIC/PP Number Email address

Contact Number

REQUIRED ACCESS (PLEASE 'X' THE RELEVANT BOX)

Access Level for this User	Yes	No
Account view (Account view and Inquiry)		
Fund Transfers within own accounts		
Fund Transfers to 3 rd party accounts		
Bill Payments		
Service Requests & e Mail		

User Access (Please 'X' the relevant box)			
View Only [<input type="checkbox"/>]	View & Input Only [<input type="checkbox"/>]	View, Input & Authorize Only [<input type="checkbox"/>]	View & Authorize Only [<input type="checkbox"/>]

Please remove below accounts from this user (By default user will have access to all accounts)

Account Numbers to be removed											

Authorized Officer/s & Firm Rubber Stamp

User's signature & Firm Rubber Stamp