

**APPLICATION FOR MONEY MARKET SAVINGS ACCOUNT
(FOR COMPANIES UNDER THE COMPANIES ACT No 7 of 2007)**

The Manager
Hatton National Bank Plc

Date :

Account No :

CIF No :

We request you to open a Money Market Savings Account in the name of our Company.

Details of the Company

Name of the Company

Registered Address

Company Registration No

Telephone Fax No

E-mail Address

Board Resolution - (if a separate resolution is not adopted)

We hereby certify that the following resolution of the Board of Directors of (1) _____ was passed at a meeting of the Board held on the (2) _____ and has been duly recorded in the Minute book of the said company;

RESOLVED : That a Money Market Savings Account in the name of (1) _____ be opened with Hatton National Bank Plc at their _____ Branch. The Bank is hereby authorized to act on instructions given on behalf of the Company by (3) _____ In the operation of the Money Market Savings Account.

CHAIRMAN OF THE MEETING

SECRETARY

(1) Insert name of the Company ; (2) Insert date of the meeting ; (3) Insert the combination of signature eg. "Any two directors" or otherwise as may be required by the Articles of Association.

We authorize the Bank to act on the instructions of the persons empowered by the attached Board Resolution and hereby certify that the information provided above and in the attached annexures are true and correct.

- We confirm having received a booklet containing the General Terms and Conditions applicable for Customer Account, Dealings and Transactions of Hatton National Bank PLC applied for by this application form (which together with the terms and conditions of this application shall constitute our contract with the Bank) and having read and understood/explained and understood, signed this document in agreement thereof and in acceptance of all such Terms and Conditions.
- We confirm having accepted a floating interest rate subject to change weekly, for the Money Market Savings Account.

.....
Director	Director	Director
Name	Name	Name
NIC No	NIC No	NIC No

Director	Director	Director
Name	Name	Name
NIC No	NIC No	NIC No

In pursuance of this request, we submit herewith the following documents -

1. Certified copy of Certificate of Registration. (if not already available with the Bank)
2. Certified copy of the Resolution passed by the Board of Directors regulating the opening of account, and authorized signatories. (Specimen given above)
3. List of Directors duly certified by the Registrar of Companies (Form 1/From 40/Form 20) along with certified copies of the National Identity Card of the Directors. (if not already available with the Bank)
4. Certified copy of the Articles of Association (if not already available with the Bank)
5. KYC form (AML - 2) duly completed / signed by all directors, individually (if not already available with the Bank)
6. KYC form (AML -1(C) duly completed / signed by the secretary to the board or the chairman (if not already available with the Bank)

Communication Address (if different from the permanent address)

COMMUNICATION DETAILS

REQUIREMENT FOR ACCOUNT S

Please forward Account Statement as indicated.

Mode of Collection

E-mail

Post

E-mail Address

BANK USE ONLY		Account No
MIS CODES (For Quarterly Survey)	Data Input Name	
Sector Code <input style="width: 50px;" type="text"/>	EPF No	
Subsector Code <input style="width: 50px;" type="text"/>	Data Authorized Name	
Industry Code <input style="width: 50px;" type="text"/>	Signature & EPF No	
Occupation Code <input style="width: 50px;" type="text"/>	Audited Name	
	Signature & EPF No	