

Hatton National Bank PLC

INTERNET BANKING, PAYMENTS AND CASH MANAGEMENT APPLICATION FORM For Corporate Accounts (Limited Liability And Public Listed Companies)

Please write in CAPITAL letters and use black ink preferably. **COMPANY DETAILS** Name of the Company Registered Address **Communication Address** E-mail Address Account No Registration No. (only mention one No.) Note: All accounts allied under the above Company Name would be automatically linked unless it is Telephone No. specifically mentioned in user form B. **COMPANY LOG-IN DETAILS** Corporate ID. (Login ID for Company) Note: Please complete User Information Form for user details. If more than a single user, kindly use copies of same. Number of User IDs required By signing below the Company confirms that it has read and understood /explained and understood the terms and conditions governing "Internet Banking" facility set out in the web site - www.hnb.net and updated from time to time and agrees to abide by them. **AGREEMENT TERMS & CONDITIONS** In witness whereof the Company doth in pursuance of a Resolution of the Board of Directors passed on D D M M V from the recorded minutes is annexed) affix its Common Seal hereunto at Address on this Day day of Year Director Director/Company Secretary Place the Company rubber stamp **VERIFICATION BY THE BRANCH** Checked By Signature (B Class) Name Checked By Signature (A Class) FPF No. Name **VERIFICATION AT CENTRALIZED OPERATIONS** Created By Signature Name EPF No. Verified By Signature Name EPF No. Audited By Signature EPF No. Name Date

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| USER'S INFORMATION | | | |
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| Preferred User ID | | Corporate ID | |
| Assigned User Group as per the Board Reso | olution | | |
| Full Name | | | |
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| Email Address | | | |
| Designation | | | |
| NIC/Passport No. | | Mobile Number | |
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| USER ACCESS TO BE GRANTED | | | |
| USER'S PRIMARY ACCESS | | USER'S ADDITIONAL FUNCTIONALITI | ES TO BE ENABLED |
| View only | Please tick on | Functionality Required | Yes No |
| View and input only | the appropriate criteria of | Account view (Account view and Inquiry |) |
| View, input and authorize | access to be | Fund Transfers within own accounts | Diseas place a field |
| View and authorize only | granted | Fund Transfers to 3 rd party accounts. | Please place a tick under column "Yes" |
| | | Bill Payments | if the appropriate additional |
| RESTRICTION OF ACCOUNT ACCESS | | Service Requests & e Mail | functionality is required. If NOT |
| Please remove below accounts from this us (By default user will have access to all acco | | Instrument Printing (Cheque / Demand | Draft) required place tick under column "No" |
| | | File Upload (Payments) | |
| | | Online LC submission | |
| | | Electronic Invoice Presentment | |
| | | REQUIRED ALERT SERVICE | |
| | | I need email alerts | Please tick on the required alert service |
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| | Use | r's Signature | Authorized Signatory |
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