



To

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.

Specimen Signature	Specimen Signature	Specimen Signature	Specimen Signature
Name	Name	Name	Name

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. Other service parameters and requirements will be obtained by the bank by Payments & Cash Management Division if required.

**Note.** If the requirement is **only to VIEW account information**, please ignore the following table.

User Group (Include this in User Info. Form B)	Maximum Transaction Amount allowed	Amount Range	Approval Structure (E.g. A+B / 2 B + C / 2 A+D or any combination )
A			
B			
C			
D			

All partners under the Business Registration should sign. Place the rubber stamp of the firm

Signature	Signature	Signature	Signature

**USER'S INFORMATION**

Preferred User ID	<input type="text"/>	Corporate ID	<input type="text"/>
Assigned User Group as per the Board Resolution	<input type="text"/>		
Full Name	<input type="text"/>		
E-Mail Address	<input type="text"/>		
Designation	<input type="text"/>		
NIC/Passport No. (Mandatory to Attach a Copy)	<input type="text"/>	Mobile Number	<input type="text"/>
Register for Secure Banking Hardware Token (Mandatory for Approvers/Transaction enabled profiles)	<input type="text"/>		
Dispatch Hardware Token	Registered Company Address	Collection at Digital Engagement Centre (DEC) Head Office	Account Holding Branch

**USER ACCESS TO BE GRANTED**

**USER'S PRIMARY ACCESS**

<input type="checkbox"/>	View only	Please tick on the appropriate criteria of access to be granted
<input type="checkbox"/>	View and input only	
<input type="checkbox"/>	View, input and authorize	
<input type="checkbox"/>	View and authorize only	

**RESTRICTION OF ACCOUNT ACCESS**

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

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**USER'S ADDITIONAL FUNCTIONALITIES TO BE ENABLED**

Functionality Required	Yes	No	Please place a tick under column "Yes" if the appropriate additional functionality is required. If NOT required place tick under column "No"
Account view (Account view and Inquiry)	<input type="checkbox"/>	<input type="checkbox"/>	
Fund Transfers within own accounts	<input type="checkbox"/>	<input type="checkbox"/>	
Fund Transfers to 3 <sup>rd</sup> party HNB accounts.	<input type="checkbox"/>	<input type="checkbox"/>	
Other Bank Fund Transfer	<input type="checkbox"/>	<input type="checkbox"/>	
File Upload (Payments)	<input type="checkbox"/>	<input type="checkbox"/>	
Instrument Printing (Cheque / Demand Draft)	<input type="checkbox"/>	<input type="checkbox"/>	
Bill Payments & SLPA Payments	<input type="checkbox"/>	<input type="checkbox"/>	
Government Payments	<input type="checkbox"/>	<input type="checkbox"/>	
Pay on ID (Pay to Mobile)	<input type="checkbox"/>	<input type="checkbox"/>	
Online LC submission	<input type="checkbox"/>	<input type="checkbox"/>	
Electronic Invoice Presentment	<input type="checkbox"/>	<input type="checkbox"/>	
Service Requests & e Mail	<input type="checkbox"/>	<input type="checkbox"/>	

**REQUIRED APPROVER ALERT SERVICE**

<input type="checkbox"/>	I need email alerts	By signing below I/we confirm that I/we have read and understood the terms and conditions governing the <b>HNB Alerts facility</b> on the website: <a href="http://www.hnb.net">www.hnb.net</a> . Further, I/we understand that there can be delays in receiving alerts due to reasons beyond the control of the bank. I/We provide my/our consent to update my contact details as provided above and request Hatton National Bank to provide me/us with HNB E-banking Alerts facility.
<input type="checkbox"/>	I need SMS alerts	

User's Signature

D	D	M	M	Y	Y
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Authorized Signatory's Signature with Rubber Stamp

D	D	M	M	Y	Y	D	D	M	M	Y	Y
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