

HATTON NATIONAL BANK PLC

APPLICATION FORM FOR CASH REWARDS UNDER THE PATHUM VIMANA REWARDS SCHEME

GRADUATION / PROFESSIONAL QUALIFICATION CHILD'S ADMISSION TO GRADE ONE 10TH WEDDING ANNIVERSARY OWNING A NEW HOUSE WEDDING 21ST BIRTHDAY 55TH BIRTHDAY PURCHASING A VEHICLE CHILD BIRTH HOSPITALIZATION

Name in Full :

Branch : Account No : Mobile No : E-mail :**REWARDS FOR GRADUATION / PROFESSIONAL QUALIFICATIONS ONLY**

Duration of the Degree/ Professional Qualification :

Date on which Graduation or Professional Status Received : **CASH GRANT FOR HOSPITALIZATION ONLY [DETAILS OF THE PERSON IN RESPECT OF WHOM THE CASH GRANT IS MADE]**

Name : Relationship with the AC Holder:

Patient's NIC No : **REWARDS FOR CHILD BIRTH / CHILD'S ADMISSION TO GRADE ONE**Account Number of the Child : DOB :

All **CERTIFIED COPIES** of the supporting documents required by the bank to honor the claim is enclosed herewith (Refer over leaf for required documents).

I hereby declare that I haven't obtained any cash grant under the same category during the last 365 days & will not apply for any cash grant under same category for the next 365 days.

I hereby declare that the above information and attached documents are true and correct and I have not withheld any material information on this Application. I agree that this proposal and declaration contains true and complete statement and information stated herein shall be the basis of the contract between me and Hatton National Bank PLC.

I understand that incomplete applications & Applications containing false information will not be processed by the bank and the decision taken by the bank on payment of this reward is the final and conclusive.

Date :

.....

Signature of the Applicant

FOR OFFICE USE ONLY

BRANCH USE ONLY

We confirm that the applicant has been maintaining the required minimum balance for the past 03 months.

Minimum Balance maintained for the Last three calendar months : Rs

Value of the Eligible Reward : Rs

Certified By :
Authorized Officer

Recommended By :
Manager / Asst. Manager

Date :

Branch :

DM DIVISION USE ONLY

Scheme Code :

SAGEN SACIT SAYAB SA002 SAYOU SASTF

Event Date :

Lien Status : Rs :

Minimum Balance : RS Exclusive of Lien : Rs

Graduation Certificate Medical Certificate Deed Copy
Marriage Certificate Diagnosis Card Certificate of Registration
Birth Certificate Hospital Bill Others
NIC / DL / PP Letter of Confirmation

Reward Amount :

Rs. 2,500/- Rs. 10,000/- Rs. 25,000/- Rs. 100,000/-
Rs. 5,000/- Rs. 15,000/- Rs. 50,000/-

Checked By :

We hereby confirm that the cash grant has been made in accordance with the instructions pertaining to " Pathum Vimana Rewards Scheme" and the relationship mentioned above is in accordance with the documents provided by the customer.

CIF Tagged on :
(Authorized Officer)

Claim Verified by :

Approved By :
(Head of the Department)

Date :
Amount Paid : Rs