



Date: .....  
DD/MM/YYYY

The Manager  
Hatton National Bank PLC  
..... Branch

(PLEASE COMPLETE ALL SECTIONS IN BLOCK CAPITAL LETTERS)

We, the undersigned being the individual Partners of the under mentioned Partnership Firm, hereby request you to provide us an “Internet Banking” facility in the name of our firm as stated below.

FIRM DETAILS	
Name of the Firm	: _____
Address	: _____
Address for Correspondence	: _____
E Mail Address	: _____
Registration No	: _____
Telephone	: <input type="text"/>
Fax No	: <input type="text"/>
Account Number	: <input type="text"/>

Note: All accounts allied under the above Partnership would be automatically linked unless it is specifically mentioned in user form B.

FIRM LOGIN DETAILS	
Login ID for the Firm (CORP ID)	: _____

USER LOGIN DETAILS	
No of User IDs required	: _____
<b>Note:</b> Please complete User Information Form for user details. If more than a single user, kindly use copies of same.	

TERMS & CONDITIONS
<p>We the Partners of ..... a Firm duly registered under in the Republic of Sri Lanka carrying on business at ..... (hereinafter referred to as the Firm) hereby request and authorize the HATTON NATIONAL BANK PLC (The Bank) to permit to use the Hatton National Bank Internet Banking facilities and in considering of your doing so we agree, undertake, bind and oblige the terms and conditions and the indemnity.</p> <p>Once we have accepted these terms and the Bank has acknowledged our acceptance the Firm will be able to use the Internet Banking Service. We will be able to view the most current version of these terms whilst using the Internet Banking Service. The additional features the Bank may offer from time to time may require the Bank to modify the terms and conditions of this Agreement to facilitate the use of such features. By agreeing to these terms we also agree to abide by any additional conditions and we agree to pay the fees (if any) for the Internet Banking &amp; Cash Management Services as the Bank may advise from time to time. The Bank may make changes to the Fee Schedule and will communicate about the changes prior through appropriate mediums. These charges are in addition to any charges for particular banking or other services the Bank might provide for the Linked Accounts under the agreements that apply to other accounts of the Firm that may be required to comply/charge in order to use new features introduced from time to time. These terms may be accepted through the use of the HNB Website by following the instructions set out on the relevant screen page. We hereby authorize the Bank to act on the instructions of the persons authorized by us. In addition we agree that any use by the authorized Officers of the Firm of the Internet Banking service shall constitute our acceptance of the terms. The Bank recommends that the Firm shall store or print a copy of the terms and conditions for our record.</p> <p>If for any reason the bank is informed of a dispute amongst the Partners of the Firm, in relation to the operation of any account opened at any branch of the Bank, the Bank has a right to limit or fully cease the operations of the account under dispute until such time the dispute is resolved to the satisfaction of the Bank.</p> <p>We doth hereby agree to be bound by ourselves and our respective heirs executors and administrators to the above terms, conditions and Indemnity. By signing below we confirm that we have read and understood /explained and understood the terms and conditions governing “Internet Banking” facility and agrees to abide by them as well as the additional terms and conditions set out in the application and in the web site – <a href="http://www.hnb.lk">www.hnb.lk</a> and updated from time to time.</p>

**AGREEMENT TO TERMS AND CONDITIONS**

Name..... NIC NO/P.P NO.....  Signature	Name..... NIC NO/P.P NO.....  Signature	Name..... NIC NO/P.P NO.....  Signature	Name..... NIC NO/P.P NO.....  Signature
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\*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**

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

<b>Other CIF/s to be attached to the above Corp ID</b>
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

Provide Mobile Banking  Mobile Number 

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User Group (For authorizers)  Designation

NIC/PP Number  Email address

Contact Number 

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**REQUIRED ACCESS (PLEASE 'X' THE RELEVANT BOX)**

Access Level for this User	Yes	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 accounts	<input type="checkbox"/>	<input type="checkbox"/>
Bill Payments	<input type="checkbox"/>	<input type="checkbox"/>
Service Requests & e Mail	<input type="checkbox"/>	<input type="checkbox"/>

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