



## STANDING ORDER APPLICATION

The Manager  
Amāna Bank Limited

Date 

DD	MM	YY	YY
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Ref No.

Dear Sir,

I/We hereby authorise the bank to execute the following Standing Order instructions on my/our behalf and debit my/our account with you accordingly.

Note: Please write in clear BLOCK CAPITALS. Mark (✓) where applicable and strike off sections that are not applicable

### DETAILS OF APPLICANT/S

Name of Applicant/s :

Address :

Account No. :

Telephone No. :

### DETAILS OF BENEFICIARY

Name of Beneficiary :

Address :

Account No. :

Reference No. :

Name of Bank :

Branch :

### STANDING ORDER INSTRUCTIONS

Amount: Rs.

Amount in Words :

Payment Frequency :

Daily       Monthly       Quarterly

Half Yearly       Annually

SO Max - Rs. \_\_\_\_\_ (Specify maximum amount)

SO Min - Rs. \_\_\_\_\_ (Specify minimum amount)

First Payment Date\* : 

DD	MM	YY	YY
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 Final Payment Date : 

DD	MM	YY	YY
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 or Until Further Notice

\* (i.e. Date of first transfer, subsequent payments will be made on, or as close to, the same day of each period specified by you)

Mode of Payment :  Banker's Cheque       Internal Transfer       SLIPS

Special Instructions :

In view of your undertaking to make these remittances, it is expressly understood that Amāna Bank Limited is relieved from all claims for loss which may arise through error, omission or delay. It is understood that in the event of there being insufficient funds available in my/our account to meet the payment on the date specified, Amāna Bank Limited cannot accept responsibility and for ensuring that the instructions are carried out when funds subsequently become available. I/We understand that if there are insufficient funds in my/our account on three consecutive occasions, Amāna Bank Limited may cancel this instruction, with advice to me/us. Any charges levied (including commission, postage & stamp duty) may be debited to my/our account mentioned above.

Signature of Applicant/s : \_\_\_\_\_

### FOR BANK USE ONLY

*Branch Approval*

*Central Operations Unit*

\_\_\_\_\_  
Authorised Signature

\_\_\_\_\_  
Authorised Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorised Signature

\_\_\_\_\_  
Authorised Signature

\_\_\_\_\_  
Date