

STANDING ORDER APPLICATION

The Manager
Amāna Bank PLC

Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

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* :

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

 Final Payment Date :

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

 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