

**STANDING ORDER APPLICATION**

The Manager \_\_\_\_\_ Date 

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

  
Amāna Bank PLC \_\_\_\_\_ 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.	Payment Frequency : <input type="checkbox"/> Daily <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half Yearly <input type="checkbox"/> Annually <input type="checkbox"/> SO Max - Rs. _____ (Specify maximum amount) <input type="checkbox"/> SO Min - Rs. _____ (Specify minimum amount)																
Amount in Words :																	
First Payment Date* : <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table> Final Payment Date : <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table> or Until Further Notice <input type="checkbox"/>		D	D	M	M	Y	Y	Y	Y	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y										
D	D	M	M	Y	Y	Y	Y										
<small>* (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)</small>																	
Mode of Payment : <input type="checkbox"/> Banker's Cheque <input type="checkbox"/> Internal Transfer <input type="checkbox"/> SLIPS																	
Narration/Purpose :																	

In view of your undertaking to make these remittances, it is expressly understood that Amāna Bank PLC 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 PLC 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 PLC 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					
<i>Branch Approval</i>			<i>Central Operations Unit</i>		
_____ Authorised Signature	_____ Authorised Signature	_____ Date	_____ Authorised Signature	_____ Authorised Signature	_____ Date

**STANDING ORDER APPLICATION**

The Manager \_\_\_\_\_ Date 

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

  
Amāna Bank PLC \_\_\_\_\_ 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.	Payment Frequency : <input type="checkbox"/> Daily <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half Yearly <input type="checkbox"/> Annually <input type="checkbox"/> SO Max - Rs. _____ (Specify maximum amount) <input type="checkbox"/> SO Min - Rs. _____ (Specify minimum amount)																
Amount in Words :																	
First Payment Date* : <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table> Final Payment Date : <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table> or Until Further Notice <input type="checkbox"/>		D	D	M	M	Y	Y	Y	Y	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y										
D	D	M	M	Y	Y	Y	Y										
<small>* (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)</small>																	
Mode of Payment : <input type="checkbox"/> Banker's Cheque <input type="checkbox"/> Internal Transfer <input type="checkbox"/> SLIPS																	
Narration/Purpose :																	

In view of your undertaking to make these remittances, it is expressly understood that Amāna Bank PLC 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 PLC 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 PLC 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					
<i>Branch Approval</i>			<i>Central Operations Unit</i>		
_____ Authorised Signature	_____ Authorised Signature	_____ Date	_____ Authorised Signature	_____ Authorised Signature	_____ Date