Amãna Bank

Year 5 Scholarship Exam Reward Claiming Application - 2026

- Name of Minor : _____
- Name of Parent/Guardian : _____
- Account No. : _____
- Branch : _____

Date: _____ _____

Signature of the Parent/Guardian

- Name of the School : _____
- Marks Obtained at the Examination : _____
- Medium : _____
- Cut-Off Mark in the District : _____

I confirm the above-mentioned details are true and correct. _____

Principal

(School Rubber Stamp)

Note: Copy of result sheet certified by the principal should be attached with this Application

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FOR BANK USE ONLY

I confirm that the above-mentioned Children Savings Account details are correct and the account has been maintained with a balance of LKR 5,000/- before the Scholarship results release day.

Payment Recommended **Approved/Not Approved**

_____ _____

Branch Manager Authorized Signature (CBD)

Date: Date:

Amount Credited to Account: Rs. _____/-

Credited by: _____ Credited on: _____ **MICA-2026-698**