

NOMINATION FORM

Address

.....

.....

Date

The Manager
Merchant Bank of Sri Lanka & Finance PLC

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TYPE OF ACCOUNT/S & ACCOUNT NO./S Amount Rs

I/We

.....

..... of

.....

..... hereby

nominate, constitute and appoint (1) (Name)

..... of

..... (NIC No.) and

2) (Name) of

.....

..... (NIC No.) as/ my/ our

nominee to receive all monies in my/our above mentioned Savings/Deposit Accounts on my/our death under Section 544 of the civil Procedure (Amendment) Act No 14 of 1993.

This nomination will not, in any way, affect the company's right of set off held by the Company against any dues to the Company in my/our name/s either individually or jointly and severally with any other party.

TO BE COMPLETED IF THERE IS MORE THAN ONE NOMINEE:

The 1st nominee (Name) shall receive

..... Share and the 2nd nominee (Name)

Shall receive Share.

I/We do hereby undertake to advise the Company in writing duly witnessed, if the above nomination is revoked.

Date Name (1) Signature :

Name (2) Signature :

WITNESS

Signature : 1 2

Name : 1 2

Address :

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For Office Use Only

Nomination/s Noted

Adroit 2932211

Date

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