

FORM OF INDEMNITY

The Manager

MCB Bank Limited

.....Branch

Dear Sir

I/We.....of.....

.....mailing address.....ID/ PPT No/ Reg No.

hereby request MCB Bank Limited of No 8,York Arcade Building, Leyden Bastian Road, Colombo 01 (hereinafter referred to as "the Bank") to share softcopy of Application.

Further I/we hereby agree to the terms and conditions stated below:

1. I/ We agree that all instructions, terms and conditions on original application shall be deemed to be agreed by me/ us irrespective of any distortions alterations occurring during transmission. Further I/We agree not to alter any word, terms and condition given on the softcopy of the application provided by the Bank. If the Bank suspects an application has been altered with or is from a fraudulent source, the Bank shall not honor the instructions.
2. The bank shall not be liable to me/ us or any other person where:
 - I. I/ We have entered incorrect details and the payment is made to the wrong recipient;
 - II. In the event of any of the communications not being received by the Bank or is mutilated, illegible, interrupted, duplicated, incomplete, unauthorized or delayed due to any reason whatsoever.
 - III. The transaction is suspicious or fraudulent, resulting in losses to the third party;
 - IV. The transaction details received do not contain the correct information;
3. I / We do hereby agree and undertake to and irrevocably hold the Bank indemnified and harmless against any and all costs (Including without limitation to legal fees) claims, losses, liabilities, charges, suits, expenses, damages and proceedings of whatsoever nature or kind and whatsoever extent that the Bank may or shall be incurred or suffered by acting in accordance with any application which may appear to have been furnished by me/ us and/ or by persons duly authorized by me/ us.
4. The indemnity and all future transactions shall be governed by all applicable Laws in the jurisdictions involved in the transaction and the Bank's policies and procedures.

Signed by the duly authorized signatories: *(Rubber stamp is required in case of legal entity)*

1. Name:	2. Name:
Signature:	Signature:
Date:	Date:

FORM OF INDEMNITY Cont'd.

Witness by:

1. Name:	2.Name:
ID No:	ID No:
Signature:	Signature:
Date:	Date:

BANK USE ONLY	
Received Date/...../20.....
Signature Verified & System Updated	
Requisition filed with Mandate	
Authorized Officer's Signature	