

To:



SINHAPUTHRA FINANCE PLC

.....BRANCH

Date.....

STANDING ORDER / AMENDMENT TO STANDING ORDER

Note: Please mark (X) where applicable

Dear Sir,

I / We request you to execute my / our Standing Order as detailed below.

For office Use Only	S.O. No.
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Account Holder's Name and Address:

Account No :

Frequency of payment

- Monthly
 Half Yearly
 Other (Please specify)
- Quarterly
 Annually

Due Date	Starting From	Until
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Amount	Rupees.....
Rs.

Beneficiary's Bank, Branch and Account No:	Name & Address of Beneficiary :
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Purpose / Reference / Policy No.

- (1) You may debit the above to my / our account plus all your charges on the due date.
- (2) In submitting this Standing Order I / We agree to retain sufficient funds in my / our account for effecting the above payment.
- (3) If the account reflects insufficient funds and you are not able to effect the Standing Order, you will not be obliged to inform me / us. If funds are not available for two successive instalments you may cancel my / our instructions above. I / We agree to the Company levying charges for the non execution of the standing order due to lack of funds.
- (4) Any amendment(s) or requests for cancellation will be informed well in advance prior to the next payment frequency.

Approved By :

Signature/s of Account holder/s 1.....