

Confirmation by authorized signatory

By signing below, I/we acknowledge that I/we am/are authorised signatory(s) of the account(s) indicated above And that the information provided herein is correct and true to the best of my/our knowledge and I/we endorse the Instruction set forth in this document.

Authorised Signatory Name		D	D	/	M	M	/	Y	Y	Y	Y
	Signatory	Date									
Authorised Signatory Name		D	D	/	M	M	/	Y	Y	Y	Y
	Signatory	Date									

Board Resolution Company

We wish to inform Diamond Trust Bank Uganda Limited that at a meeting of the board of directors of _____ (the 'Company') held on the _____ day of _____ 20 _____

It was resolved that Diamond Trust Bank Uganda Limited be and is hereby authorized to honour the application for the service(s) executed by the authorized signatories of the company's account. We accept to be bound by the terms and condition as may be amended from time to time and the instruction/transaction(s) carried out by the User(s) whilst using the services as if such application and instruction/transaction(s) were made by the company.

We hereby certify that the Memorandum and Articles of Association of the Company given by us to the Bank are up to date. We further undertake that the Bank will be advised of any future amendments to the Memorandum and Articles of Association within fourteen days of such amendment(s)

We hereby undertake to indemnify the Bank against and loss, expenses and damages it may sustain in the event of our failure to notify or delay in notifying it of any alterations or amendment to the Company's Memorandum and Articles of Association.

Director Name		D	D	/	M	M	/	Y	Y	Y	Y
	Signatory	Date									
Director Name		D	D	/	M	M	/	Y	Y	Y	Y
	Signatory	Date									

FOR BANK USE ONLY

Corporate Code	CIF ID	Authorisation mandate confirmed and created as per core banking system <input type="checkbox"/>	
Input by	(Name)	(Date)	(Signature)
Authorised by	(Name)	(Date)	(Signature)

Additional Comments