

APPLICATION FOR THE CUSTOMER PORTAL FACILITY

The Manager AMW Capital Leasing and Finance PLC								Date:										
Dear Sir,																		
I wish to apply for the AMW Capita		ing ar	nd Fir	nance	PLC -	– Cus	tome	r Serv	ice V	Veb P	ortal	and g	give b	elow	my d	etails	s to	
enable you to process my application	on.																	
Name of the Account holder																		
Mr/Mrs/Ms/Rev																		
NIC Number / BR Number																		
																	1	
Facility Number																		
(One active facility only)	L		l	1	1	I			I	1	1	I	l		I	<u> </u>		
Address:																		
Name of the Contact Person (For C	orpor	ate F	aciliti	ies): .														
Tel. No:																		
E Mail Address:																		
(Should be a valid e mail address, since all th	ie corre	espond	dence r	made t	hrough	n e mai	1)											
The makes are from the stable as he are infe	4.5		4					· c	· 41							41 C	S I'	
I hereby confirm that the above info User Agreement of AMW Capital L																		
them and to subsequent amendme																		
Leasing and Finance PLC.																		
Signature of the Applicant																		
Signature of the Applicant																		

Notes:

- 1. User ID/Password will be issued to the main applicant in case of Joint Applicants.
- 2. User ID/Password will send directly to the given E mail Address within 5 working days.