



FORM OF INDEMNITY IN CONNECTION WITH FACSIMILE AND /OR EMAIL ADDRESS

Date: _____ (dd/mm/yyyy)

This Indemnity is made between _____
(name of fund manager/ administrator) including all its appointed successors and assigns and
NCBA with effective from _____ day of ____ 20 ____

We hereby irrevocably authorize you NCBA, to accept all instructions made by ourselves, by way of signed scanned copies sent through the following authorized email addresses:-

- 1. _____ 2. _____
- 3. _____ 4. _____
- 5. _____ 6. _____

We confirm that all our authorized signatories (as updated and communicated to you from time to time) are permitted to confirm instructions. In addition, the following officials are also authorized to confirm instructions. We authorize you to make call back confirmations through the telephone/mobile numbers provided against their names:-

Name	Telephone Number
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

In consideration of your acting on our instructions issued by way of email in accordance with the above provisions, we hereby indemnify NCBA against all claims, losses, costs that you may sustain, incur or be put to by reason of the said email instructions. We irrevocably authorize you to make any payments and comply with any demands that may be claimed from or made upon you under the said email instructions without any reference to or further authority from ourselves.

We agree that any payment which you shall make in accordance or purporting to be in accordance with the email instructions shall be binding upon ourselves and shall be accepted by ourselves as conclusive evidence that you were liable to make such payment or comply with such demand.

We agree that our liability under this indemnity shall be a continuing liability notwithstanding any settlement of account or other matter whatsoever.

This Indemnity covers ALL NCBA clients who have appointed us as their Administrator/ Fund Manager (List attached).

Authorized Signature (s) as per Banks mandates held.

Name: _____ Signature: _____

Name: _____ Signature: _____

Name: _____ Signature: _____

Witnessed by: _____ Designation: _____

FOR OFFICIAL USE ONLY

	VERIFIED BY	AUTHORISED BY	Revenue Stamp
Name			
Signature			
Date	(dd/mm/yyyy)	(dd/mm/yyyy)	