



# CAL

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Fax: +94 11 231 7788 Web: www.cal.lk

Client Code - CALS   
Client Code - UT   
Client Code - PWM

## Type of Account to be Opened

Capital Alliance Securities (Pvt) Ltd ☐

Capital Alliance Investments Limited - Unit Trust ☐

Capital Alliance High Yield Fund <input type="checkbox"/>	Capital Alliance Corporate Treasury Fund <input type="checkbox"/>	Capital Alliance Gilt Money Market Fund <input type="checkbox"/>
Capital Alliance Gilt Fund <input type="checkbox"/>	Capital Alliance Quantitative Equity Fund <input type="checkbox"/>	Capital Alliance Income Fund <input type="checkbox"/>
Capital Alliance Gilt Trading Fund <input type="checkbox"/>	Capital Alliance Investment Grade Fund <input type="checkbox"/>	Capital Alliance Medium Risk Debt Fund <input type="checkbox"/>
Capital Alliance Balanced Fund <input type="checkbox"/>	CAL Fixed Income Opportunities Fund <input type="checkbox"/>	

Capital Alliance Investments Limited - Private Wealth Management ☐

Joint Application Form (Please fill in BLOCK letters)

## 1. Customer Details

### Primary Holder

(Mr/Mrs/Miss/Dr/Rev/Other.....)

1. Name in Full

  
  

2. NIC/PP Number

3. Date of Issue

4. Date of Birth

5. Citizenship Details

Sri Lankan ☐ Foreign National ☐  
Dual Citizen ☐

### Joint Holder 01

(Mr/Mrs/Miss/Dr/Rev/Other.....)

  
  




Sri Lankan ☐ Foreign National ☐  
Dual Citizen ☐

### Joint Holder 02

(Mr/Mrs/Miss/Dr/Rev/Other.....)

  
  




Sri Lankan ☐ Foreign National ☐  
Dual Citizen ☐

If Dual Citizen or Foreign National, please specify the country/countries and the passport numbers

Name of Country	Passport No

Name of Country	Passport No

Name of Country	Passport No

Country of Residence




6. Permanent Address

  
  
  
  
  
  

Postal Code & District




7. Correspondence Address

  
  
  
  
  
  

Postal Code & District




8. Status of Residency Address

Owner ☐ With parent ☐  
Friend's/Relative's ☐ Board/Lodging ☐  
Lease/Rent ☐ Official ☐  
Other \_\_\_\_\_

Owner ☐ With parent ☐  
Friend's/Relative's ☐ Board/Lodging ☐  
Lease/Rent ☐ Official ☐  
Other \_\_\_\_\_

Owner ☐ With parent ☐  
Friend's/Relative's ☐ Board/Lodging ☐  
Lease/Rent ☐ Official ☐  
Other \_\_\_\_\_

9. Contact Details

Primary Holder

Joint Holder 01

Joint Holder 02

Fixed Line

Mobile Number

Email Address

10. Income Tax Number  
(if applicable)

11. Employment and Occupation

Employed

Unemployed

Proprietor/  
Business Owner

Retired

Other

Employed

Unemployed

Proprietor/  
Business Owner

Retired

Other

Employed

Unemployed

Proprietor/  
Business Owner

Retired

Other

Designation/  
Occupation

Name of Employer

Nature of Business

Address of Employer

Telephone No.

Email Address

12. Expected Monthly Value of Investment

Less than LKR 100,000

LKR 100,000 - LKR 500,000

LKR 500,000 - LKR 1,000,000

LKR 1,000,000 - LKR 2,000,000

LKR 2,000,000 - LKR 3,000,000

LKR 3,000,000 - LKR 4,000,000

LKR 5,000,000 - LKR 10,000,000

Over LKR 10,000,000

Less than LKR 100,000

LKR 100,000 - LKR 500,000

LKR 500,000 - LKR 1,000,000

LKR 1,000,000 - LKR 2,000,000

LKR 2,000,000 - LKR 3,000,000

LKR 3,000,000 - LKR 4,000,000

LKR 5,000,000 - LKR 10,000,000

Over LKR 10,000,000

Less than LKR 100,000

LKR 100,000 - LKR 500,000

LKR 500,000 - LKR 1,000,000

LKR 1,000,000 - LKR 2,000,000

LKR 2,000,000 - LKR 3,000,000

LKR 3,000,000 - LKR 4,000,000

LKR 5,000,000 - LKR 10,000,000

Over LKR 10,000,000

13. Sources of Funds

Salary/Profit Income

Investment Proceeds/Savings

Sales & Business Turnover

Contract Proceeds

Family Remittances

Donations/Charities  
(Local/Foreign)

Sale of Property & Assets

Gifts

Commission Income

Membership contribution

Export Proceeds

Others

Salary/Profit Income

Investment Proceeds/Savings

Sales & Business Turnover

Contract Proceeds

Family Remittances

Donations/Charities  
(Local/Foreign)

Sale of Property & Assets

Gifts

Commission Income

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Investment Proceeds/Savings

Sales & Business Turnover

Contract Proceeds

Family Remittances

Donations/Charities  
(Local/Foreign)

Sale of Property & Assets

Gifts

Commission Income

Membership contribution

Export Proceeds

Others

14. Purpose of Opening the Account

Savings/Investments

Equity/Debt Security

Transactions

Other

Savings/Investments

Equity/Debt Security

Transactions

Other

Savings/Investments

Equity/Debt Security

Transactions

Other

**15. Are you a Politically Exposed Person (PEP)?**
Yes ☐No ☐Yes ☐No ☐Yes ☐No ☐
*Definition of a PEP*

- i. An individual who is or has been entrusted domestically or by a foreign country with prominent public functions
- ii. An individual who is related to a PEP either directly (consanguinity) or through marriage or similar (civil) forms of partnership
- iii. An individual who is closely connected to a PEP, either socially or professionally

**16. Are you a US person under the Foreign Account Tax Compliance Act (FATCA) of the US?**
Yes (If yes, FATCA declaration has to be submitted along with the application form) ☐No (In the event if I/We become a US person under FATCA of US, I/ We do hereby undertake to inform the said fact to the Participant immediately) ☐Yes (If yes, FATCA declaration has to be submitted along with the application form) ☐No (In the event if I/We become a US person under FATCA of US, I/ We do hereby undertake to inform the said fact to the Participant immediately) ☐Yes (If yes, FATCA declaration has to be submitted along with the application form) ☐No (In the event if I/We become a US person under FATCA of US, I/ We do hereby undertake to inform the said fact to the Participant immediately) ☐
*Under the Foreign Account Tax Compliance Act ("FATCA") the following criteria may classify a customer as a "US Person"*

- i. A Citizen of USA (including an individual born in the US but resident of another country, who has not renounced US citizenship)
- ii. A lawful resident of the USA (including a US Greencard holder)
- iii. A person residing in the USA
- iv. A person spends approximately 180 days within 03 years (not continuously) in the USA
- v. US corporates, estates and trusts
- vi. Any entity that has a linkage or ownership to US or US territories

**2. Bank Details**
**Account 01**

Account Title

Account No.

Bank Name

Branch Name

**Account 02**

Account Title

Account No.

Bank Name

Branch Name

**Account 03**

Account Title

Account No.

Bank Name

Branch Name

*\*Provide proof of Bank Account/s for verification.*
**Payment Instructions - Maturity Proceeds/Interest**

SLIPS/RTGS transfer to any of the above Bank Accounts

Transfer of Funds for settlement between Capital Alliance Group Companies

☐

### 3. Names of Person(s) Authorized to Give Instructions

Primary Holder	Either Party	All parties

#### 4. Consent & Declaration

D	D	M	M	Y	Y	Y	Y
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D	D	M	M	Y	Y	Y	Y
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D	D	M	M	Y	Y	Y	Y
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D	D	M	M	Y	Y	Y	Y
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## 5. Documentation

### Documents Required for KYC Verification

1. A copy of the National Identity Card/Valid Passport Copy
2. A valid utility bill (within three months of issue), if the permanent address differs from the address stated in the NIC
3. A valid bank statement proof (within three months of issue), with Name, Account and Bank Name and Branch clearly visible
4. A visa copy of Foreign Resident applicants
5. Dual citizenship certificate (if applicable)

### Documents Provided for KYC Verification

#### Identification Documents

	Primary Holder	01 <sup>st</sup> Joint Holder	02 <sup>nd</sup> Joint Holder
National Identity Card	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Passport (for foreign individuals)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Driving License (an affidavit is required confirming that both NIC/Passport are not available)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#### Proof of Residency

National Identity Card	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bank/Credit Card Statement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Telephone Bill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electricity/Water Bill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gramasevaka certificate certified by the Divisional Secretariat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any other document (please specify)	<input type="text"/>		

## 6. Office Use Only

### I) Risk Categorization

	Yes	No
a) Verification of Department of Registration of Persons	<input type="checkbox"/>	<input type="checkbox"/>
b) Online screening	<input type="checkbox"/>	<input type="checkbox"/>
To be completed by Customer Support Executive conducting the abovementioned checks		

Signature

Name

Date

### II) Risk Profiling

Low Risk ☐ \*\*Medium Risk ☐ \*\*High Risk ☐

To be completed by the officer marking the risk categorization

Signature

Name

Date

### III) Client Identity

Customer came in person to open the account Yes ☐ No ☐

I hereby confirm that to the best of my knowledge and belief the information given herein by the applicant is true and correct, the applicant is financially stable to maintain a;

	Investment Advisor	Signature	Date
CDS Account	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
PWM Account	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Unit Trust Account	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>

Verified By

Approved By

System Updated By

Signature

Name

Date