



CAL

Level 05, Millennium House, No 46/58, Nawam Mawatha, Colombo 02
 Telephone: +94 11 231 7777 Email: info@cal.lk
 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 ☐

Corporate Application Form (Please fill in BLOCK letters)

1. Customer Details

1. Name of the Company

2. Registered Address

Postal Code

District

3. Mailing Address

Postal Code

District

4. Country of Incorporation

5. Contact Details

Fixed Line

E-Mail Address

6. Company Registration No.

7. Date of Incorporation

8. Income Tax Number

(if applicable)

9. Type of Organization

| | | |
|--|--|--|
| Sole Proprietorship <input type="checkbox"/> | Statutory Board <input type="checkbox"/> | Non-Governmental Organization <input type="checkbox"/> |
| Partnership <input type="checkbox"/> | Club/Society/Charitable Trust <input type="checkbox"/> | A body established under an act of Parliament <input type="checkbox"/> |
| Private Limited Liability Company <input type="checkbox"/> | Unit Trust <input type="checkbox"/> | Other (Specify) _____ <input type="checkbox"/> |
| Public Limited Liability Company <input type="checkbox"/> | Insurance Fund <input type="checkbox"/> | |

10. Status of Listing

Is the Company listed on the Colombo Stock Exchange?

Yes

☐

No

☐

Is the Company listed on any other Stock Exchanges?

Yes

☐

No

☐

If yes please specify

11. Expected Monthly Value of Investment

| | | |
|--|---|--|
| Less than LKR 100,000 <input type="checkbox"/> | LKR 100,000 - LKR 500,000 <input type="checkbox"/> | LKR 500,000 - LKR 1,000,000 <input type="checkbox"/> |
| LKR 1,000,000 - LKR 2,000,000 <input type="checkbox"/> | LKR 2,000,000 - LKR 3,000,000 <input type="checkbox"/> | LKR 3,000,000 - LKR 4,000,000 <input type="checkbox"/> |
| LKR 4,000,000 - LKR 5,000,000 <input type="checkbox"/> | LKR 5,000,000 - LKR 10,000,000 <input type="checkbox"/> | Over LKR 10,000,000 <input type="checkbox"/> |

12. Sources of Funds

| | | |
|--|--|--|
| Business Turnover/Profits <input type="checkbox"/> | Investment Proceeds/Savings <input type="checkbox"/> | Commission Income <input type="checkbox"/> |
| Business Ownership <input type="checkbox"/> | Contract Proceeds <input type="checkbox"/> | Membership contribution <input type="checkbox"/> |
| Sale of Property & Assets <input type="checkbox"/> | Donations / Charities (Local / Foreign) <input type="checkbox"/> | Export Proceeds <input type="checkbox"/> |
| Gifts <input type="checkbox"/> | Others _____ <input type="checkbox"/> | |

4. Authorized Signatories

[illegible][illegible][illegible]

| |
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[illegible][illegible][illegible]

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[illegible][illegible][illegible]

**Please attach a Certified Extract of the Board Resolution for account opening and operating instructions*

5. Details of Trustee, Portfolio Manager and/or Custodian Bank

[illegible]

[illegible]

6. Consent & Declaration

**Consent to hold sales proceeds and credit balances in the Account to recover future payments for stock purchases
(Only applicable to clients of Capital Alliance Securities (Pvt) Ltd)**

Do you wish to hold credit balances with CAL for future payment for stock purchases? Yes ☐ No ☐

If "Yes" please complete below;

We the authorized signatories of _____ (Name of Company) bearing company number _____ (Business Reg. No) hereby authorize **CAPITAL ALLIANCE SECURITIES (PVT) LTD** to hold any credit balances in our account with them, and to recover future payments for stocks purchased on our behalf from such credit balances, unless otherwise specific instructions are given by us

Authorized Signatory

Authorized Signatory

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

Email Indemnity for Instructions Given by Clients

I/We the undersigned ("Client") hereby request Capital Alliance Investments Limited and Capital Alliance Securities (Private) Limited (as applicable) ("Company") to accept and act upon our instructions sent via electronic mail address set out herein ("Instructions") with regard to any transaction notwithstanding the fact that the identity of the sender cannot be verified by the Company.

The Company shall not be liable to the Client or any third party for, and the Client shall indemnify the Company at all times against, any loss, damage, claim, expense or liability, whether involving fraud or not, and whether arising in contract, tort or otherwise, howsoever in connection with any Instruction which appears to originate from the Client or its authorized representative. Client is responsible for ensuring sufficient safeguards are in place to prevent any unauthorized Instructions being sent from the client's systems.

Until such time as the Company acknowledges the instructions by return mail, the instructions shall not be deemed delivered and the Company shall have no liability for errors delays or losses caused as a result thereof. The Company has absolute discretion to reject/not act on an Instruction and request the Client to provide a written confirmation duly signed by the Client.

E-Mail Address

[illegible]

Authorized Signatory

Authorized Signatory

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

Risk Disclosure

We hereby declare that we understand that our investments are subject to market and/or interest rate risks and volatility and Capital Alliance Group shall not hold any responsibility or liability for the same.

Terms & Conditions

We hereby declare that the above information given by us is true and correct and agree to give notice in writing of any change of particulars given.

We hereby give consent to open a CDS Account/PWM Account/UT Fund Account and declare that we have read and understood the contents of the Unit Trust Terms & Conditions/CAS Client Agreement/ Portfolio Management Agreement.

(Please strike off as applicable to the product subscribed to)

Authorized Signatory

Authorized Signatory

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

7. Documentation

Documents Required for KYC Verification

1. Certificate of Incorporation
2. Form 01/Form 40 - Registration of a Company/Registration of an Existing Company
3. Form 15 - Annual Return
4. Form 20 - Notice of Change of Director/Company Secretary
5. Form 13 - Notice of Change of Registered Address
6. Articles of Association/Memorandum of Association
7. NIC/Passport copies of Directors, Authorized Signatories & Beneficial Owners
8. Bank statement proof (within 03 months of issue)

Must be Certified
by the
Company Secretary

****The above document checklist is for Limited Liability Companies. Please contact the CAL Customer Care team for further clarifications on documentational requirements.**

Documents Provided for KYC Verification

| | | | |
|---|--------------------------|--|--------------------------|
| Certificate of Incorporation | <input type="checkbox"/> | Bank statement proof (within 03 months of issue) | <input type="checkbox"/> |
| Form 01/Form 40 | <input type="checkbox"/> | NIC/Passport copies of Directors, Authorized Signatories and Beneficial Owners | <input type="checkbox"/> |
| Form 15 | <input type="checkbox"/> | Any other document (please specify) | |
| Form 20 | <input type="checkbox"/> | | |
| Form 13 | <input type="checkbox"/> | | |
| Articles of Association/Memorandum of Association | <input type="checkbox"/> | | |

8. Office Use Only

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 | <input type="text"/> |
|-----------|------|----------------------|

Risk Profiling

| | | | | | |
|----------|--------------------------|---------------|--------------------------|-------------|--------------------------|
| Low Risk | <input type="checkbox"/> | **Medium Risk | <input type="checkbox"/> | **High Risk | <input type="checkbox"/> |
|----------|--------------------------|---------------|--------------------------|-------------|--------------------------|

To be completed by the officer marking the risk categorization

| | | |
|-----------|------|----------------------|
| Signature | Name | <input type="text"/> |
|-----------|------|----------------------|

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 | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Name | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Date | <input type="text"/> | <input type="text"/> | <input type="text"/> |