



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 - FIS

Type of Account to be Opened

Capital Alliance PLC

Treasury Bills and Treasury Bonds

Repo & Re-Repo

Corporate Application Form (Please fill in BLOCK letters)

1. Customer Details

1. Name of the Company

2. Registered Address

Postal Code/District

District

3. Mailing Address

Postal Code/District

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"/> | |

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 no later than 03 months

} 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)	<input type="checkbox"/>
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	<table border="1" style="border-collapse: collapse; width: 100%; height: 20px;"> <tr> <td style="text-align: center;">D</td><td style="text-align: center;">D</td><td style="text-align: center;">M</td><td style="text-align: center;">M</td><td style="text-align: center;">Y</td><td style="text-align: center;">Y</td><td style="text-align: center;">Y</td><td style="text-align: center;">Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y			

Risk Profiling

Low Risk <input type="checkbox"/>	**Medium Risk <input type="checkbox"/>	**High Risk <input type="checkbox"/>
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To be completed by the officer marking the risk categorization

Signature	Name	<table border="1" style="border-collapse: collapse; width: 100%; height: 20px;"> <tr> <td style="text-align: center;">D</td><td style="text-align: center;">D</td><td style="text-align: center;">M</td><td style="text-align: center;">M</td><td style="text-align: center;">Y</td><td style="text-align: center;">Y</td><td style="text-align: center;">Y</td><td style="text-align: center;">Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y			

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								
FIS Account <input type="checkbox"/>			<table border="1" style="border-collapse: collapse; width: 100%; height: 20px;"> <tr> <td style="text-align: center;">D</td><td style="text-align: center;">D</td><td style="text-align: center;">M</td><td style="text-align: center;">M</td><td style="text-align: center;">Y</td><td style="text-align: center;">Y</td><td style="text-align: center;">Y</td><td style="text-align: center;">Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y
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Verified By	Approved By	System Updated By									
Signature	Name	Date									
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