



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

☐

Statutory Board

☐

Non-Governmental Organization

☐

Partnership

☐

Club/Society/Charitable Trust

☐

A body established under an act of Parliament

☐

Private Limited Liability Company

☐

Unit Trust

☐

Other (Specify) _____

Public Limited Liability Company

☐

Insurance Fund

☐

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

☐

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 4,000,000 - LKR 5,000,000

☐

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

☐

Over LKR 10,000,000

☐

12. Sources of Funds

Business Turnover/Profits

☐

Investment Proceeds/Savings

☐

Commission Income

☐

Business Ownership

☐

Contract Proceeds

☐

Membership contribution

☐

Sale of Property & Assets

☐

Donations / Charities (Local / Foreign)

☐

Export Proceeds

☐

Gifts

☐

Others

4. Authorized Signatories

[illegible][illegible][illegible]

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[illegible][illegible][illegible]

[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

Please send notifications to the below mentioned

E-mail

7

7

7

7

[illegible][illegible]

Authorized Signatory

D	D	M	M	Y	Y	Y	Y
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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.

[illegible]

Authorized Signatory

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

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.

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

Authorized Signatory

D	D	M	M	Y	Y	Y	Y
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D	D	M	M	Y	Y	Y	Y
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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)	
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" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>
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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	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>
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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;

FIS Account	<input type="checkbox"/>	Investment Advisor	<input type="text"/>	Signature	<input type="text"/>	Date	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>
Verified By	<input type="text"/>	Approved By	<input type="text"/>	System Updated By	<input type="text"/>		
Signature	<input type="text"/>		<input type="text"/>		<input type="text"/>		
Name	<input type="text"/>		<input type="text"/>		<input type="text"/>		
Date	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>		<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>		<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>		