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Client Code - FIS

Type of Account to be Opened

Capital Alliance PLC

Treasury Bills and Treasury Bonds

Repo & Re-Repo

1. Customer Details

Individual Application Form (Please fill in BLOCK letters)

1. Name in Full (Mr/Mrs/Miss/Dr/Rev/Other):

Name input grid

2. NIC/PP Number:

NIC/PP Number input grid

3. Date of Issue:

Date of Issue input grid

4. Date of Birth:

Date of Birth input grid

5. Citizenship Details:

Sri Lankan Dual Citizen Foreign National

Country of Residence:

Country of Residence input grid

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

Name of Country:

Passport No:

Name of Country input grid

Passport No input grid

6. Permanent Address:

Permanent Address input grid

Postal Code:

Postal Code input grid

District:

District input grid

7. Correspondance Address:

Correspondance Address input grid

Postal Code:

Postal Code input grid

District:

District input grid

8. Status of Residency Address

Owner With Parent Lease/Rent

Friend's/Relative's Board/Lodging Official

Other:

9. Contact Details

Fixed Line:

Fixed Line input grid

Mobile Number:

Mobile Number input grid

Email Address:

Email Address input grid

10. Income Tax Number (if applicable):

Income Tax Number input grid

11. Employment and Occupation: Employed Unemployed Retired Proprietor/Business Owner Other:

Designation/Occupation:

Name of Employer:

Nature of Business:

Address of Employer:

Telephone No: Fax 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 4,000,000 - LKR 5,000,000
- LKR 5,000,000 - LKR 10,000,000
- Over LKR 10,000,000

13. Sources of Funds

- Salary/Profit Income
- Investment Proceeds/Savings
- Commission Income
- Sales & Business Turnover
- Contract Proceeds
- Membership contribution
- Sale of Property & Asset
- Donations / Charities (Local / Foreign)
- Export Proceeds
- Family Remittances
- Gifts
- Others: _____

14. Purpose of Opening the Account

- Savings/Investments
- Equity/Debt Security Transactions
- Other: _____

15. Are you a Politically Exposed Person (PEP)? 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)

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 USA 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 Statements for verification.*

Payment Instructions - Maturity Proceeds Interest

SLIPS/RTG transfer to any of the above Bank Accounts

- Transfer of Funds for settlement between Capital Alliance Group Companies

3. Name of Person(s) Authorized to Give Instructions

Signing Instructions:

Primary Holder	<input type="text"/>
Name of Portfolio Manager	<input type="text"/>
Name of Trustee/Custodian	<input type="text"/>

4. Consent & Declaration

Enrollment for real-time notification in the Central Depository System of Lanka Secure

Please send notifications to the below mentioned

Please tick the Notification Mode: E-mail SMS E-Mail & SMS

I do not wish to receive real-time notifications from the Central Depository System:

E-Mail Address:

Mobile Number:

Client Signature

Date

Consent to obtain verification of the client's identity with the Department of Registration of Persons

You consent to the verification of your identity and authentication of any data or document furnished by you to us (including but not limited to your name, address, date of birth, National Identity Card number and image) with the Department of the Registration of Persons via any IT system or facility maintained by the said Department.

Client Signature

Date

Email Indemnity for instructions given by Clients

I/We the undersigned ("Client") hereby request Capital Alliance PLC ("Company") to accept and act upon my/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:

Client Signature

Date

Risk Disclosure

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

Terms & Conditions

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

I/We hereby give consent to open a CDS Account & FIS Account and declare that I/we have read and understood the contents of the Customer Agreement/Master Repurchase Agreement.

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

Client Signature

Date

