

**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 &amp; Re-Repo

☐**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. Correspondance 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	<input type="text"/>		<input type="text"/>		<input type="text"/>			
Mobile Number	<input type="text"/>		<input type="text"/>		<input type="text"/>			
Email Address	<input type="text"/>		<input type="text"/>		<input type="text"/>			
10. Income Tax Number (if applicable)		<input type="text"/>		<input type="text"/>		<input type="text"/>		
11. Employment and Occupation	Employed	<input type="checkbox"/>	Unemployed	<input type="checkbox"/>	Employed	<input type="checkbox"/>	Unemployed	<input type="checkbox"/>
	Proprietor/ Business Owner	<input type="checkbox"/>	Retired	<input type="checkbox"/>	Proprietor/ Business Owner	<input type="checkbox"/>	Retired	<input type="checkbox"/>
	Other <input type="text"/>		Other <input type="text"/>		Other <input type="text"/>			
Designation/ Occupation	<input type="text"/>		<input type="text"/>		<input type="text"/>			
Name of Employer	<input type="text"/>		<input type="text"/>		<input type="text"/>			
Nature of Business	<input type="text"/>		<input type="text"/>		<input type="text"/>			
Address of Employer	<input type="text"/>		<input type="text"/>		<input type="text"/>			
Telephone No.	<input type="text"/>		<input type="text"/>		<input type="text"/>			
Email Address	<input type="text"/>		<input type="text"/>		<input type="text"/>			
12. Expected Monthly Value of Investment	Less than LKR 100,000	<input type="checkbox"/>	Less than LKR 100,000	<input type="checkbox"/>	Less than LKR 100,000	<input type="checkbox"/>		
	LKR 100,000 - LKR 500,000	<input type="checkbox"/>	LKR 100,000 - LKR 500,000	<input type="checkbox"/>	LKR 100,000 - LKR 500,000	<input type="checkbox"/>		
	LKR 500,000 - LKR 1,000,000	<input type="checkbox"/>	LKR 500,000 - LKR 1,000,000	<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 1,000,000 - LKR 2,000,000	<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 2,000,000 - LKR 3,000,000	<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 3,000,000 - LKR 4,000,000	<input type="checkbox"/>	LKR 3,000,000 - LKR 4,000,000	<input type="checkbox"/>		
	LKR 5,000,000 - LKR 10,000,000	<input type="checkbox"/>	LKR 5,000,000 - LKR 10,000,000	<input type="checkbox"/>	LKR 5,000,000 - LKR 10,000,000	<input type="checkbox"/>		
	Over LKR 10,000,000	<input type="checkbox"/>	Over LKR 10,000,000	<input type="checkbox"/>	Over LKR 10,000,000	<input type="checkbox"/>		
13. Sources of Funds	Salary/Profit Income	<input type="checkbox"/>	Salary/Profit Income	<input type="checkbox"/>	Salary/Profit Income	<input type="checkbox"/>		
	Investment Proceeds/Savings	<input type="checkbox"/>	Investment Proceeds/Savings	<input type="checkbox"/>	Investment Proceeds/Savings	<input type="checkbox"/>		
	Sales & Business Turnover	<input type="checkbox"/>	Sales & Business Turnover	<input type="checkbox"/>	Sales & Business Turnover	<input type="checkbox"/>		
	Contract Proceeds	<input type="checkbox"/>	Contract Proceeds	<input type="checkbox"/>	Contract Proceeds	<input type="checkbox"/>		
	Family Remittances	<input type="checkbox"/>	Family Remittances	<input type="checkbox"/>	Family Remittances	<input type="checkbox"/>		
	Donations/Charities (Local/Foreign)	<input type="checkbox"/>	Donations/Charities (Local/Foreign)	<input type="checkbox"/>	Donations/Charities (Local/Foreign)	<input type="checkbox"/>		
	Sale of Property & Assets	<input type="checkbox"/>	Sale of Property & Assets	<input type="checkbox"/>	Sale of Property & Assets	<input type="checkbox"/>		
	Gifts	<input type="checkbox"/>	Gifts	<input type="checkbox"/>	Gifts	<input type="checkbox"/>		
	Commission Income	<input type="checkbox"/>	Commission Income	<input type="checkbox"/>	Commission Income	<input type="checkbox"/>		
	Membership contribution	<input type="checkbox"/>	Membership contribution	<input type="checkbox"/>	Membership contribution	<input type="checkbox"/>		
	Export Proceeds	<input type="checkbox"/>	Export Proceeds	<input type="checkbox"/>	Export Proceeds	<input type="checkbox"/>		
	Others <input type="text"/>		Others <input type="text"/>		Others <input type="text"/>			
14. Purpose of Opening the Account	Savings/Investments	<input type="checkbox"/>	Savings/Investments	<input type="checkbox"/>	Savings/Investments	<input type="checkbox"/>		
	Equity/Debt Security Transactions	<input type="checkbox"/>	Equity/Debt Security Transactions	<input type="checkbox"/>	Equity/Debt Security Transactions	<input type="checkbox"/>		
	Other <input type="text"/>		Other <input type="text"/>		Other <input type="text"/>			

## Primary Holder

## Joint Holder 01

## Joint Holder 02

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

Signing Instructions	Primary Holder	<input type="checkbox"/>	Either Party	<input type="checkbox"/>	All parties	<input type="checkbox"/>
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 LankaSecure

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

Primary Holder Signature

01<sup>st</sup> Joint Holder Signature

02<sup>nd</sup> Joint Holder Signature

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

I hereby give consent to the verification of my identity and authentication of any data or document furnished by me/us to you, including the particulars contained in my/our National Identity Card with the Department of the Registration of Persons by the Capital Alliance Group

Primary Holder Signature

01<sup>st</sup> Joint Holder Signature

02<sup>nd</sup> Joint Holder Signature

#### Email Indemnity for Instructions Given by Clients

I/We the undersigned ("Client") hereby request Capital Alliance PLC, Capital Alliance Investments Limited and Capital Alliance Securities (Private) Limited (as applicable) ("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

Primary Holder Signature

01<sup>st</sup> Joint Holder Signature

02<sup>nd</sup> Joint Holder Signature

#### 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.

I/We hereby agree and give consent to all abovementioned sections and declare that I/We have read and understood the contents therein

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

Primary Holder Signature

01<sup>st</sup> Joint Holder Signature

02<sup>nd</sup> Joint Holder Signature

## 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> Holder	02 <sup>nd</sup> 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

FIS Account





Verified By

Approved By

System Updated By

Signature




Name




Date