



# 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

<b>Capital Alliance Securities (Pvt) Ltd</b>	<input type="checkbox"/>
<b>Capital Alliance Investments Limited - Unit Trust</b>	<input type="checkbox"/>
Capital Alliance High Yield Fund <input type="checkbox"/>	Capital Alliance Corporate Treasury Fund <input type="checkbox"/>
Capital Alliance Gilt Fund <input type="checkbox"/>	Capital Alliance Quantitative Equity Fund <input type="checkbox"/>
Capital Alliance Gilt Trading Fund <input type="checkbox"/>	Capital Alliance Investment Grade Fund <input type="checkbox"/>
Capital Alliance Balanced Fund <input type="checkbox"/>	CAL Fixed Income Opportunities Fund <input type="checkbox"/>
Capital Alliance Gil Money Market Fund <input type="checkbox"/>	Capital Alliance Income Fund <input type="checkbox"/>
Capital Alliance Medium Risk Debt Fund <input type="checkbox"/>	
<b>Capital Alliance Investments Limited - Private Wealth Management</b>	<input type="checkbox"/>

**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

9. Type of Organization  9.1 Nature of business

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"/>	

13. Purpose of Opening the Account

Savings/Investments

Equity/Debt Security Transactions

Other \_\_\_\_\_

14. 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 a 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

15. Are you a US person under the Foreign Account Tax Compliance Act (FATCA) of the USA?

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 USA, 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. Key Contact Person Details

1. Name of Key Contact Person

Grid for Name of Key Contact Person

2. Designation

3. Telephone No  Ext

4. Mobile No

5. Fax No

6. E-Mail Address

3. Bank Details

Account Title

Bank Name

Branch Name  Account No

Account Title

Bank Name

Branch Name  Account No

Account Title

Bank Name

Branch Name  Account No

\*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 and Capital Alliance Group Companies

#### 4. Authorized Signatories

Full Name	<input type="text"/>
Designation	<input type="text"/>
NIC	<input type="text"/>
Signature	<input type="text"/>
Full Name	<input type="text"/>
Designation	<input type="text"/>
NIC	<input type="text"/>
Signature	<input type="text"/>
Full Name	<input type="text"/>
Designation	<input type="text"/>
NIC	<input type="text"/>
Signature	<input type="text"/>
Full Name	<input type="text"/>
Designation	<input type="text"/>
NIC	<input type="text"/>
Signature	<input type="text"/>

*\*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

Name of Trustee/Portfolio Manager/ Custodian Bank	<input type="text"/>
Email Address of Trustee/Portfolio Manager/Custodian Bank	<input type="text"/>
Telephone No of Trustee/Portfolio Manager/Custodian Bank	<input type="text"/>

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

\_\_\_\_\_  
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

