

## CLIENT REGISTRATION FORM (FOR COMPANIES)

### BASIC ACCOUNT INFORMATION:

Nature of the entity, please mark

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Private Limited Liability | <input type="checkbox"/> Public Limited Company | <input type="checkbox"/> Global / Regional Fund                       |
| <input type="checkbox"/> Local Fund                | <input type="checkbox"/> Statutory Board        | <input type="checkbox"/> A body establishment under Act of Parliament |
| <input type="checkbox"/> Others (Specify) .....    |   |   |

Status, please mark  Local  Foreign

If listed, please specify .....

### COMPANY DATA

NAME OF COMPANY															
ADDRESS															
TELEPHONE						FAX									
E-MAIL															
BUSINESS REG. NO.						DATE OF INCORP.	D	D	M	M	Y	Y	Y	Y	

(Please attach a photocopy of Certificate of Incorporation)

### INSTRUCTIONS

NAME OF AUTHORISED PERSON															
DESIGNATION															
TELEPHONE						MOBILE									
FAX						E-MAIL									

### EXPECTED VALUE OF INVESTMENT PER ANNUM : MARK

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Less than Rs. 100,000/-            | <input type="checkbox"/> Rs. 100,000/- to Rs. 500,000/-      | <input type="checkbox"/> Rs. 500,000/- to Rs. 1,000,000/-   |
| <input type="checkbox"/> Rs. 1,000,000/- to Rs. 2,000,000/- | <input type="checkbox"/> Rs. 2,000,000/- to Rs. 3,000,000/-  | <input type="checkbox"/> Rs. 3,000,000/- to Rs. 4,000,000/- |
| <input type="checkbox"/> Rs. 4,000,000/- to Rs. 5,000,000/- | <input type="checkbox"/> Rs. 5,000,000/- to Rs. 10,000,000/- | <input type="checkbox"/> Over Rs. 10,000,000/-              |

### SOURCE OF FUNDS : MARK

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Business ownership     | <input type="checkbox"/> Investments                           | <input type="checkbox"/> Business turnover             |
| <input type="checkbox"/> Contract proceeds      | <input type="checkbox"/> Sale of Property / Assets             | <input type="checkbox"/> Gifts                         |
| <input type="checkbox"/> Commission income      | <input type="checkbox"/> Export proceeds                       | <input type="checkbox"/> Investment Proceeds / Savings |
| <input type="checkbox"/> Salary / Profit Income | <input type="checkbox"/> Donations / Charities (Local/Foreign) |  |
| <input type="checkbox"/> Others (Specify) ..... |  |  |

Other Connected businesses / Professional activities & business interests : .....

Other Details / Remarks / Notes (If any): .....

NAME OF BANK						BRANCH									
ACCOUNT NO.															

## DECLARATION

Dear Sir / Madam,

### OPENING OF SECURITIES ACCOUNT WITH THE CENTRAL DEPOSITORY SYSTEM

**We hereby request you to open a Securities Account with the Central Depository System in our name and, We**

- (1) Hereby declare that all particulars and information given in this registration form and the CDS Application Form for Opening of Securities Account are true and correct and that we have read and understood the Conditions of Sale stipulated by the Colombo Stock Exchange governing the share transactions, which we will be entering into with Capital TRUST Securities (Pvt) Ltd. We hereby agree to abide by the said conditions of sale.
- (2) We further declare that we have read and understood the regulations as amended from time to time and issued by the Colombo Stock Exchange to its member companies with regard to the default contracts pertaining to the share transactions and in the event we fail to make payments for stocks purchased on our behalf, on or before the due date of settlement, we hereby authorize Capital TRUST Securities (Pvt) Ltd. to sell at its absolute discretion not only the stocks purchased under to the defaulted contracts but also any other stocks fully paid by us lying in our account with the CDS, in order to enable Capital TRUST Securities (Pvt) Ltd. to recover the monies due to them including interest and other charges.
- (3) We further authorize Capital TRUST Securities (Pvt) Ltd. to hold any credit balance in our account with them, and to recover future payments due for stocks purchased on our behalf from such credit balance unless, otherwise instructed by us.
- (4) We undertake to pay any security deposit required by you in relation to our account including without limitation deposits for purchase contracts made/transacted by us and or on our behalf.
- (5) We authorize you to sell or buy such securities as may be required to clear our position with you.
- (6) We declare that all orders made by us through the telephone shall not be revoked or withdrawn by us, after the execution of the order and shall therefore be confirmed.
- (7) We declare and agree that you may at any time and at your absolute discretion suspend or close our account with or without giving any reason therefor.
- (8) We declare that the funds to be invested for the purchase of securities account to be opened with the CDS will not be funds derived from any money laundering activity or funds generated through financing of terrorism or any other illegal activity.
- (9) We declare that in the event of a variation of any information given to the CDS or to you, in this declaration and other information submitted by us along with the application to open a CDS account and an account with you, we shall inform in writing within fourteen (14) days of such variation.
- (10) We state that the irrevocable authority granted hereby shall in no way affect or exempt us from any inability as stated herein towards the Capital TRUST Securities (Pvt) Ltd arising from or consequent upon any such default.
- (11) Any delayed payments will be subject to additional interest cost on the consideration and it will be debited to our account. Interest percentage will be decided by the Capital TRUST Securities (Pvt) Ltd considering the prevailing interest rates.
- (12) If any Un-authorized purchases/sales have been made in our CDS account, We would within 3 days complain to the CEO/Compliance Officer of your Broker firm in writing.
- (13) We undertake to give you notice in writing of any changes of particulars given overleaf.

**Director**      **Name:** .....      **Signature:** .....  
**Date:** .....      **NIC No.** .....

**Director**      **Name:** .....      **Signature:** .....  
**Date:** .....      **NIC No.** .....

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#### FOR OFFICE USE ONLY

I hereby confirm that to the best of my knowledge and belief that the information given herein by the applicant is true and correct. I further confirm that the applicant is financially stable to maintain a CDS Account.

**Investment Advisor**      **Name:** .....      **Signature:** .....  
**Date:** .....

**Approved By**      **Name:** .....      **Signature:** .....  
**Date:** .....