

NOTE: This application should be submitted through your Participant

CDS 1

TO : The Central Depository Systems (Pvt) Ltd.
04-01, West Block, World Trade Centre,
Echelon Square, Colombo 1.

Authorized
Signature and
Stamp of
Participant

Application for Opening of Securities Account (For Individuals)

Particulars of Depositor/s (i.e. Applicant/s)

Other

TITLE : Mr. Mrs. Miss. Rev. Dr.

LAST NAME :

INITIALS :

NAMES DENOTED BY :

INITIALS :

OCCUPATION :

PERMENANT ADDRESS :

POST CODE :

* NON-RESIDENT / RESIDENT

CORRESPONDENCE :

DATE OF BIRTH : NATIONALITY :

Y Y Y Y M M D D

DIVIDEND DISPOSAL :

NAME OF PERSON(S) :

AUTHORIZED TO GIVE :

(please attach a copy of power of attorney - if applicable)

NATIONAL IDENTITY CARD No. (OR SRI LANKAN PASSPORT No. IF N.I.C. No IS NOT AVAILABLE) :

DETAILS OF SIERRA ACCOUNT (to be completed by Non Resident Applicants only)

NAME OF BANK/ BRANCH :

SIERRA ACCOUNT NO :

1. I/We* hereby request you to open and maintain a Securities Account in my / our * name /s and to act as my / our* depository in relation to the Shares Listed on the Colombo Stock Exchange that may be deposited in my / our* Securities Account from time to time.
2. I/We* have received a copy of the Rules for operation of the Securities Account (Conditions). I/We* agree that the Securities Account will be operated in accordance with the Conditions in force from time to time. Terms defined in the Conditions and used in this Application Form shall have the same meanings.
3. I/We* hereby authorize you to accept delivery of the Shares that may be delivered to you from time to time for deposit into the Securities Account. I hereby represent and Warrant that I/We* have good title to such Shares and that the participant making such deposit is lawfully entitled and duly authorized to do so.
4. I/We* hereby confirm that my/our* Participant has full authority to deposit any Shares into the Securities Account, to withdraw any Deposited Securities on my / our* behalf and to accept the delivery of share certificates and other documents from you on my / our* behalf.
5. I/We* undertake to give you and my / our* Participant notice in writing of any change of the particulars given above.

(i)

(ii)

(iii)

} Signature of Depositor/s

Date :

* Delete accordingly

FOR OFFICE USE ONLY

ASSIGNED CLIENT ID NO :

Receiving Officer's Signature

Note: In the case of joint applications, please indicate particulars of the joint applicant/s overleaf.