

## CLIENT REGISTRATION FORM (FOR INDIVIDUALS/JOINT A/C)

**PERSONAL DATA**

TITLE	Mr	Mrs	Miss	Rev	Dr											
LAST NAME																
INITIALS																
OTHER NAMES																
ADDRESS																
TELEPHONE																
MOBILE																
E- MAIL																
N.I.C./PASSPORT NUMBER											DATE OF ISSUE					
(Please attach a photocopy of N.I.C)																
NATIONALITY											DATE OF BIRTH					

**EMPLOYMENT**

OCCUPATION/PROFESSION																
COMPANY NAME & ADDRESS																
TELEPHONE											FAX					
NATURE OF BUSINESS																

**BANK DETAILS**

NAME OF BANK															
BRANCH															
ACCOUNT NUMBER															

**MAILING INSTRUCTIONS (Please tick ✓)**

- Please post my correspondence to my office
- To my residence
- Cheques to be kept at your office
- Posted to my home
- Posted to my office

**2<sup>ND</sup> JOINT HOLDER**

FULL NAME	.....															
ADDRESS	.....															
TELEPHONE NUMBER	.....										MOBILE	.....				
N.I.C./PASSPORT NUMBER	.....										DATE OF ISSUE	.....				
DATE OF BIRTH	.....															

**3<sup>RD</sup> JOINT HOLDER**

FULL NAME	.....															
ADDRESS	.....															
TELEPHONE NUMBER	.....										MOBILE	.....				
N.I.C./PASSPORT NUMBER	.....										DATE OF ISSUE	.....				
DATE OF BIRTH	.....															

### CAPITAL ALLIANCE SECURITIES (PVT) LIMITED

Level 5, "Millennium House", 46/58, Nawam Mawatha, Colombo 2, Sri Lanka. Tel: 94 11 231 7777 Fax: 94 11 231 7788

BOARD OF DIRECTORS — Ajith Fernando, N. T. M. S. Cooray

# DECLARATION

Dear Sir / Madam,

## OPENING OF SECURITIES ACCOUNT WITH CENTRAL DEPOSITORY SYSTEM

I/We hereby request you to open & maintain a Securities Account in my/our name/s and I/We,

- Declare that all particulars and information given in this registration form and the CDS application form are true and correct and I have read and understood the Conditions of Sale stipulated by the Colombo Stock Exchanges governing the share transactions, which I will be entering into with CAPITAL ALLIANCE SECURITIES (Pvt) Ltd.
- I/We further Declare that I/We have read and understood the regulations as amended from time to time and issued by the CSE to its member companies with regard to the default contracts governing the share transactions and the event I fail to make payments for stocks purchased on my behalf, on or before settlement, I hereby authorize CAPITAL ALLIANCE SECURITIES (Pvt) Ltd to sell at its absolute discretion not only the stocks pertaining to the defaulted contracts but also any other stocks fully paid by me lying in my accounts with the CDS, in order to enable CAPITAL ALLIANCE SECURITIES (Pvt) Ltd to recover the monies due to them including interest and other charges.
- This authority is given to CAPITAL ALLIANCE SECURITIES (Pvt) Ltd by me in addition to the right of CAPITAL ALLIANCE SECURITIES (Pvt) Ltd to sell the specific securities in respect of which I am in default and generally to other rights, powers and remedies available to CAPITAL ALLIANCE SECURITIES (Pvt) Ltd under the prevailing laws, rules & regulations of Sri Lanka. The authority granted hereby shall in no way affect or exempt me from any liability towards CAPITAL ALLIANCE SECURITIES (Pvt) Ltd arising from or consequent upon any such default.

### Applicant

1. Name .....	Signature .....
2. Name .....	Signature .....
3. Name .....	Signature .....

### Witnesses

1. Name .....	Signature .....
2. Name .....	Signature .....

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### FOR OFFICE USE ONLY

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

Investment Advisor ..... Signature .....

Date ..... Authorized by .....