

CLIENT REGISTRATION FORM (For Individual /Joint Applicant)

1. PERSONAL DATA (TO BE FILLED IN BLOCK LETTERS)

First Applicant

Last Name : _____
Initials : _____ Mr./Mrs./Ms./Other: _____
Other Names : _____
Address : _____

Telephone : _____ Mobile: _____
E-mail : _____
NIC/Passport Number : _____ Date of Issue: _____
Nationality : _____ Date of Birth: _____

Employment

Occupation / Profession : _____
Company Name & Address : _____

Telephone : _____ Fax: _____
Nature of Business : _____

Bank Details

Name of Bank & Branch : _____
Account Number : _____

Second Applicant

Last Name : _____
Initials : _____ Mr./Mrs./Ms./Other: _____
Other Names : _____
Address : _____
Telephone : _____ Mobile: _____
E-mail : _____
NIC/Passport Number : _____ Date of Issue: _____
Nationality : _____ Date of Birth: _____

Employment

Occupation / Profession : _____
Company Name & Address : _____

Telephone : _____ Fax: _____
Nature of Business : _____

2. MAILING INSTRUCTIONS (PLEASE TICK APPROPRIATE CAGE)

Correspondence

- To be kept at your office for collection • Mailed

Securities

- To be kept at your office for collection • Mailed
- To be kept at your office under safe custody

Cheques

- To be kept at your office for collection • Mailed

Mailing Address :

Contact Person :

3. AUTHORISATION INSTRUCTIONS

For Endorsements on Securities

- Both Signatures • Either or Survivor

For Transactions/Confirmations

- Both Signatures • Either or Survivor

4. DECLARATION

I/We hereby declare that the information given is true and correct and agree to give notice in writing of any changes of particulars given.

I/We also agree that securities/cheques posted to me/us as per my/our instructions would be at my/our own risk and to bear any cost incurred.

FIRST APPLICANT

SECOND APPLICANT

Date :

Date :

**PLEASE ATTACHÉ CLEAR COPY /COPIES OF NATIONAL IDENTITY CARD OR
PASSPORT/S OF APPLICANTS**