



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

2ND JOINT HOLDER

FULL NAME

ADDRESS

TELEPHONE NUMBER MOBILE

N.I.C./PASSPORT NUMBER DATE OF ISSUE

DATE OF BIRTH

3RD 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

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

..... (date)

The Manager
Capital Alliance Securities (Pvt) Ltd.
Level 5, Millennium house
46/58, Nawam Mawatha
Colombo 02

Dear Sir

I/We hereby authorise CAPITAL ALLIANCE SECURITIES (PVT) LTD to hold any credit balances in my account with them, and to recover future payments for stocks purchased on my behalf from such credit balances, unless otherwise specific instructions are given by me.

Yours faithfully

.....

Signature

Name :

.....

Signature (Joint Holder)

Name :

.....

Signature of Witness

Name :

Id No. :

NOTE: This application should be submitted through your Participant

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

CDS 1

Authorized
Signature and
Stamp of
Participant

Application for Opening of Securities Account (For Individuals)

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

Other

1. TITLE	Mr.	Mrs.	Miss.	Rev.	Dr.											
2. LAST NAME																
3. INITIALS																
4. NAMES DENOTED BY INITIALS																
5. OCCUPATION																
6. PERMENANT ADDRESS																
											7. POST CODE					
											8. * NON-RESIDENT / RESIDENT					
9. CORRESPONDENCE ADDRESS																
10. DATE OF BIRTH					11. NATIONALITY											
	Y	Y	Y	Y	M	M	D	D								
12. DIVIDEND DISPOSAL INSTRUCTIONS																
13. NAME OF PERSON(S) AUTHORIZED TO GIVE INSTRUCTIONS																

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

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

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

16. NAME OF BANK/ BRANCH :

17. SIERRA ACCOUNT NO

- i. 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.
- ii. 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.
- iii. 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.
- iv. 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.
- v. I/We* undertake to give you and my / our* Participant notice in writing of any change of the particulars given above.

(1) _____

(2) _____

(3) _____

Signature of Depositor/s

Date : _____

* Delete accordingly

FOR OFFICE USE ONLY

ASSIGNED CLIENT ID NO :

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

AB	CB	EB	RB	VB

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

Individuals

Authorized
Signature
and
Stamp of
Participant

DECLARATION FORM

I/We _____ of _____
(Full name) (address)

_____ of _____
(Full name) (address)

_____ of _____
(Full name) (address)

In consideration of the Central Depository Systems (Pvt.) Ltd. (CDS) agreeing to open a Securities Account in my/our name(s), hereby declare as follows:

- * 1. The securities to be purchased through the Securities Account to be opened by me/us in the CDS is for my/our benefit only.
- * 2. The securities to be purchased through the Securities Account to be opened by me/us is for the benefit of _____ of _____ and _____ in my/our capacity as the Trustee.
- * 3. I/We being the Trustee, opening the Securities Account for the benefit of the respective beneficiaries, maintain all information pertaining to the ultimate beneficiaries of the account and undertake to promptly release such information, pertaining to the beneficiaries, to CDS at any time, if required by the CDS.
- 4. The application and the documents attached thereto bear true and correct information and no alteration, modification or falsification was carried out to them to hide or deflect true facts.
- 5. In the event of a variation of any information given in the CDS Form 1, this Declaration and other information submitted by me/us along with the application to open a CDS Account, I/we undertake to inform the CDS in writing within fourteen (14) days of such variation.
- 6. The funds to be invested for the purchase of securities through the Securities Account to be opened with the CDS will not be funds derived from any money laundering activity or funds generated through the financing of terrorist or any other illegal activity.
- 7. I/we have not been banned and/or rejected and /or suspended by any criminal/civil tribunal or administrative authority in Sri Lanka or in any other country in connection with the following offences:
 - Engaging directly or indirectly in any transaction in relation to any property which is derived or realized directly or indirectly, from any unlawful activity or from the proceeds of any unlawful activity as defined by the Financial Transactions Reporting Act No. 6 of 2006;
 - Receiving, possessing, concealing, disposing, of or bringing into Sri Lanka or into any other country, or for investing in Sri Lanka or in any other country, any property which is derived or realized, directly or indirectly, from any unlawful activity or from the proceeds of any unlawful activity referred to above; or
 - Any other offence which has been defined as an offence under the Prevention of Money Laundering Act No.5 of 2006 and any amendment thereto or any similar legislation in any other part of the world.
- 8. I/We hereby further declare that I/We am/are person(s) of good standing with no record of criminal convictions in relation to the offences stated above, in Sri Lanka or in any other country.
- 9. I/We or any persons(s) associated with me/us and/or any entity connected to me/us (as a partner, shareholder, director) have against me/us or persons connected and/or associated as aforesaid any convictions/pending criminal proceeding in Sri Lanka or in any other part of the world except the following (give detailed description of any pending litigation);
 - _____
 - _____
 - _____
 - _____
- 10. I/We declare that my/our application and other relevant documentation to open a CDS account has not been refused or any business relationship has not been declined previously by any other Participant of the CDS.
- 11. I/We further declare and agree that, should the CSE/CDS determine any statements made by me/us herein to the contrary, (or any such matter through publicly available information or otherwise) which would in the opinion of the CSE/CDS be detrimental to the CDS as an institution having to comply with the laws/regulations of Sri Lanka pertaining to transactions of its account holders or parties connected to such account holders, the CDS is hereby authorized to unilaterally terminate all depository and such other services connected to me/us and recover related costs or other expenses pertaining to this account.

I/We hereby confirm that the paragraphs "1" to "11" above have been duly read over and understood by me/us prior to signing this Declaration.

(Signature of the Applicant)

(Signature of the 1st Joint Applicant)

(Signature of the 2nd Joint Applicant)

This _____ day of _____ 200—

* Delete whichever is inapplicable