# Individual Fund Management Form

CAPITAL ALLIANCE
The preferred partner in Capital Markets

Capital Alliance Securities (Pvt) Limited
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Tel: 94112317777

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Office Use Only

Application No.

Agent Code

Client Ref. No

## PERSONAL DATA

PLEASE FILL IN BLOCK LETTERS

Please Cirlce

| | FIRST APPLICANT | JOINT APPLICANT |
|---|---|---|
| | Rev / Prof. / Dr. / Mr. / Mrs. / Ms. / Messers | Rev / Prof. / Dr. / Mr. / Mrs. / Ms. / Messers |
| **NAME IN FULL** | | |
| **PERMANENT ADDRESS** | | |
| **CORRESPONDENCE ADDRESS** | | |
| **EMAIL** | Do you prefer to communicate by using e-mail? YES ☐ NO ☐ | |
| **FIXED LINE** | | |
| **MOBILE** | | |
| **NIC/ PASSPORT** | | |
| **NATIONALITY** | | |
| **DATE OF BIRTH** | D D M M Y Y Y Y | |

Mailing instruction, please post my correspondence to my;

Office ☐ Residence ☐ Kept at your office for collection ☐

## INVESTMENT MANDATE

1. Initial Amount of Investment Rs.

*Minimum Investment Amount Rs. 1,000,000/-*

Amount In Words: Rupees

Tick Appropriate Box CASH DEPOSIT ☐ CHEQUE ☐ BANK DRAFT ☐ FUND TRANSFER ☐

**PAYMENT DETAILS**

Cheque/Bank Draft No. Bank Branch

2. **ASSIGNED SHARES FOR MANAGEMENT** ***(please attach a CDS statement, if available)***

| Name of the Company | No. of Shares | Current Market Price |
|---|---|---|
| | | |
| | | |
| | | |

3. **ASSET ALLOCATION GUIDELINES**

| **Type Of Investment** | Asset Allocation Range (% of Fund's NAV) | | |
|---|---|---|---|
| | Minimum | Strategic | Maximum |
| Equities listed in the Colombo Stock Exchange | | | |
| Government securities including Repo investments | | | |
| Other fixed income securities | | | |

4. **TIME HORIZON OF THE INVESTMENT**

Short-term (less than one year) ☐ Medium term (1-3 years) ☐ Long-term (more than 3-years) ☐

5. **INVESTMENT UNIVERSE (***Please select your investment universe.)*

| | | | |
|---|---|---|---|
| Equity investments | ☐ | Government securities including repos | ☐ |
| Initial Public offering (IPOs) | ☐ | All form of bank deposits | ☐ |
| Preference shares | ☐ | Securitizations and asset back trust certificates | ☐ |
| Money market instruments | ☐ | Corporate fixed income securities | ☐ |
| Convertible debt | ☐ | | |

*The fund manager has the freedom to invest in financial instruments not covered above wherever the managers judgment considers it appropriate with the approval of the client.*

6. **RISK TOLERANCE LEVEL OF THE CLIENT** (*Please select your preferred risk level.)*

| | | | |
|---|---|---|---|
| High (*speculative investments*) | ☐ | Above average | ☐ |
| Average | ☐ | Below average | ☐ |
| Low (Treasury investment) | ☐ | | |

7. **MANAGEMENT FEE** *(Please select any of the following fund management fee structure.)*

**Option One** ☐

Quarterly charge of 0.40% per quarter on the net asset value of the fund

**Option Two** ☐

25% of any excess in return over the benchmark rate charge in each quarter

8. **AUTHORIZATION FOR BORROWING**

If You Wish To Allow Fund Manager To Borrow The Funds From The Market, Please Indicate The Limits. (Indicate The Borrowing Limit As Against The Portfolio Value At The Time Of Borrowing). ……%

9. **RESTRICTION OF INVESTMENTS**

| **Equity** | |
|---|---|
| Restricted investments in a group or individual company | |
| Maximum holding of a company from the issued share capital of the company | |
| Related party or directorship restriction | |
| Restricted sale of shares or minimum holding. | |
| **Other Investments** | |
| Maximum period of investment | |
| Restricted Companies For Investments | |
| Maximum exposures for a company. Rs. | |
| Minumum credit rating | |
| Other restrictions | |

**DECLARATION**

I have read, understood and agree to appoint Capital Alliance Securities (Pvt) Ltd. as the Fund manager for me.

I declare that the information given is correct to the best of my knowledge and belief

I confirm that, I have received and read the copy of the Prospectus and the standard fund management agreement.

_____ _____

**Signature of the Customer** **Signature of the Joint Applicant**

Authorised by: Name:_____ Signature: _____ Date: _____