



NatWealth Securities Limited

Prince Alfred Tower, No. 10-1/1, Alfred House Gardens, Colombo 03.

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E mail: info@natwealth.com Web: www.natwealth.com

CENTRAL BANK APPOINTED PRIMARY DEALER FOR TREASURY BILLS & BONDS

Account opening application for Treasury Bills/ Treasury Bonds/ Repos and Reverse Repos

- TO BE FILLED IN BLOCK LETTERS
- Please (X) where applicable

PERSONAL INFORMATION (Primary Applicant)

Full Name of the Applicant
(Mr./Mrs./Miss./ Dr./Rev.)

NIC/ DL/ PP No

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Date of Birth

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Residence Address

Correspondence Address

CONTACT DETAILS

Residence No	Mobile No	Fax	Email

NAME AND ADDRESS OF EMPLOYER

Employer's Name & Address	Occupation	Contact No

PERSONAL INFORMATION (Joint Applicant - I)

Full Name of the Applicant
(Mr./Mrs./Miss./ Dr./Rev.)

NIC/ DL/ PP No

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Date of Birth

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Resident Address

Correspondence Address

NAME AND ADDRESS OF EMPLOYER (Joint Applicant - I)

Employer's Name & Address	Occupation	Contact No

CONTACT DETAILS (Joint Applicant - I)

Residence No	Mobile No	Fax	Email

PERSONAL INFORMATION (Joint Applicant - II)

Full Name of the Applicant (Mr./Mrs./Miss./Dr./Rev.)

NIC/ DL/ PP No Date of Birth

Resident Address

Correspondence Address

NAME AND ADDRESS OF EMPLOYER (Joint Applicant - II)

Employer's Name & Address	Occupation	Contact No

CONTACT DETAILS (Joint Applicant - II)

Residence No	Mobile No	Fax	Email

BANK PARTICULARS

Bank Name & Branch	Account No

TRUSTEE/ CUSTODIAN DETAILS

	TRUSTEE	CUSTODIAN
Name of Trustee		
Address		
Contact Person & Designation		
Telephone No		
Email		
Fax		

SOURCE OF FUNDS

- Cash Deposit
- Cheque
- Bank Transfer
- Other

DEAL CONFIRMATIONS TO BE SENT TO

- Original to the Client & Copy to Trustee/ Custodian
- Only to the Trustee/ Custodian
- Send only to the Client

MODE OF COLLECTION

- By Post to Home
- By Post to Office
- E mail
- Special Instructions

OPERATING INSTRUCTION

- Any one of us
- All of us

ANY OTHER SIGNING INSTRUCTIONS

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TO BE ATTACHED

- Copy of NIC/ DL/ PP
- Master Repurchase Agreement (MRA)
- Customer Agreement of Government Securities (CAGS)
- Know Your Customer (KYC)
- Fax/ Email Indemnity or Both

CUSTOMER SIGNATURE (S)

I/We hereby confirm that all information given herewith is true and correct to the best of my / our knowledge. I/We also authorize you to open and maintain a securities account in my/ our name/s at the Central Depository System (C.D.S) to record securities allocated on my/our transactions.

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1st Signatory

.....

2nd Signatory

.....

3rd Signatory

Date

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FOR OFFICIAL USE ONLY

Client Reference No

Client Code

Introduced By

Date Account opened

Authentication

System Check