



# NatWealth Securities Limited

No. 66/1, Vajira Road, Colombo 04.  
 Tel: +94 11 4703000 Fax: +94 11 4716275  
 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											Date of Birth																	
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											Date of Birth																	
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.)

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NIC/ DL/ PP No

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Date of Birth

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Resident Address

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Correspondence Address

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**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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1<sup>st</sup> Signatory

2<sup>nd</sup> Signatory

3<sup>rd</sup> Signatory

Date 

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**FOR OFFICIAL USE ONLY**

Client Reference No ..... Client Code .....

Introduced By ..... Date Account opened .....

Authentication ..... System Check .....