

Client Registration Form (For Personal Customers)

Secondary Market Transactions



Fully owned subsidiary of National Savings Bank
Accredited Primary Dealer Appointed by Central Bank of Sri Lanka
No. 400, Galle Road, Colombo 03
Tel: 011 242 5010 | Fax: 011 257 4387

For Office Use Only

Date					
Client Code					
Customer Reference No.					
Customer Risk Rate	Low		Medium		High
Introduced by					
Officer's Signature					
Manager's Signature					

Section A – Basic information of the Individual Customer (Mandatory)

Name in full: (In BLOCK Letters)	Mr. / Mrs. /Miss. / Rev. / Dr.				
Residence Address					
NIC / Passport No.					
Nationality		Date of Birth (DD-MM-YYYY)			
Telephone		Mobile			
E-mail					

If non-resident, the person authorized to give instructions

Name				
Address				
Telephone		NIC No.		

Section B – Employment Details

Occupation				
Company Name & Address				
Telephone		Fax		
Nature of Business				

Section C – Joint Holder Details

Joint Holder (i)				
Name in full: (In BLOCK Letters)				
Residence Address				
NIC / Passport No.				
Nationality		Date of Birth (DD-MM-YYYY)		
Telephone		Mobile		

E-mail

Section C – Joint Holder Details

Joint Holder (ii)

Name in full: (In BLOCK Letters)			
Residence Address			
NIC / Passport No.			
Nationality		Date of Birth (DD-MM-YYYY)	
Telephone		Mobile	
E-mail			

Section D – Bank Particulars

Bank Name	Branch	A/C Type	Account No.

Special banking instructions:

Section E – Other Details

Are you a Director or Staff of NSB Fund Management Company Ltd	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you related to any Director or Staff of NSB Fund Management Company Ltd	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a Director or Staff of NSB	<input type="checkbox"/> Yes <input type="checkbox"/> No
If “Yes”, please state the Relationship	
Are you a Director/Employee of another Primary Dealer/ Holding Company and/or an associate of the Primary Dealer	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please state the Prior written concern	

Section F – Declaration

I / We hereby confirm that all information given herewith is true and correct to the best of my / our knowledge.

Dated this on day of 20

..... Signature of Main holder Signature of Joint holder (i) Signature of Joint holder (ii)
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