

Client Registration Form (For Non – 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 Organization (Mandatory)

Name of the Company / Organization: (In BLOCK Letters)			
Address			
Business Registration No. / Act No:			
Nature of the Business / Organization:			
Telephone	(i)	(ii)	(iii)
E-mail	(i)	(ii)	(iii)
Fax	(i)	(ii)	(iii)

Section B – Key Contact Persons Details

Name	Designation	Contact No.	E-mail

Section C – Bank Particulars

Bank Name	Branch	A/C Type	Account No.

Special banking instructions:

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Section D – Authorized Signatories

Authorized Signatories as per Resolution Dated:

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Name	NIC / Passport No.	Designation	Signature

Section E – Supporting Documents to be attached

1. Certified copy of Certificate of Incorporation.
2. Duly certified true copy of the Board Resolution certifying that it is duly adopted at a duly constituted meeting of the Directors of the Company. The Board Resolution should include the following information: -
 - (a) Authorizing the Board of Directors to open an account with NSB Fund Management Co Ltd.
 - (b) Operating instructions such as authorized signatory, etc.,

Section F - Operating Instructions

	1 st Signature	2 nd Signature
Correspondence		
Cheques		
Special Signing Instructions		

Section G – 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

..... Name 1st Signature Name 2nd Signature
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