

Application Form for Purchase of Treasury Bills / Bonds (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					
Customer Reference No.					
Stock Reference No.					
Cost of Investment					
Yield					
Cost per Rs. 100/-					
Date of Sale					
Days to Maturity					
Customer Risk Rate	Low		Medium		High
Officer's Signature					
Manager's Signature					

Section A – Basic information of the Organization

1. Name of the Company / Organization:
 (In BLOCK Letters)

2. Address

The document provided to support the Address verification

3. Business Registration No. / Act No

Telephone / Mobile

(i)

(ii)

(iii)

E-mail

(i)

(ii)

(iii)

Fax

(i)

(ii)

(iii)

4. Purpose of the investment and the Usage

- | | | |
|--|--|--|
| <input type="checkbox"/> Savings | <input type="checkbox"/> Remittances | <input type="checkbox"/> Social & Charity work |
| <input type="checkbox"/> Investment purposes | <input type="checkbox"/> Business transactions | <input type="checkbox"/> |

5. Does the company / organization have any linkage ownership with U.S.? Yes No

(If "Yes" FACTA Declaration has to be submitted along with this Application Form)

Section B – Investment Instructions

Face value of the Treasury Bill / Bond: Rs.

Period of Investment: 3 Months 6 Months 12 Months Years

Amount Invested: Rs.

Mode of Payment

<input type="checkbox"/> Cash	Cheque No.		Other	
<input type="checkbox"/> Cheque	Bank		Branch	

Operating Instructions

Either of Us Other Instructions:

Both of Us

Instructions at Maturity

Reinvest Principal with/ with-out interest:

Reinvest the same Face Value & Pay the Upfront Interest:

Do not Reinvest:

Maturity Proceed / Interest to be paid

<input type="checkbox"/> Cash	A/C No.		Other	
<input type="checkbox"/> Cheque	Bank		Branch	

I / We hereby declare that the above information is true & correct. I / We also abide by the existing rules & regulations & those will be imposed from time to time, governing the purchase of Government Securities by the company and given in the customer agreement annexed to this application.

..... Name Signature Name Signature
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.....
Date



.....



Ref No

National Savings Bank/NSB Fund Management Co Ltd Received sum of Rs.....from
Mr/Mrs/Miss

of.....

to invest in Government Treasury /Bills/Bonds/ Repurchase Agreements for the period

of..... With effect from/...../.....

Confirmation of the investment will be issued by NSB Fund Management Co Ltd & the Public Debt
Department of the central Bank in due course.

.....

.....

Manager/Authorized Officer

Date

NSB/NSB Fund Management Co Ltd.