

Application Form for Purchase of Treasury Bills / Bonds (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					
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 Individual Customer

1.Name in full: (In BLOCK Letters)	(i) Mr. /Ms.
	(ii) Mr. /Ms.
	(iii) Mr. /Ms.

2.Address (if the address different from NIC/PP please provide an acceptable document to prove the given address)

	The document provided to support the Address verification (other than NIC/PP)
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3.NIC / Valid Passport Number	(i)	(ii)	(iii)
Telephone / Mobile	(i)	(ii)	(iii)
E-mail	(i)	(ii)	(iii)
Fax	(i)	(ii)	(iii)
Occupation/Profession	(i)	(ii)	(iii)
Address of the Employer / Company / Business	(i)	(ii)	(iii)

4.Purpose of the investment and the Usage

Employment/Professional income
 Remittances
 Social & Charity work
 Savings
 Business transactions

 Investment purposes

5.Are You a U.S. Person Under the Foreign Account Tax Compliance Act (FATCA) of the U.S.?

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

Applicant (i) <input type="checkbox"/> Yes <input type="checkbox"/> No	Applicant (ii) <input type="checkbox"/> Yes <input type="checkbox"/> No	Applicant (iii) <input type="checkbox"/> Yes <input type="checkbox"/> No
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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.

..... Signature of Applicant (i) Signature of Applicant (ii) Signature of Applicant (iii) Date
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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 Agreement for the
period of.....with effect from/...../.....

Confirmation of the investment will be issues by NSB Fund Management Co Ltd & the Public Debt

Department of the Central Bank of Sri Lanka in due course.

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.....

Manager/Authorized Officer

Date

NSB/NSB Fund Management Co Ltd.