

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 Company / 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.? <input type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> 3 Months <input type="checkbox"/> 6 Months <input type="checkbox"/> 12 Months <input type="checkbox"/> Years			
Amount Invested: Rs.			
Agreed Yield (%)			
Funds Transferred from,			
Name of Bank Account :			
<input type="checkbox"/> Cash	A/C No.		Other
<input type="checkbox"/> Bank	Bank		Branch
<input type="checkbox"/> Cheque			
Operating Instructions			
<input type="checkbox"/> Both of Us <input type="checkbox"/> All of Us <input type="checkbox"/> Other Instructions:			

Instructions at Maturity

☐ Reinvest Principal with Interest:

☐ Reinvest Principal with-out interest:

☐ Reinvest the same Face Value & Pay the Upfront Interest:

☐ Do not Reinvest:

Maturity Proceed / Interest to be paid (*Provide proof of Bank Statements for verification.)

	Account Holder's Name	Account No.	Bank Name	Branch Name
Account 01				
Account 02				
Account 03				

Reinvestment Instructions (If the maturity of the Treasury Bill happens in more than a one-year cycle)

NSBFMC will continue the above instructions for a one-year period unless NSB FMC receives other instructions 7 days prior to the maturity of the investment. NSB FMC will not be rolled over any customer investment beyond over a year unless receipt of new written instructions for the matured investment and on failure to submit written instructions, NSB FMC will credit the maturity proceeds to the bank particulars mentioned above.

General terms and conditions

We hereby declare that the information given above is true and correct.

We agree to abide by the Central Bank and NSBFMC rules and regulations / terms and conditions procedures and any amendments made thereto from time to time by the government taxes payable thereon or at such other rate or rates of interest as NSBFMC may from time to time stipulate.

Adhering to “Central Bank “Customer Charter “We agree to submit new applications/written reinvestment instructions **seven** days prior to the maturity date .

And We are aware that due to my/our failure to provide written reinvestment instructions on time/non issuance or non-availability of government securities, the NSBFMC bears no responsibility for reinvestment or any losses arising out of it.

We undertake to give prior instructions for any changes in maturity instructions, **seven (7) calendar days** prior to the Maturity Date by Written or through registered email address.

We are aware that premature withdrawal policy would be market rate + margin applicable at discount time subject to the company funding availability.

We are aware that in the event of my/our failure to claim proceeds sent by the NSB FMC within 90 days of such payment made, NSBFMC shall transfer such proceeds to the Central Bank as required by Directions issued by the Central Bank .

We agree to inform the NSBFMC immediately of any changes of address/contact details or any other relevant information.

We are aware that in joint investments, all joint investors must sign all documents on government security transactions and in joint investments survivorship rule will be applied.

We agree to inform the NSBFMC of any discrepancy in transactions relating to my/our investments within 14 days of such transaction

We agree to provide all documents and other information required by the NSB FMC/ regulator for the purposes of engaging in Government Securities transactions.

We do hereby provide my/our consent to and irrevocably permit NSB FMC to verify my/our NIC details with the *Department for Registration of Persons* and/or any other Authorized digital platforms.

We also understand that NSB FMC will only use electronic methods to send (only to the main holder) investment confirmations to provided email address and will not send hard copies of investment confirmations to my/our corresponding address.

We do hereby provide our consent to receive copies of the **execution of this Transaction without signatures** sent by facsimile transmission or as a “PDF” (portable document file) attached to an electronic mail message or other transmission method and we also understand that any counterparty so delivered is deemed to have been duly and validly delivered and are valid, fully enforceable, and effective for all purposes without a manually executed original. (If needed can produce signed documents on written request.)

We here by affirm that General Terms and Conditions overleaf have been read and understood.

Risk Disclosure

I/We hereby declare that I/We understand that my/our investments are subject to market and/or interest rate risks and volatility, and the NSB FMC shall not hold any responsibility or liability for the same.

.....
Name	Signature	Name	Signature

.....

Date

NSBFMC shall keep information relating to the Investor as confidential. However, NSBFMC may disclose such information if the Investor consents to or if any such information is required to be disclosed by any statute or by any Court of Law.

Office use only	
Activity	Signature
Funds Received	
Investment Creation / Front Office Authorization	
Investment Authorized	
Confirmation Generated – System	
Investment Authorized - CDS	
Signature Verified – (For Existing)	