

Application Form for Repo(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.					
Cost of Investment					
Yield					
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)	
--	---	--

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)

4.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
---	---	---

Section B – Investment Instructions

Face value of the Securities Provided: Rs.

Period of Investment: ☐ 3 Months ☐ 6 Months ☐ 12 Months ☐ Other.....

Amount Lend / Borrowed: Rs.

Agreed Rate:

Mode of Payment

Name of the Bank Account :

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

Operating Instructions

- ☐ Either of Us
☐ Both of Us

☐ Other Instructions:

Instructions at Maturity

- ☐ Reinvest Principal with interest:
☐ Reinvest Principal with-out interest:
☐ Transfer to Treasury Bill at Maturity:
☐ Do not Reinvest:

Maturity Proceed / Interest to be paid**Name of the Bank Account :**

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

General terms and conditions

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

I/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 “I/We agree to submit new applications/written reinvestment instructions **seven** days prior to the maturity date . And I am /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.

I/We agree to provide changes pertaining to maturity instructions seven calendar days prior to maturity of the investments.

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

I am/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 .

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

I am/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.

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

I/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*.

I/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.

I/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.)

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.

..... Signature of Applicant (i) Signature of Applicant (ii) Signature of Applicant (iii) Date
--	---	--	----------------------

Office use only

Activity	Signature
Funds Received	
Investment Creation / Front Office Authorization	
Investment Authorized	
Confirmation Generated – System	
Investment Authorized - CDS	
MRA Availability	