

# Client Registration Form(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						
Client Code						
Customer Reference No.						
Customer Risk Rate	Low		Medium		High	
Introduced by						
Officer's Signature						
Manager's Signature						

## Section A – Basic information of the Individual Customer (Mandatory)

<b>Name in full:</b> (In BLOCK Letters)	Mr. /Mrs. /Miss. / Rev. / Dr.				
<b>Residence Address</b>					
<b>NIC / Passport No.</b>					
<b>Nationality</b>		<b>Date of Birth</b> (DD-MM-YYYY)			
<b>Telephone</b>		<b>Mobile</b>			
<b>E-mail</b>					

*If non-resident, the person authorized to give instructions*




<b>Name</b>			
<b>Address</b>			
<b>Telephone</b>		<b>NIC No.</b>	

## Section B– Employment Details

<b>Occupation</b>			
<b>Company Name &amp; Address</b>			
<b>Telephone</b>		<b>Fax</b>	
<b>Nature of Business</b>			

## Section C– Joint Holder Details

<b>Joint Holder (i)</b>			
<b>Name in full:</b> (In BLOCK Letters)	Mr. /Mrs. / Ms.		
<b>Residence Address</b>			
<b>NIC / Passport No.</b>		<b>Nationality</b>	
<b>Telephone</b>		<b>Date of Birth</b> (DD-MM-YYYY)	
<b>Mobile</b>			

<b>E-mail</b>			
<b>Occupation/Profession</b>		<b>Address of the Employer / Company / Business</b>	
<b>Section D– Joint Holder Details</b>			
<b>Joint Holder (ii)</b>			
<b>Name in full:</b> (In BLOCK Letters)	Mr. /Mrs. / Ms.		
<b>Residence Address</b>			
<b>NIC / Passport No.</b>		<b>Nationality</b>	
<b>Telephone</b>		<b>Date of Birth</b> (DD-MM-YYYY)	
<b>Mobile</b>			
<b>E-mail</b>			
<b>Occupation/Profession</b>		<b>Address of the Employer / Company / Business</b>	
<b>Section E– Other Details</b>			
Are you a Director or Staff of NSB Fund Management Co. Ltd	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you related to any Director or Staff of NSB Fund Management Co. Ltd	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you a Director or Staff of NSB	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If “Yes”, please state the Relationship			
Are you a Director/Employee of another Primary Dealer/ Holding Company and/or an associate of the Primary Dealer	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please state the Prior written concern			
<b>Section F– Declaration</b>			
I / We hereby confirm that all information given herewith is true and correct to the best of my / our knowledge.			
<b>Dated this on ..... day of ..... 20 .....</b>			
			
<b>Signature of Main holder</b>		<b>Signature of Joint holder (i)</b>	
			
		<b>Signature of Joint holder (ii)</b>	

Office use only

Activity	Signature	Document Check List( for Client Registration)	
Documents completed		Investment Application (T Bill / Bond)	
Risk assessment done		Customer Registration	
Customer Created – System		KYC	
Customer Created – CDS		Customer Agreement	
Documents filed		Standard Service Agreement	
		Fax / E-mail Indemnity	
		Real Time Notification	
		MRA	
		NIC	
		Billing Proof (if required)	
		Form A / B	
		Bank Copy	
		Other	