

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

Section A – Basic information of Organization (Mandatory)

Name of the Company / Organization: (In BLOCK Letters)			
Address			
Business Registration No. / Act No:			
Nature of the Business / Organization:			
Telephone	(i)	(ii)	(iii)
E-mail	(i)	(ii)	(iii)
Fax	(i)	(ii)	(iii)

Section B– Key Contact Persons Details

Name	Designation	Contact No.	E-mail

Section C– Bank Particulars

Bank Name	Branch	A/C Type	Account No.	
Special banking instructions:				

Section D– Authorized Signatories

Authorized Signatories as per Resolution Dated:

.....

Name	NIC / Passport No.	Designation	Signature

Section F– Declaration
☐ We hereby confirm that all information given herewith is true and correct to the best of my / our knowledge.

Dated this on day of 20

..... Name 1 st Signature Name 2 nd Signature
---------------	------------------------------------	---------------	------------------------------------

Office use only

Activity	Signature
Documents completed	
Risk assessment done	
Customer Created – System	
Customer Created – CDS	
Documents filed	

Document Check List	
Certificate of Incorporation	
KYC of all Directors & copies of NICs	
List of major shareholders with equity interest of more than ten percent	
Beneficial ownership declaration	
Copy of Articles of Association	
Details of names of the signatories approved by BOD	
Copy of Board Resolution regarding the conduct of the account	
Copy of certificate to commence business (for public companies)	
Copy of the Bank Account	
Copy of form 01/ form 40	
Latest Audited Accounts (If available)	
If applicable	
Copy of BOI / Export Development Board approved letter	
Copy of form 15	
Copy of form 20	
Copy of form 44	
Copy of form 45	
List of subsidiaries and affiliates	