## **Client Registration Form(For Non – Personal Customers)** Secondary Market Transactions For Office Use Only Date Client Code Customer Reference No. Customer Risk Rate Low Medium High Fully owned subsidiary of National Savings Bank Introduced by Accredited Primary Dealer Appointed by Central Bank of Sri Lanka No. 400, Galle Road, Colombo 03 Officer's Signature Tel: 011 242 5010 | Fax: 011 257 4387 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) (i) (ii) (iii) Fax Section B- Key Contact Persons Details **Designation** Contact No. E-mail Name Section C-Bank Particulars **Bank Name Branch** A/C Type Account No. **Special banking instructions:**

Authorized Signatories as per	Resolution Dated:			
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Latest Audited Accounts (If available)

Copy of BOI / Export Development Board approved letter

List of subsidiaries and affiliates

If applicable

Copy of form 15 Copy of form 20 Copy of form 44 Copy of form 45