

SC SECURITIES (PVT) LTD

APPLICATION FOR OPENING OF SHARE ACCOUNT

CODE NO.

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TITLE

<input checked="" type="checkbox"/> Mr.	<input type="checkbox"/> Mrs.	<input type="checkbox"/> Miss.	<input type="checkbox"/> Hon.	<input type="checkbox"/> Dr.	<input type="checkbox"/> Rev.	<input type="checkbox"/> Other
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SURNAME PERERA

INITIALS M.R.S.D.

NAME DENOTED BY INITIALS MUHAMMADIRAN RALALAGE SAHAN

DHARSHANA

ADDRESS: NO. 300, + (correspondence address)

PAGODA ROAD,

NUNEGODA

TEL/RES: 0112203045

TEL.OFFI: 0775286310

DATE OF BIRTH 961023

Y Y M M D D

NATIONALITY SRI LANKAN

OCCUPATION: CHARTERED ACCOUNTANT

NATIONAL IDENTITY CARD NO.(OR SRI LANKAN PASSPORT NO. IF N.I.C.NO.NOT AVAILABLE):

960086305V

SECOND JOINT HOLDER:

TITLE

<input type="checkbox"/> Mr.	<input type="checkbox"/> Mrs.	<input type="checkbox"/> Miss.	<input type="checkbox"/> Hon.	<input type="checkbox"/> Dr.	<input type="checkbox"/> Rev.	<input type="checkbox"/> Other
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SURNAME

INITIALS

NAME DENOTED BY INITIALS

ADDRESS:

TEL/RES:

TEL.OFFI:

DATE OF BIRTH

Y Y M M D D

NATIONALITY

OCCUPATION:

NATIONAL IDENTITY CARD NO.(OR SRI LANKAN PASSPORT NO. IF N.I.C.NO.NOT AVAILABLE):

MODE OF INSTRUCTION: EITHER/BOTH/SPECIFIED/INDIVIDUALLY

BY FAX BY PHONE BY WRITING

All transactions shall be subject to the rules of the Colombo Stock Exchange and other prevailing laws and regulations of Sri Lanka and in particular to the authority hereinafter granted by the client to the broker.

I/We hereby permit and authorize SC Securities (Pvt.) Ltd., [hereinafter referred to as BROKER] at their absolute discretion and at my/our risk to sell and transfer any or all of the shares or securities in any Company whatsoever from time to time or at anytime registered in my/our Securities Account to be opened and maintained by the BROKER at the Central Depository System (Pvt.) Limited in order to make good and compensate for any loss or damages incurred or sustained by the BROKER as a result of my/our default (for whatsoever reason) in making any payments lawfully due to the BROKER (on account of any transaction pertaining to said my/our Securities Account) on or before the settlement date.

This authority is given to the BROKER by me / us in addition to the right of the BROKER to sell the specific Securities in respect of which I / we am / are in default and generally to other rights, powers and remedies available to the BROKER under the prevailing law, rules and regulations of Sri Lanka. The authority granted hereby shall in no way after or exempt me/us from any liability towards the BROKER arising from or consequent upon any such default.

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

Signature; I (Signature)

II

Date: 2020/07/06

Witness (1):

Name & Address: Witness Name
Witness Address

Signature: Signature

Witness (1):

Name & Address: Witness Name
Witness Address

Signature: Signature

3. ද්විත්ව පුරවැසිතාවය පිළිබඳ විස්තර. (✓ යොදා සලකුණු කරන්න.) இரட்டை-குடியுரிமை விபரங்கள் (✓ என அடையாளமிடவும்) Dual-citizenship Details (Please mark placing a ✓)	Main Holder	1 st Joint Holder	2 nd Joint Holder
රට / நாடு / Country 1: ගණේ බලපත්‍ර අංකය / கடவுச்சீட்டு இல / Passport No.:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
රට / நாடு / Country 2: ගණේ බලපත්‍ර අංකය / கடவுச்சீட்டு இல / Passport No.:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
රට / நாடு / Country 3: ගණේ බලපත්‍ර අංකය / கடவுச்சீட்டு இல / Passport No.:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. මෙ. ඇ.එ.ජ.වේ විදේශ ගිණුම් බඳු අනුකූලතා පනත යටතේ ඇ.එ.ජ.වේ තැනැත්තෙක් ද? (✓ යොදා සලකුණු කරන්න.) நீங்கள் ஒரு அமெரிக்க வெளிநாட்டு கணக்கு வரி இணக்கச் சட்டத்துக்கு (FATCA) உட்படுகின்ற அமெரிக்க பிரஜையா? (✓ என அடையாளமிடவும்) Are you a US person under the Foreign Account Tax Compliance Act (FATCA) of the US? (Please mark placing a ✓)	Main Holder	1 st Joint Holder	2 nd Joint Holder
මගේ (පිළිගත මගේ නමේ අයදුම් පත්‍රය සමඟ එකී පනතේ අදාළ ප්‍රකාශය ඉදිරිපත් කළ යුතුය.) ஆம் (ஆமெனின், விண்ணப்பப்படிவத்துடன் FATCA பிரகடனத்தை சமர்ப்பிக்க வேண்டும்) Yes (If yes, FATCA declaration has to be submitted along with application form)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
තමා (මම/අපි ඇ.එ.ජ.වේ විදේශ ගිණුම් බඳු අනුකූලතා පනත යටතේ ඇ.එ.ජ.වේ තැනැත්තෙක් බවට පත්වෙන්නේ නම් එම කාරණය සහතිකවන්නට පහත දැනුම් දීමට මම/අපි යොදාගත් දේ/දෙනු.) இல்லை (அமெரிக்கச் சட்டத்தின் கீழ் ஒரு அமெரிக்கப் பிரஜையாக மாறுகின்ற சந்தர்ப்பத்தில் நான்/நாம் உடனடியாக சொல்லப்பட்ட தகவல்களை பங்குபற்றுவருக்கு அறிவிப்பதற்கு பொறுப்பேற்றுக் கொள்கின்றேன்/கொள்கின்றோம்) No (In the event if I/We become a US person under FATCA of US, I/ We do hereby undertake to inform the said fact to the Participant immediately)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. රැකියාව (✓ යොදා සලකුණු කරන්න.) தொழில் (✓ என அடையாளமிடவும்) Employment (Please mark placing a ✓)	Main Holder	1 st Joint Holder	2 nd Joint Holder
සේවා නිලධාරී / தொழில் செய்யவர் / Employed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ස්වයං රැකියා නිලධාරී / சுய தொழில் செய்யவர் / Self Employed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
වෘත්තීය/ව්‍යාපාරයේ ස්වභාවය / வாழ்க்கைத் தொழில்/வியாபாரத்தின் தன்மை / Occupation / Nature of Business	CHARTERED ACCOUNTANT		
ව්‍යාපාරයේ/සංවිධානයේ නම / வியாபாரத்தின் பெயர்/நிறுவனம் / Name of the Business / Organization	ABC COMPANY (PVT) LTD		
තාප්පාලයේ ලිපිනය / அலுவலக முகவரி / Office Address	COMPANY ADDRESS		
දුරකථන අංකය / தொலைபேசி / Telephone	Tele No. (COMPANY)		
ෆැක්ස් අංකය / தொலைநகல் / Fax	Fax No. (COMPANY)		
විද්‍යුත් තැපෑල / மின்னஞ்சல் / E-mail	Email (COMPANY)		

