

## Corporate Application Form

# ArpicoAtaraxia Asset Management (Private) Limited

Level 4, 67A, Gregory's Road, Colombo 7, Sri Lanka.

**Note: This form should be completed and retained by the member firm in accordance with FIU regulations.**

This information is sought under the Prevention of Money Laundering Act No: 6 of 2005, Financial Transaction Reporting Act No: 6 of 2006 and the Rules for the Securities Industry issued by the Financial Intelligence Unit of the Central Bank of Sri Lanka.

All the information as applicable in all the sections below are mandatory for the Applicant and Section D should be completed by the authorized person(s) if applicable.

Name of the Applicant	
Date	

### SECTION A - INVESTOR'S DETAILS

1. **Nature of the Entity:** Please tick (✓)

- |  |  |
|--|--|
| <input type="checkbox"/> Limited Liability Company                     | <input type="checkbox"/> Public Limited Company        |
| <input type="checkbox"/> Global & Regional Fund                        | <input type="checkbox"/> Local Fund                    |
| <input type="checkbox"/> Statutory Body                                | <input type="checkbox"/> Other: (Please Specify) ..... |
| <input type="checkbox"/> A Body established under an Act of Parliament |  |

2. **Status:** Please tick (✓)

- Local                       Foreign

3. a) **Whether Listed on CSE**                      Please tick (✓)       Yes       No  
b) **Whether Listed on Other Stock Exchange**      Please tick (✓)       Yes       No

4. **Nature of Business:**

5. **Date & Place of Incorporation:**

6. **Company Registration No:**

7. **Registered Address:**

8. **Correspondent Address:**

9. **Bank Details:**

Bank:..... Branch:..... Type of A/C..... A/C No.....



<b>10. Investment Details</b>	<b>Investment Amount</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<b>Invested Date</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<b>Invested Unit Price</b>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<b>No. of Unit</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>11. Source of Fund:</b>										
<input type="checkbox"/> Business Income <input type="checkbox"/> Donation <input type="checkbox"/> Membership Fee <input type="checkbox"/> Collection										
<input type="checkbox"/> Return on Investment <input type="checkbox"/> Other (Please Specify) .....										
<b>12. Anticipated Volume of Investment:</b>										
<input type="checkbox"/> Less than Rs 100,000 <input type="checkbox"/> Rs 100,001-500,000 <input type="checkbox"/> Rs 500,001-1,000,000 <input type="checkbox"/> Above Rs 1,000,000										

**SECTION B - CONTACT DETAILS OF THE INVESTOR**

a) **Name of the Key Contact Person:** .....

b) **Telephone No. (Office):** .....

c) **Mobile Number:** .....

d) **Fax Number:** .....

e) **E-mail Address:** .....

**SECTION C - DETAILS OF THE DIRECTORS**

Name	.....
Address	.....
NIC/PP No	.....
Name	.....
Address	.....
NIC/PP No	.....
Name	.....
Address	.....
NIC/PP No	.....
Name	.....
Address	.....
NIC/PP No	.....



**SECTION D - AUTHORISED SIGNATORIES DETAILS**

Name .....	
Address .....	
NIC/PP No .....	
Capacity .....	
Name .....	
Address .....	
NIC/PP No .....	
Capacity .....	
Name .....	
Address .....	
NIC/PP No .....	
Capacity .....	
Name .....	
Address .....	
NIC/PP No .....	
Capacity .....	

- **Instructions for orders.** (Accepted at client’s risk)-

Telephone: Yes/No If “Yes”, password for identity: ..... Fax: Yes/No E-mail: Yes/No

- **Instructions for contract notes.** (Tick as appropriate)

E-mail  Post  Fax

- **Investment Objective:** .....

- **References:**

Name	Tel. No

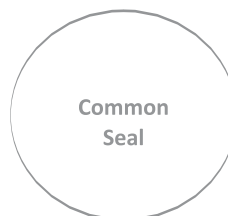
We abide by the terms and conditions of the Corporate Application form, which is annexed herewith and agreed to be bound by same.

- **Authorised Signatories:**

**Investor**

1. ....

2. ....



**FOR OFFICIAL USE ONLY**

Advisor: ..... Signature: ..... Date: .....  
Manager - Sales: ..... Signature: ..... Date: .....  
Manager - Compliance: ..... Signature: ..... Date: .....  
System Updated - Signature (Data Entry Operator)..... Signature: ..... Date: .....

Risk Profiling			
Category	Rating	Total	Over Rating
Client Type			
Business / Trade			
Investment Per Annum			

Manager - Compliance: ..... Signature: ..... Date: .....  
Manager - Finance: ..... Signature: ..... Date: .....