Individual Application Form

ArpicoAtaraxia Asset Management (Private) Limited

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

Please either post, fax or send a scanned copy of the completed Application Form to:

ArpicoAtaraxia Asset Management (Private) Ltd
Level 4, 67 A, Gregory's Road, Colombo 07.
Hotline: +94 115 882 865 E-mail: fundsinfo@arpicoataraxia.com Web: www.arpicoataraxia.com

Note: "SECTION E" is only Applicable to "Secondary Applicants".
We reserve the right to refuse applications if you do not provide relevant information requested.

☐ **CASH MANAGEMENT TRUST FUND** ☐ **EQUITY INCOME FUND** ☐ **SRI LANKAN BOND FUND** ☐ **REPO INVESTMENT FUND** ☐ **USD FIXED INCOME FUND**

SECTION A - PERSONAL DETAILS

Title Rev. ☐ Mr. ☐ Mrs. ☐ Ms. ☐

Name of Applicant Initials ☐☐☐☐☐☐☐ First Name ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐
Last Name ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Postal Address ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐
☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

NIC/Passport/
Company Reg. No ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Date of Birth/Incorporation D D M M Y Y Y Y Nationality ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Country ☐☐☐☐☐☐☐☐☐☐ District ☐☐☐☐☐☐☐☐☐☐ Postal Code ☐☐☐☐

Tel ☐☐☐☐☐☐☐☐☐☐ Mobile ☐☐☐☐☐☐☐☐☐☐ Fax ☐☐☐☐☐☐☐☐☐☐

E-mail ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Bank Details:

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

Investment Details:

Investment Amount

Invested Unit Price .

Investment Date D D M M Y Y Y Y

No. of Unit

SECTION B - EMPLOYMENT DETAILS

Occupation

Company Name

Postal Address

Tel

Fax

E-mail

SECTION C - NOMINEE DETAILS

Status Single Married

Nominee's Name

Nominee's Address

Relationship to Nominee

SECTION D - SECONDARY APPLICANT'S DETAILS

Title Rev. ☐ Mr. ☐ Mrs. ☐ Ms. ☐

Name of Applicant

Postal Address

NIC/Passport/
Company Reg. No

Date of Birth/Incorporation D D M M Y Y Y Y Nationality

Country ..... District ..... Tel .....

Mobile ..... E-mail .....

SECTION E - SIGNATURES

Applicant's Signatures

Each signatory below confirms that they have been duly authorised to execute this application on behalf of the applicant/s and that the signing authorities specified below have also been duly authorised.

Authorised Signatory

Name .....

Date .....

Authorised Signatory

Name .....

Date .....