# CT SMITH ACCOUNT OPENING APPLICATON FORM (CORPORATE ENTITIES) ASSET MANAGEMENT Please Select the Collective Investment Scheme (Unit Trust Fund) CT Smith High Yield Fund CT Smith Gilt Edged Fund CT Smith Equity Fund CT Smith Money Market Fund CT Smith Income Fund CT Smith Growth Equity Fund **DETAILS OF THE COMPANY** Name of the company Registered Address Company Registration No Date of Incorporation Telephone No **Email** Nature of the Business **KEY CONTACT DETAILS** Name Designation Telephone **Email BANKING PARTICULARS Account Name Bank Branch** Account Number **AUTHORISED SIGNATORIES** Authorised signatories as per the Board Resolution dated ...... Name NIC/ Passport No Designation **Signature Email Indemnity** I/We the undersigned ("Client") hereby request CT Smith Asset Management (Pvt) Ltd ("Company") to accept and act upon my/our instructions sent via electronic mail address set out herein ("Instructions") with regard to any transaction notwithstanding the fact that the identity of the sender cannot be verified by the Company. The Company shall not be liable to the Client or any third party for, and the Client shall indemnify the Company at all times against, any loss, damage, claim, expense or liability, whether involving fraud or not, and whether arising in contract, tort or otherwise, howsoever in connection with any Instruction which appears to originate from the Client or its authorized representative. Client is responsible for ensuring sufficient safeguards are in place to prevent any unauthorized Instructions being sent from the client's systems Until such time as the Company acknowledges the Instructions by return mail, the Instructions shall not be deemed delivered and the Company shall have no liability for errors delays or losses caused as a result thereof. The Company has absolute discretion to reject/not act on an Instruction and request the Client to provide a written confirmation duly signed by the Client E-mail Address

I/ We confirm, that this investment is made on the understanding that prices of units could move up as well as down from time to time

Date

Authorise Signatory Authorise Signatory

due to market fluctuations, as explained in the Explanatory Memorandum

#### Terms & Conditions

Please read the Fund's Key Investor Information Document before completing this Application Form

Duly completed Application Form can be forwarded to the office of CT Smith Asset Management (Pvt) Ltd. or through any authorized marketing agent appointed by CT Smith Asset Management (Pvt) Ltd.

Any change of contact details /bank account details should be notified immediately in writing to the Managing Company at CT Smith Asset Management (Pvt) Ltd, 04-15, Majestic City, 10, Station Road, Colombo 04

The common seal or rubber stamp of the Company should be affixed and the Unit Trust Application Form should be duly signed as stipulated in the constitutional documents of such applicant.

Applications must be made on this Form. Exact size photocopies of this Form may also be used

Payments for the purchase of Units by Non-Resident applicants can be through an Inward Investment Account (IIA) or an account maintained in foreign currency at a licensed commercial bank

The managing company does not accept cash for subscriptions. Payments should be made either by cheque or through a fund transfer to the relevant account listed below.

Unit in the trust are sold based on information contained in the KIID. Such units shall be issued pursuant to the provisions of the Trust Deed. Copies of Trust Deed may be purchased from the Manager at Rs.500/- each,

In the case of application made under a Power of Attorney, a copy of the Power of Attorney (Certified by a Notary Public) should accompany the application.

#### **Mode of Payment**

Payment should be made separately in respect of each application, either in cash or by cheque/ Bankers draft in favor of account name according to the fund which you are able to invest as following and crossed A.C Payee only. Payments will be treated as valid only on realization. Payment maybe made by cash only to "CT Smith Asset Management (Pvt) Ltd" Office.

An investment can be made by depositing money as following (Pease write your name and ID number clearly on deposit slip)

Fund	Account Name	Account Number	Bank	Branch
CT Smith Equity Fund	CT Smith Asset Management (Pvt) Ltd	1020087201	Commercial Bank	City Office
CT Smith High Yield Fund	CT Smith High Yield Fund	0030 1052 8647	Hatton National Bank	Head Office
CT Smith Gilt Edged Fund	CT Smith Gilt Edged Fund	0030 1052 8656	Hatton National Bank	Head Office
CT Smith Growth Equity Fund	CT Smith Growth Equity Fund	0043133003	Deutsche Bank AG	Colombo
CT Smith Money Market Fund	CT Smith Money Market Fund	0043133001	Deutsche Bank AG	Colombo
CT Smith Income Fund	CT Smith Income Fund	0043133008	Deutsche Bank AG	Colombo
Collection Account	CT Smith Asset Management (Pvt) Ltd	1030026486	Commercial Bank	Head Office
	CT Smith Asset Management (Pvt) Ltd	0020 1055 3053	Hatton National Bank	City Office

No marketing agent (Except CT Smith Asset Management (Pvt) Ltd) is permitted to accept cash from investors for the purchase of units of funds managed by

Investments in unit trusts as well as proceeds on redemption of units shall be in Sri Lankan rupees only.

CT Smith Asset Management (Pvt) Limited 4th Floor, Majestic City, 10 Station Road, Colombo 4. Tel: 0115759570 / 0112506204 / 0112506347 www.ctsmith.lk



### KNOW YOUR CUSTOMER (KYC) PROFILE FORM - NON-INDIVIDUAL

(For each Director, Office Bearer, or Authorized Signatory, an individual KYC needs to be completed)

01. Client Details		
1.1 Name of the Company		
1.2 Registered Address		
1.3 Business Registration Number		
1.4 Country of Incorporation	Sri Lankan Other Country	
	Reason for opening an account in Sri Lanka	
1.5 Nature of Business		
1.6 Date of Incorporation		
1.7 Income Tax File Number		
1.8 Type of Organization	Sole Proprietorship Club/Society/Charitable Trust Partnership Insurance Fund Public Limited Liability Company Private Limited Liability Company	
02. Contact Information	<del>-</del>	
2.1 Correspondence Address		
2.2 Contact Number		
2.3 E-mail Address		
03. Financial Information		
3.1 Expected Monthly Turnover of the	Entity	
3.2 Expected Total Value of Transactio		
3.3 Anticipated Monthly Volume (RS.)		00 - 10,000,000 000 - 100,000,000
3.4 Source of Income	Export Proceeds Business Ownership Sale of Prop	Proceeds/Savings perty/Assets Charities (Local/Foreign)
04. Other Information		
4.1 Purpose of Opening an Account	Trading Investment Other	
4.2 Mode of Transaction	Cheque Bank Transfer Other	

4.3 Are you a USA person under the Fo	reign A	ccount Tax Co	ompliance .	Act (FA	ATCA)					
	Yes If ves	EATCA decla	ration has	No to be s		along with account	onening do	cumen	tation	
	11 yes,	17 (1 C) ( decid	ration nas		abilitica t	along with account	ореннів ас	, carrier	tation	
05. Director Information										
Name in Full as per NIC/Passport* (Underline the surname) (Mr/Mrs/ Ms/ Dr/ Rev)	NIC or Pa Country o	ssport Number of Issue	Contact Detail (Mobile / Emai		Current Addre	ss	Citizenship 1= Sri Lankan ( 2= SL with dua citizenship** 3= SL residing overseas** 4= Foreign National**		Status of Directorship 1=Executive (Salaried) 2= Executive (Non salaried) 3= Non-Executive and Independent 4= Non-Executive- non independent 5= Committee/ Authorized Officer	Check if PEP
06. Beneficial Ownership										
As per the Rule 99 of the CDD Rules ultimately owns or controls a customer effective control over a legal person o providing more than ten percent (10%)	or the	person on wh al arrangemer	ose behalf nt. Accordi	a trans	saction is b	peing conducted in	cluding the	person	who exercises u	ltimate
Name		NIC or Passport Number / Country of Issue / Country of Citizenship		Date of Birth		Current Address		Sources of Beneficial Ownership 1=Equity (indicate %) 2=Effective Control 3=Person on whose Behalf Account is Operated		Check if PEP

## 07. Declaration

System Entered By

Signature

We hereby declare that the details furn changes therein, immediately. In case a aware that we may be held liable for i registration Agencies.	ny of the above inform	mation is found to be fa	lse or untrue or n	nisleading	or misrepresenting, We are		
1	Authorized Signa	etory		Autho	rized Signatory		
	, tatriorized oigne			, tatilo			
	d d m m y y	УУ		d d m	m y y y y		
Office Use Only							
Document Verification							
Required Documents (As applicable)							
1. Certified copy of Certificate of Incorporation	or similar document						
2. Certified copy of the Board resolution authorizing the opening of the account and authorized officers giving instructions							
3. Certified copy of Articles of Association							
4. Certified copy of Form 1 or Form 40(Applica	tion for registration of a co	mpany)					
5. Certified copy of Form 20 -Change of Direct	or/ Secretary						
6. Certified copy of Form 15(Annual Return)							
7. Certified copy of Form 13 in case of a change	e in address						
8. Certified copy of Form 45- List of particulars	of the Directors of a comp	any outside Sri Lanka and pla	ce				
9. Bank statement proof no later than 03 month	าร						
10. Duly completed KYC of all existing director.	/authorized officers/office	bearers					
11. Certified NIC/Passport Copies of directors,	authorized signatories, ber	neficial owners					
Risk Profiling	Low Risk	Medium Risk	High Risk				
Verified By	Signature	Name			d d m m y y y y  Date		
Approved By	Signature	Name			d d m m y y y y  Date		

Name

d d m m y y y y



# KNOW YOUR CUSTOMER (KYC) PROFILE FORM - INDIVIDUAL (For Joint Accounts. Each account needs to fill a Separate form)

01. Personal Details	
1.1 Title	Mr. Mrs. Other
1.2 Gender	Male Female
1.3 Name in full	
1.4 Address	
1.5 NIC/ PP No	
1.6 Nationality	Date of issue Date of Expiry  Sri Lankan National Nationality
	Non-Resident Reason for opening an account in Sri Lanka resident
1.7 Marital Status	Married Single
1.8 Date of Birth	
1.9 Tax Identification Number	
02. Contact Information	
2.1 Correspondence Address	
2.2 Contact Number	
2.3 E-mail Address	
03. Employment / Financial Information	on
3.1 Employment and Occupation	Employed Selfemployed Proprietor/Business Owner  Retired Other
3.2 Designation	
3.3 Name of the Employer	
3.4 Nature of Business	
3.5 Address of Employer	
3.6 Telephone No	
3.7 E-mail Address	
3.8 Anticipated Monthly Volume (RS.)	Less than 100,000

3.9 Source of Income	Sales & Business Turnover Family Remittance Investment Income Contract Proceeds	Sale of Property/Assets Commission Income Inheritance Gifts	Salary/Profit Income Investment Income Donation/Charities (Local/Foreign) Other
04. Other Information			
4.1 Purpose of Opening an Account	TradingInvestme	nt Other	
4.2 Mode of Transaction	Cheque Bank Trai	nsfer Other	
4.3 Are you a politically exposed person	on		
	Yes	No	
	If yes, please specify		
4.4 Are you a USA person under the F	Yes	Act (FATCA)  No  to be submitted along with accou	nt opening documentation
05. Declaration			
I hereby declare that the details furnis	shed above are true and correct t	to the best of my knowledge and I	undertake to inform you of any changes
therein, immediately. In case any of the	ne above information is found to	be false or untrue or misleading o	r misrepresenting, I am aware that I may
be held liable for it. I hereby authorize	sharing of the information furnis	shed on this form with all SEC regi	stered KYC registration Agencies.
Date	d d m m y y y y	Signature	
Office Use Only			
Document Verification			
Identification Documents	National Identity Card	Passport	Driving License
Proof of residency	National Identity Card Bank/Credit card state	Telephone Bill ment Electricity/Wate	er Bill
Risk Profiling	Low Risk	Medium Risk High Ris	k
Verfied By			d d m m y y y y
	Signature	Name	Date
Approved By	Signature	Name	d d m m y y y y  Date
System Entered By	Signature	Name	d d m m y y y y  Date