

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 FIRST/SOLE APPLICANT**

Name in Full

Nationality

Date of Birth

NIC Number/ Passport Number

Address

Telephone Number

Mobile Number

Email

**DETAILS OF THE JOINT APPLICANT**

Name in Full

Nationality

Date of Birth

NIC Number/ Passport Number

Address

Telephone Number

Mobile Number

Email

**BANKING PARTICULARS**

Account Name	Bank	Branch	Account Number

**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 due to market fluctuations, as explained in the Explanatory Memorandum

Signature of the First/Sole Applicant

Signature of the First/Sole Applicant

Date

### Office Use Only

Amount Credited  
Date of Realisation  
Offer Price Rs  
Number of Units Issued


Prepared By  
Checked By  
Authorised By


### Terms & Conditions

Please read the Fund's Key Investor Information Document (KIID) 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

Investment of a Minor (individuals under the age of 18) should always be accompanied by a Guardian as a Joint Holder and Guardian should sign the Application Form. Redemptions can only be done after Minor attains 18 years of age.

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

(Please 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 CT Smith Asset Management (Pvt) Ltd.

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](http://www.ctsmith.lk)

**01. Personal Details**

1.1 Title Mr.  Mrs.  Ms.  Other

1.2 Gender Male  Female

1.3 Name in full

1.4 Address

1.5 NIC/ PP No

1.6 Nationality Sri Lankan

Date of issue  Date of Expiry

Resident

Foreign National

Nationality

Non-Resident

Reason for opening an account in Sri Lanka

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**

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  100,000 - 500,000  500,000 - 1,000,000

1,000,000 - 2,000,000  2,000,000 - 5,000,000  Over 5,000,000

3.9 Source of Income	<input type="checkbox"/> Sales & Business Turnover	<input type="checkbox"/> Sale of Property/Assets	<input type="checkbox"/> Salary/Profit Income
	<input type="checkbox"/> Family Remittance	<input type="checkbox"/> Commission Income	<input type="checkbox"/> Investment Income
	<input type="checkbox"/> Investment Income	<input type="checkbox"/> Inheritance	<input type="checkbox"/> Donation/Charities (Local/Foreign)
	<input type="checkbox"/> Contract Proceeds	<input type="checkbox"/> Gifts	Other <input type="text"/>

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#### 04. Other Information

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4.1 Purpose of Opening an Account  Trading  Investment Other

4.2 Mode of Transaction  Cheque  Bank Transfer Other

4.3 Are you a politically exposed person

Yes

No

If yes, please specify

4.4 Are you a USA person under the Foreign Account Tax Compliance Act (FATCA)

Yes

No

If yes, FATCA declaration has to be submitted along with account opening documentation

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#### 05. Declaration

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I hereby declare that the details furnished above are true and correct to the best of my knowledge and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it. I hereby authorize sharing of the information furnished on this form with all SEC registered KYC registration Agencies.

Date

d d m m y y y y

Signature

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#### Office Use Only

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##### Document Verification

Identification Documents  National Identity Card  Passport  Driving License

Proof of residency  National Identity Card  Telephone Bill

Bank/Credit card statement  Electricity/Water Bill

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

System Entered By

Signature

Name

d d m m y y y y

Date

NOTICE OF NOMINATION

CT Smith Asset Management Pvt Ltd.  
(Company Reg. No. PV 19841)  
04-07, Majestic City, 10, Station Road,  
Colombo 04

Dear Sir,

I ..... (Full Name of Account Holder) of .....  
..... (Address of the Account Holder) do hereby  
declare that I maintain the following Account/s with CT Smith Asset Management Pvt Ltd (hereinafter referred as the  
"Manager").

PLEASE SELECT APPROPRIATE SOLUTION	
Fund Name	Account Number

(for "Private Wealth Management" please specify NIC Number of the client). It is my wish and desire in terms of Section 544(1) of the Civil Procedure Code and the Section 26(3) of the Unit Trust Code 2011 to nominate.

Full Name of Nominee	Address of Nominee	NIC No.	Payment Percentage	Customer Signature

To receive all monies as aforesaid lying to the credit of the aforesaid account/s in the event of my death and I understand that such nomination shall take effect upon my death notwithstanding anything to the contrary declared in any Last will or writing of a testamentary nature heretofore or hereinafter made by me and that this nomination shall be subject to the Laws of Sri Lanka.

This nomination revokes any previous nominations made by me and shall be in force until I expressly revoke it by notice in writing delivered to you by a subsequent nomination made duly by me.

I declare that the payment of the balance in the aforesaid account/s at the date of my death by the Manager to the nominee referred to herein shall be full and complete discharge of the obligation of the Manager in respect of such account/s as provided in Section 544(5) of the said Civil Procedure Code.

You are entitled without any notice to me to settle my indebtedness to the Manager and/or any third party on any units pledged by me with written notice to you, whether such liabilities be actual contingent, primary or collateral and several or joint on one account by transferring monies from the credit balance of another notwithstanding the balance on such other account and the liabilities may not be expressed in the same currency. The Manager's right will not be affected by my bankruptcy or death.

IN WITNESS WHEREOF I have set my hand hereunto and to one other at ..... on this ..... day of ..... Two Thousand and .....

For conditions see below

**CONDITIONS**

- 1) Nomination shall have effect notwithstanding anything to the contrary contained in any Last Will of the Unit holder.
- 2) The Nomination will stand revoked under the following circumstances.
  - a) On the Death of the nominee in the life time of the Unit holder.
  - b) By written notice of revocation of nomination by the Unit holder unless a Notice of Pledge/Lien has been registered with the Manager.
  - c) By a subsequent nomination duly made by the Unit holder and delivered to the Manager unless a Notice of Pledge/Lien has been registered with the Manager.
  - d) Where units have been pledged by the Unit holder in favour of a third party with written Notice to the Manager, by written notice of revocation of such nomination confirmed in writing by the third-party Pledgee.
- 3) The monies will be paid to the person legally entitled thereto in the event this nomination cannot be effected.
- 4) Payment will be made to a nominee only on production of proof of identity and the Manager reserves the right to call for any information/documents that may be required by the Manager to establish such identity.
- 5) Nominations cannot be made in respect of units held by more than one Unit holder jointly.
- 6) The nominator should be a natural person.

I here by agree with the above Terms and Conditions.

.....  
Customer Signature

**WITNESS**

Name of Witness	Address of Witness	NIC/Passport No	Signature
1.			
2.			

**THE ABOVE NOMINATION HAS BEEN NOTED**

Verified Signature		Date	D	D	M	M	Y	Y	Y	Y