



Commitment. Trust. Continuity

CT CLSA Asset Management Pvt Ltd
4th Floor, Majestic City, 10 Station Road,
Colombo 4, Sri Lanka.
Tel : 94-11-2506204/2506347/5759570
www.ctclsal.lk

NOTE : CASH CAN BE ACCEPTED ONLY AT
THE OFFICE OF CT CLSA ASSET
MANAGEMENT (PVT) LTD

UNIT TRUST APPLICATION

SELECT (X) FUND

HIGH YIELD FUND

EQUITY FUND

GILT EDGED FUND

I / We / on behalf of a minor apply for units in the above selected Fund subject to the terms and conditions stated in the explanatory memorandum

Amount

Cash/Cheque/Draft No.

Date

APPLICANTS INFORMATION

Full Name of First / Sole Applicant / Minor / Mr. / Mrs. / Ms / Messrs*

Address of First/ Sole Applicant/ Minor*

Date of Birth/ Incorporation

Occupation

Telephone

NIC/ Passport/ Registration

Nationality

Email

Dividends of these units may be (Please X the relevant cage)

Sent To My Address

Re-Invested into Units

Sent To My Bank

Account No.

Bank

Branch

JOINT APPLICANTS INFORMATION

Full Name of Joint Applicant / Minor / Mr. / Mrs. / Ms / Messrs

Address of Joint Applicant/ Minor

Date of Birth/ Incorporation

Occupation

Telephone

NIC/ Passport/ Registration

Nationality

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 First/ Sole Applicant

Joint Applicant/Guardian

Date

RECEIPT (to be filled By Applicant)

FOR AGENTS USE ONLY

Received the sum of Sri Lankan Rs.

In Words as indicated above

Authorized Signature & Date

Registrar's Signature

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 funds Explanatory Memorandum before completing this application form and making investment.

Applications can be made at the office of CT CLSA Asset Management (Pvt) Limited or through any branch or authorized marketing agent appointed by the management company.

Investment of a minor (Under 18 years) should always be accompanied by a guardian as a joint holder and the guardian should sign the application form. The dividends as and when distributed will be cumulatively reinvested until the minor attains 18 years of age

Redemptions can only be done after minor attains 18 years of age.

In case of corporate applicants, the common seal of the company should be affixed and attested as required by articles of association.

The manager reserves the right without assigning any reason whatsoever to refuse to allot any units or allot such number of units as they may decide in their absolute discretion.

Any change of address/ dividend instructions should be notified immediately in writing to the manager – CT CLSA Asset Management (Pvt) Limited, 4th floor, Majestic City, 10 Station Road, Colombo 4.

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 CLSA 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 CLSA Equity Fund (Former Comtrust Equity Fund)	CT CLSA Asset Management (Pvt) Ltd	1020087201	Commercial Bank	City Office
CT CLSA High Yield Fund (Former Comtrust Money Market Fund)	CT CLSA High Yield Fund	0030 1052 8647	Hatton National Bank	Head Office
CT CLSA Gilt Edged Fund (Former Comtrust Gilt Edged Fund)	CT CLSA Gilt Edged Fund	0030 1052 8656	Hatton National Bank	Head Office

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

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

CT CLSA Asset Management (Pvt) Limited

4th Floor, Majestic City, 10 Station Road, Colombo 4.

Tel : 0115759570/0112506204/0112506347

www.ctclsa.lk

Identity Details
1. Name of the Sole Applicant (As appearing in supporting identification document)

Name

Father's /

Spouse's Name

Check List

Application

KYC

Proof of Residency

NIC

SELECT X FUND

CT CLSA High
Yield Fund

CT CLSA
Equity Fund

CT CLSA Gilt
Edged Fund

CT CLSA Money
Market Fund

CT CLSA
Growth
Equity Fund

CT CLSA
Income Fund

2a. Gender Please tick (X)

Male

Female

Marital Status

Single

Married

2b. Date of Birth
3. Nationality

Sri Lankan

Other

4. Status

Resident Individual

Non Resident

Foreign National (Passport copy mandatory for NRIs &
Foreign Nationals.

5. Proof of Identity

Please tick

(X)

NIC

Passport

Driving License

Other :

6a. Address and Contact details of the Applicant
Address for Correspondence
6b. Proof of Residency document provided by the applicant

(Please submit any one of the following document and tick (X) against the document attached.)

Telephone Bill

Mobile Phone Bill

Bank Account Statement/Credit Card Statement

Gramasevaka Certificate

Electricity Bill

Other (Please Specify)

7. Status of residential address: (Premises)

Owner

Lease/Rent

Friends/Relatives

Parent's

Official

Board/Lodging

Other Place - Please specify

8. Contact Details

Telephone Number (Office)

Fax Number

Telephone Number (Res)

E-Mail Address

Mobile Number

9. Occupation Details

Private Sector

Agriculturist

House Wife

Public Sector

Retired

Student

Government Service

Business

Professional

Others (Please Specify)

10. Gross Annual Income Details

Less Than Rs. 100,000

Rs. 100,000 to Rs. 500,000

Rs. 500,000 to Rs. 1,000,000

Rs. 1,000,000 to Rs.2,000,000

Rs. 2,000,000 to Rs.3,000,000

Rs. 3,000,000 to Rs.4,000,000

Rs. 4,000,000 to Rs.5,000,000

Rs. 5,000,000 to Rs.10,000,000

Over Rs. 10,000,000

11. Source of Funds: Please Tick (X)

Sales & business turnover

Salary /Profit Income

Family Remittance

Sales of property/Assets

Contract Proceeds

Donation/Charities(Local/Foreign)

Commission Income

Gift

Investment Proceeds

Membership Contribution

Export Proceeds

Other

12. PEP Status: Please Tick (X)

Yes Position

☐

No

☐

If Yes, please specify: _____

13. Are you a U.S. resident, U.S. Citizen or holder of U.S. Permanent Resident Card (Green Card)? Please Tick (X)

Yes Position

☐

No

☐

If yes, please submit a FATCA Declaration form

14. Purpose of opening the account

<input type="checkbox"/>	Investment	<input type="checkbox"/>
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Others (Please Specify)

DECLARATION

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.

Place

Date

Signature



CT CLSA ASSET MANAGEMENT (PVT) LTD

Know Your Customer (KYC) Profile

Identity Details

1. Name of the Joint Applicant (As appearing in supporting identification document)

Name

Father's /

Spouse's Name

Check List

Application

KYC

Proof of Residency

NIC

SELECT X FUND

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Yield Fund

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CT CLSA
Income Fund

2a. Gender Please tick (X)

Male

Female

Marital Status

Single

Married

2b. Date of Birth

3. Nationality

Sri Lankan

Other

4. Status

Resident Individual

Non Resident

Foreign National (Passport copy mandatory for NRIs &
Foreign Nationals.

5. Proof of Identity

Please tick

(X)

NIC

Passport

Driving License

Other :

6a. Address and Contact details of the Applicant

Address for Correspondence

6b. Proof of Residency document provided by the applicant

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Other (Please Specify)

7. Status of residential address: (Premises)

Owner

Lease/Rent

Friends/Relatives

Parent's

Official

Board/Lodging

Other Place - Please specify

8. Contact Details

Telephone Number (Office)

Telephone Number (Res)

Mobile Number

Fax Number

E-Mail Address

9. Occupation Details

Private Sector

Public Sector

Government Service

Professional

Agriculturist

Retired

Business

Others (Please Specify)

House Wife

Student

10. Gross Annual Income Details

Less Than Rs. 100,000

☐
☐
☐

Rs. 100,000 to Rs. 500,000

☐
☐
☐

Rs. 500,000 to Rs. 1,000,000

☐
☐
☐

Rs. 1,000,000 to Rs.2,000,000

Rs. 2,000,000 to Rs.3,000,000

Rs. 3,000,000 to Rs.4,000,000

Rs. 4,000,000 to Rs.5,000,000

Rs. 5,000,000 to Rs.10,000,000

Over Rs. 10,000,000

11. Source of Funds: Please Tick (X)

Sales & business turnover

☐
☐
☐
☐

Salary /Profit Income

☐
☐
☐
☐

Family Remittance

☐
☐
☐

Sales of property/Assets

Contract Proceeds

Donation/Charities(Local/Foreign)

Commission Income

Gift

Investment Proceeds

Membership Contribution

Export Proceeds

Other

Membership Contribution

☐

Export Proceeds

☐

Other

12. PEP Status: Please Tick (X)

Yes Position

☐

No

☐

If Yes, please specify:

13. Are you a U.S. resident, U.S. Citizen or holder of U.S. Permanent Resident Card (Green Card)?: Please Tick (X)

Yes Position

☐

No

☐

If yes, please submit a FATCA Declaration form

14. Purpose of opening the account☐

Investment

☐

Others (Please Specify)

DECLARATION

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.

Place

Date

Signature

Registrar,
CT CLSA 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 CLSA Asset Management Pvt Ltd (hereinafter referred as the
"Manager").

PLEASE SELECT APPROPRIATE SOLUTION	
Fund Name	Account Number

It is my wish and desire in terms of Section 152 (101) 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 152 (101) 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)	The signature of the Unit holder should be witnessed by an Attorney-at-Law, Justice of Peace, Qualified Medical Practitioner, Bank Officer or a Government Official who is drawing a salary of not less than Rs. 60,000/- per annum. The witness should affix his seal of office.
6)	Nominations cannot be made in respect of units held by more than one Unit holder jointly.
7)	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