

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 due to market fluctuations, as explained in the Explanatory Memorandum

Date

Authorise Signatory

Authorise Signatory

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
(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

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



ACCOUNT OPENING APPLICATION FORM

(CORPORATE ENTITIES)

Please Select the Collective Investment Scheme (Unit Trust Fund)

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CT Smith Gilt Edged Fund

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www.ctsmith.lk

01. Client Details

1.1 Name of the Company	<input type="text"/>		
1.2 Registered Address	<input type="text"/>		
1.3 Business Registration Number	<input type="text"/>		
1.4 Country of Incorporation	Sri Lankan <input type="checkbox"/>	Other Country <input type="checkbox"/>	<input type="text"/>
		Reason for opening an account in Sri Lanka	<input type="text"/>
1.5 Nature of Business	<input type="text"/>		
1.6 Date of Incorporation	<input type="text"/>		
1.7 Income Tax File Number	<input type="text"/>		
1.8 Type of Organization	Sole Proprietorship <input type="checkbox"/>	Club/Society/Charitable Trust <input type="checkbox"/>	<input type="checkbox"/>
	Partnership <input type="checkbox"/>	Insurance Fund <input type="checkbox"/>	<input type="checkbox"/>
	Public Limited Liability Company <input type="checkbox"/>	Other <input type="checkbox"/>	<input type="text"/>
	Private Limited Liability Company <input type="checkbox"/>		

02. Contact Information

2.1 Correspondence Address	<input type="text"/>		
2.2 Contact Number	<input type="text"/>		
2.3 E-mail Address	<input type="text"/>		

03. Financial Information

3.1 Expected Monthly Turnover of the Entity	<input type="text"/>		
3.2 Expected Total Value of Transaction	<input type="text"/>		
3.3 Anticipated Monthly Volume (RS.)	<input type="checkbox"/> Less than 1,000,000	<input type="checkbox"/> 1,000,000 – 5,000,000	<input type="checkbox"/> 5,000,000 – 10,000,000
	<input type="checkbox"/> 10,000,000 – 25,000,000	<input type="checkbox"/> 25,000,000 – 50,000,000	<input type="checkbox"/> 50,000,000 – 100,000,000
	<input type="checkbox"/> 100,000,000 – 250,000,000	<input type="checkbox"/> Over 250,000,000	
3.4 Source of Income	<input type="checkbox"/> Business Turnover/Profits	<input type="checkbox"/> Contract Proceeds	<input type="checkbox"/> Investment Proceeds/Savings
	<input type="checkbox"/> Export Proceeds	<input type="checkbox"/> Business Ownership	<input type="checkbox"/> Sale of Property/Assets
	<input type="checkbox"/> Gifts	<input type="checkbox"/> Commission Income	<input type="checkbox"/> Donation/Charities (Local/Foreign)
	<input type="checkbox"/> Membership Contribution	Other <input type="text"/>	

04. Other Information

4.1 Purpose of Opening an Account	<input type="checkbox"/> Trading	<input type="checkbox"/> Investment	Other <input type="text"/>
4.2 Mode of Transaction	<input type="checkbox"/> Cheque	<input type="checkbox"/> Bank Transfer	Other <input type="text"/>

4.3 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

05. Director Information

06. Beneficial Ownership

As per the Rule 99 of the CDD Rules No.01 of 2016, the “beneficial owner” of the legal person or legal arrangement is a natural person who ultimately owns or controls a customer or the person on whose behalf a transaction is being conducted including the person who exercises ultimate effective control over a legal person or a legal arrangement. According to Rule 49, controlling ownership interest means an interest acquired by providing more than ten percent (10%) of the capital of a legal person.

07. Declaration

We hereby declare that the details furnished above are true and correct to the best of my knowledge and we 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, We are aware that we may be held liable for it. We hereby authorize sharing of the information furnished on this form with all SEC registered KYC registration Agencies.

Authorized Signatory

Authorized Signatory

d d m m y y y y

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(Application for registration of a company)
5. Certified copy of Form 20 -Change of Director/ Secretary
6. Certified copy of Form 15(Annual Return)
7. Certified copy of Form 13 in case of a change in address
8. Certified copy of Form 45- List of particulars of the Directors of a company outside Sri Lanka and place
9. Bank statement proof no later than 03 months
10. Duly completed KYC of all existing director/authorized officers/office bearers
11. Certified NIC/Passport Copies of directors, authorized signatories, beneficial 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 _____

System Entered By

Signature _____

Name _____

d d m m y y y y

Date _____

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

Non-Resident

Nationality

Country of 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"/>

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 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

05. 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.

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 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