



Commitment. Trust. Continuity

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

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

UNIT TRUST APPLICATION

SELECT (X) FUND

MONEY MARKET
FUND

GROWTH
EQUITY FUND

INCOME 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

INSTRUCTIONS, TERMS & CONDITIONS

1. GENERAL GUIDELINES & INSTRUCTIONS

1. Investors should refrain from handing over cash to any sales agent. If cash is handed over to any agent, it is intended that investors do so at their own risk.
2. Please retain the deposit slip. Unit trust confirmations will be sent only after units are created.
3. Attach the copy of National Identity Card (NIC), Copy of the cash/cheque deposit form and Nomination form if you wish to appoint a nominee.
4. Attach KYC and Subsequent Subscription Form

2. TERMS & CONDITIONS

2.1 Payment conditions

1. Every application for units should be for a minimum of Rs. 1,000/- for each fund
2. Payments can be made by bank drafts or cheques crossed "A/C Payee only" payable to Guardian Acuity Asset Management Limited' and can be deposited to;

Bank & Branch	Account No:
Hatton National Bank - City Branch	002010553053

3. Cash deposits can be made directly into the bank accounts by the customer. Please see attach the deposit slip to the application form and handover to our Company representative or send by registered mail to;
CT CLSA Asset Management (Pvt) Ltd, 04-15, Majestic City, 10, Station Road, Colombo 04.
4. In the case of cheque deposits, units will be created the day that the cheque is realized.

2.2 Investment process

1. An application for subscription can be made at CT CLSA Asset Management (Pvt) Ltd
2. Please submit
 - NIC/Passport copy of applicants/guardian
 - Copy of birth certificate of applicant (for minors).
 - Proof of address (Eg: Recently received utility bills, bank statements, Etc.)

2.3 Notices to the Fund Manager

The manager must be notified immediately, in writing for any change of address or contact details OR change in payment instructions OR change in nominees.

2.4 Other terms

1. This investment should be 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.
2. Units in the trusts are sold based on information contained in the respective Explanatory Memorandum.
3. Applications in joint names may be made by not more than two persons, and both applicants must sign applications.
4. Applications in the name of minors will be accepted provided such applications are signed by a parent, or a court appointed guardian in the appropriate cage. Redemption of units by minors will not be accepted under any circumstance until the minor reaches 18 years of age.
5. Managers reserve the right to refuse creating units to any party at their discretion without providing any reason.
6. In case of corporate applicants, the common seal of the company should be affixed and attested as required by the Articles of Association.
7. In the case of applications made under Power of Attorney, a duly certified copy of the said Power of Attorney should be lodged with the registrar.
8. Politically exposed person" means an individual who is entrusted with prominent public functions either domestically or by a foreign country, or an international organization and includes a head of state or a government, a politician, a senior government officer, judicial officer or military officer, a senior executive of a state owned corporation, government or autonomous body but does not include middle rank or junior rank individuals.
9. For any complaints or inquiries please reach us on am@ctclsa.lk or, Administrative Department- 0112506347, Sales & Marketing Division - 0115759570/0112506204

Identity Details

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

Name

Father's /
Spouse's Name

Check List	
Application	<input type="checkbox"/>
KYC	<input type="checkbox"/>
Proof of Residency	<input type="checkbox"/>
NIC	<input type="checkbox"/>

<input type="checkbox"/> SELECT X FUND	<input type="checkbox"/> CT CLSA High Yield Fund	<input type="checkbox"/> CT CLSA Equity Fund	<input type="checkbox"/> CT CLSA Gilt Edged Fund	<input type="checkbox"/> CT CLSA Money Market Fund	<input type="checkbox"/> CT CLSA Growth Equity Fund	<input type="checkbox"/> CT CLSA Income Fund
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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	<input type="checkbox"/>	Mobile Phone Bill	<input type="checkbox"/>
Bank Account Statement/Credit Card Statement	<input type="checkbox"/>	Gramasevaka Certificate	<input type="checkbox"/>
Electricity Bill	<input type="checkbox"/>	Other (Please Specify)	<input type="checkbox"/>

7. Status of residential address: (Premises)

<input type="checkbox"/> Owner	<input type="checkbox"/> Lease/Rent	<input type="checkbox"/> Friends/Relatives
<input type="checkbox"/> Parent's	<input type="checkbox"/> Official	<input type="checkbox"/> Board/Lodging
<input type="checkbox"/> Other Place - Please specify _____		

8. Contact Details

Telephone Number (Office)	<input type="text"/>	Fax Number	<input type="text"/>
Telephone Number (Res)	<input type="text"/>	E-Mail Address	<input type="text"/>
Mobile Number	<input type="text"/>		

9. Occupation Details

Private Sector	<input type="checkbox"/>	Agriculturist	<input type="checkbox"/>	House Wife	<input type="checkbox"/>
Public Sector	<input type="checkbox"/>	Retired	<input type="checkbox"/>	Student	<input type="checkbox"/>
Government Service	<input type="checkbox"/>	Business	<input type="checkbox"/>		
Professional	<input type="checkbox"/>	Others (Please Specify) _____			

10. Gross Annual Income Details

Less Than Rs. 100,000	<input type="checkbox"/>	Rs. 100,000 to Rs. 500,000	<input type="checkbox"/>	Rs. 500,000 to Rs. 1,000,000	<input type="checkbox"/>
Rs. 1,000,000 to Rs.2,000,000	<input type="checkbox"/>	Rs. 2,000,000 to Rs.3,000,000	<input type="checkbox"/>	Rs. 3,000,000 to Rs.4,000,000	<input type="checkbox"/>
Rs. 4,000,000 to Rs.5,000,000	<input type="checkbox"/>	Rs. 5,000,000 to Rs.10,000,000	<input type="checkbox"/>	Over Rs. 10,000,000	<input type="checkbox"/>

11. Source of Funds: Please Tick (X)

Sales & business turnover	<input type="checkbox"/>	Salary /Profit Income	<input type="checkbox"/>	Family Remittance	<input type="checkbox"/>
Sales of property/Assets	<input type="checkbox"/>	Contract Proceeds	<input type="checkbox"/>	Donation/Charities(Local/Foreign)	<input type="checkbox"/>
Commission Income	<input type="checkbox"/>	Gift	<input type="checkbox"/>	Investment Proceeds	<input type="checkbox"/>
Membership Contribution	<input type="checkbox"/>	Export Proceeds	<input type="checkbox"/>	Other _____	<input type="checkbox"/>

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



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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	<input type="checkbox"/>
KYC	<input type="checkbox"/>
Proof of Residency	<input type="checkbox"/>
NIC	<input type="checkbox"/>

<input type="checkbox"/> SELECT X FUND	<input type="checkbox"/> CT CLSA High Yield Fund	<input type="checkbox"/> CT CLSA Equity Fund	<input type="checkbox"/> CT CLSA Gilt Edged Fund	<input type="checkbox"/> CT CLSA Money Market Fund	<input type="checkbox"/> CT CLSA Growth Equity Fund	<input type="checkbox"/> CT CLSA Income Fund
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2a. Gender Please tick (X) Male Female Marital Status Single Married

2b. Date of Birth

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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

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Electricity Bill	<input type="checkbox"/>	Other (Please Specify)	<input type="checkbox"/>

7. Status of residential address: (Premises)

<input type="checkbox"/> Owner	<input type="checkbox"/> Lease/Rent	<input type="checkbox"/> Friends/Relatives
<input type="checkbox"/> Parent's	<input type="checkbox"/> Official	<input type="checkbox"/> Board/Lodging
<input type="checkbox"/> Other Place - Please specify _____		

8. Contact Details

Telephone Number (Office)	<input type="text"/>	Fax Number	<input type="text"/>
Telephone Number (Res)	<input type="text"/>	E-Mail Address	<input type="text"/>
Mobile Number	<input type="text"/>		

9. Occupation Details

Private Sector	<input type="checkbox"/>	Agriculturist	<input type="checkbox"/>	House Wife	<input type="checkbox"/>
Public Sector	<input type="checkbox"/>	Retired	<input type="checkbox"/>	Student	<input type="checkbox"/>
Government Service	<input type="checkbox"/>	Business	<input type="checkbox"/>		
Professional	<input type="checkbox"/>	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 _____

Membership Contribution

Export Proceeds

Other _____

12. PEP Status: Please Tick (X)

Yes Position

No

If Yes, please specify: _____

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Yes Position

No

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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. <ul style="list-style-type: none"> 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	Y