

APPLICATION FORM

INVESTOR/S NAME

INVESTMENT FUND

INVESTMENT AMOUNT

BUSINESS UNIT / BRANCH

REFERRED BY

1. CHECKLIST:

ACCOUNT TYPE:

<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> JOINT	<input type="checkbox"/> MINOR	<input type="checkbox"/> CORPORATE	<input type="checkbox"/> COOPERATIVE
		Additional documents for Corporate Clients		Additional documents for Cooperative Clients
<input type="checkbox"/> Application Form	<input type="checkbox"/> Certificate of Registration	<input type="checkbox"/> Certificate of Registration		
<input type="checkbox"/> FATCA Form	<input type="checkbox"/> Certificate of Incorporation	<input type="checkbox"/> Latest Financial Statements		
<input type="checkbox"/> CRS Form	<input type="checkbox"/> Memorandum & Article of Association	<input type="checkbox"/> Rules Of Operation		
<input type="checkbox"/> Know Your Customer Form	<input type="checkbox"/> List of Directors	<input type="checkbox"/> List Of Executive Members		
<input type="checkbox"/> Investor Profile Form	<input type="checkbox"/> KYC Of Directors	<input type="checkbox"/> KYC Of Executive Members		
<input type="checkbox"/> Bank Transfer Form	<input type="checkbox"/> List Of Authorised Signatories	<input type="checkbox"/> List Of Authorised Signatories		
<input type="checkbox"/> New NIC / Valid Passport	<input type="checkbox"/> KYC Of Authorised Signatories	<input type="checkbox"/> KYC Of Authorised Signatories		
<input type="checkbox"/> Recent proof of address	<input type="checkbox"/> Specimen Signatures	<input type="checkbox"/> Specimen Signatures		
<input type="checkbox"/> Proof of Availability of funds	<input type="checkbox"/> Resolution with Company Seal	<input type="checkbox"/> Resolution From Committeet		
<input type="checkbox"/> Others:				

CERTIFIER OF DUE DILIGENCE DOCUMENTS

Name:	
Position or Capacity:	
Business Unit / Branch:	
Signature:	
Date:	

2. FOR OFFICE USE

SALES TEAM (RECEIVED BY)

Comments:	Name:	Date:
	Position:	
	Signature:	

REVIEWER

Comments:	Name:	Date:
	Position:	
	Signature:	

AUTHORISER

Comments:	Name:	Date:
	Position:	
	Signature:	

3. COMPLIANCE REVIEW

<input type="checkbox"/> WORLD CHECK	<input type="checkbox"/> BLACKLIST	<input type="checkbox"/> FATCA	<input type="checkbox"/> CRS	<input type="checkbox"/> KYC
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Comments:	Name:	Date:
	Position:	
	Signature:	