

A licensed company by Securities & Exchange Commission of Sri Lanka to operate in the Unit Trusts and Wealth Management under the Investment Manager license.

Company Reg: No PB4976

Premier Funds - Individual Application Form																											
	INVESTMENT ACCOUNT TYPE	Indi	/idu	al				Joint Minor (a copy of the original birth certificate required)																			
	YOUR PREFERENCE	Prer	nier	Grow	th F	und			Prer	nier	Mon	ey M	arket	Fun		, 0	c origin	idi bir c	n certai	icate i	cquiic	,					
	WHO WILL GIVE INSTRUCTIONS? (Only if a Joint Account)	Primary Applicant Secondary Applicant Jointly																									
1	ABOUT YOURSELF (Primary Applicant)																										
	Full Name																										
	(Mr/Mrs/Miss/Dr/Rev)																										
	Date of Bith	D D	M	M	γ	Y	Υ	Υ	]	Gen	der		Male			Fem	nale										
		Residential Status Resident													Non-	Resi	dent										
	NIC/Passport/Driving License No													(a copy of the original required)													
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_	Nationality	SII L	inkai	. [		Joine		(Plea	se spe	спуј																	
2	REACHING INFORMATION Permanent Address						(i)																				
	Correspondence Address																										
	(a proof of address required, if there is a change)				_			_								-	-	$\vdash$	-	$\blacksquare$			$\vdash$				
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	Mobile			H				_			Offic 1-	ce					=	는	$\vdash$	=			$\vdash$				
	Home										Fax						_	_									
	E-mail Give your consent to send all company related																										
	correspondance via above Email address										ce addı	ress )															
3	WHAT YOU DO																										
	Name of Employer	S.							1	Occu	ıpatio	n / P	ositior	n hel	d	÷											
	•								]		•																
	Nature of Business																										
	Add			Г					1						_												
	Address of Employer							$\vdash$									$\vdash$	$\vdash$		Н			$\vdash$				
4	YOUR REGULAR BANK DETAILS	<del>ke 1180 - 1</del>					100				1.0			•			•										
-	Bank Name	3											1	Ban	k Acc	oun	t Nun	nber									
	Branch Name												J				$\vdash$	$\vdash$					$\vdash$				
	Bank Account Name											-	1														
	Initial Investment Value	(Minimum	Initia	linves	tmen	t for 0	Growt	h Fund	d is LK	R 5,00	0/- an	d for	Money	Mar	ket Fui	nd is 1	10,000,	/-)									
								100		۱	DARKETONIO 111			7.0													
	Mode of Deposit	*if it is a				k Tra	nstei	r		Che	que																
		CHQ Nur			nen						1	Ban	k Nan	ne													
		Bank & E	Brane	ch Co	de																						
_	YOUR SECOND STEP										3																
* Minimum of LKR 1,000/- and above																											
	Subsequent Investment Value													1													
	I/we wish to invest	Mor	nthly	. [		Qua	rterl	У		Sem	i ann	nually	,		Ann	ually	·										
	Mode of Deposit	Cash	1		Ban	k Tra	nsfei	r		Che	que																
				-					_																		

		*if it is a cheque, then CHQ Number Bank & Branch Code  *if it is a bank transfer through a Standing Order, then Your Bank Account - Debit
6	YOUR DIVIDEND/RETURN I/we authorize you to	Our Bank Account - Credit  Reinvest Post a cheque to the Correspondence address If you need your return to be credited, then
	(if it is the same bank details as in Point 7, mention "as above")	Bank Account Name Bank Account Number Bank Name
7	WHO YOU NOMINATE?	(Mainly for the Sole/Primary Applicants)
	Nominee 1	Name
		Address
		Share Relationship
		Valid ID Number Contact Number
	Nominee 2	Name
		Address
		Share Relationship
		Valid ID Number Contact Number
8	OTHER INFORMATION Are You a Tax Payer?	Yes No * If YES, then your TIN
9	ABOUT YOURSELF (Secondary Applicant)	
	Full Name (Mr/Mrs/Miss/Dr/Rev)	
	(m),ms,mss,o,,nev	
	Date of Bith	D D M M Y Y Y Y Gender Male Female
	Date of Blan	Residential Status Resident Non-Resident
	NIC/Passport/Driving License No	(a copy of the original required)
	NIC/ Passport/ Driving License No	(a copy or the original required)
	Nationality	Sri Lankan Other (Please specify)
10	REACHING INFORMATION Permanent Address	
	Termanent Address	
	Correspondence Address	
	(a proof of address required, if there is a change)	
	Mobile	Office Office
	Home	Fax
	E-mail Give your consent to send all company related	
	correspondance via above email address	Yes No (if No, then all correspondence will be sent to your correspondence address )

1 WHAT YOU DO																		
Name of Employer	*			ı	Occi	ıpatio	n / Po	sition	held	4								
				<u> </u>						=								
Nature of Business									_						_	_	_	_
Address of Employer																		$\vdash$
Specimen Signatures																		
I/We hereby declare that the aforementioned information is true & correct according to my/our best of knowledge and ability.																		
Primary Applicant (Sole or Minor) Secondary Applicant (Guardian or Joint)											)							
D D M M Y Y Y																		
Date of the Application																		
ANNEXURE																		
Premier Wealth's Subscription Collection Accounts																		
Bank Name	Bank Branch	Ran	k Ass	oun	+ NI	mber												
Commercial Bank	World Trade Center	1	1	4	5	0	0	7	3	1	4							
Sampath Bank	Borella	0	0	0	4	1	0	0	2	0	1	0	6					
Seylan Bank	Millenium	0	8	6	0	0	0	0	4	1	9	5	9	0	0	2		
Hatton National Bank	Borella	0	5	5	0	1	0	1	6	3	2	2	7					
People's Bank	Borella	0	7	8	1	0	0	1	8	0	0	1	3	1	4	7		
Bank of Ceylon	Borella	0	0	7	3	4	2	0	1	6	2							
* If it is a cash deposit or a direct bank tra please indicate "YOUR NAME" or "NIC Nu											llecti	on Ac	coun	ts				
	WHAT Y	ou s	HOU	LD LC	ок.	АТ												
<ol> <li>Read and Understand the Explanatory M www.premierwealth.lk and registered or</li> </ol>				Expla	nato	ry Me	mora	ndum	is fr	eely a	vaila	ble vi	а					
<ol> <li>Applicant should provide a valid proof of also provide a valid proof of corresponde a credit/debit card statement or a bank p</li> </ol>	ence address, if there is any chan	ge be	twee	n two	addi	resses	. An U				shou	ld						
a credit/debit card statement or a bank passbook or a bank statement could be provided as a proof.  3. A part from above, a copy of minor's birth certificate should also be provided a long with the guardian's NIC copy for Minor Accounts.  If there is any change in two addresses, a proof of address as mentioned in point 2 is needed.																		
	the application coupled with otl tered address of No:02, Gower S @premierwealth.lk with scanned	treet	Colo	mbo	05.													
	& clear photograph of respective					info@	prem	nierw	ealth	.lk								
<ol><li>All withdrawals/redemptions will be mad Applicant's correspondence address or e</li></ol>	나는 사람들이 얼마나 아이를 가면 하나 하나 아니는 사람들이 아니라 하는 것이 되었다. 그 귀를 맞는 사람들이 되었다.									Prima	ary							
6. Minors will not be permitted to withdraw	v until he/she reaches the age of	f mat	urity,	18 ye	ars													
7. At the age of 18, the minor account will the bank and other compulsory details of	6.50								's nai	me. H	owev	er,						
	FOR THE	PUR	POS	E OF	PWN	ИL												
If the Application Form is forwarded via a d							deale	rora	gent	į.								
Dealer or Agent Name									753									
- CONTROL OF THE CONT		_	_									_	_	_				
Region		_		1														
Date of Submission to PWML	D D M M Y Y	Y	Υ	<u> </u>														
Remarks																		

Premier | Wealth Management
No: 02, Gower Street, Colombo 05, Sri Lanka.

Dealer/Agent - Authorized Signatory

Investment Operations Officer - PWML