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

		Pre	emie	er F	und	ls - I	ndi	vidu	ıal A	ppl	icat	ion	For	m										
	INVESTMENT ACCOUNT TYPE		Indi	vidua	al					Join	t					(a cop	Min y of th		nal birt	h certii	icate r	equire	ed)	
	YOUR PREFERENCE		Prer	nier	Grov	wth F	und			Prei	mier	Mon	ey M	arket	Fun	d								
	WHO WILL GIVE INSTRUCTIONS? (Only if a Joint Account)		Prim	nary .	Appl	licant	t			Sec	ondai	ry Ap	plica	nt			Join	tly						
1	ABOUT YOURSELF (Primary Applicant)			ı	1	ı	1	ı	ı			1	1	ı	ı	1	1				1			1
	Full Name																							
	(Mr/Mrs/Miss/Dr/Rev)																							
					1		1		l					 			1							
	Date of Bith	D	D	М	M	Υ	Υ	Υ	Υ	ļ	Gen	der		Male	9		Fem	ale			T			
											Resi	dent	ial St	atus			Resi	dent	_		Non-	-Resi	dent	
	NIC/Passport/Driving License No																		(a cop	oy of th	e origi	nal red	quired))
	Nationality		Sri La	ankar	n		Othe	er	(Pleas	se spe	cify)													
2	REACHING INFORMATION																							
	Permanent Address																							
	Correspondence Address			I		l		l							I				l					
	(a proof of address required, if there is a change)																							
	Mobile											Offi	ce											
	Home											Fax												
	E-mail																							
	Give your consent to send all company relate correspondance via above Email address	ed				Yes			No	(if No	, then a	all corr	espond	lence v	vill be	sent to	your o	orresp	onden	ce add	ress)			
3	WHAT YOU DO																							
	Name of Employer										Occu	ipatio	on / Po	ositio	n held	d								
	Nature of Business																							
	Address of Employer																							
4	YOUR REGULAR BANK DETAILS Bank Name													[Ban	k Acc	ount	Nun	nber					
	Branch Name													Ī										
		_												1 T										
	Bank Account Name																							
	Initial Investment Value														I		•							
	Mode of Deposit		Cash			-	k Tra	nsfe	r		Che	que												
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			ık & E			ode	ļ	ļ				Į	Daili	N INGI	iie									
_	VALUE 07-04-10 07-15																							
5	* Minimum of LKP 1 000/- and above																							
	* Minimum of LKR 1,000/- and above Subsequent Investment Value														Ī									
	I/we wish to invest		Mor	nthly			Qua	rterl	у		Sem	i ann	nually	,	<u>.</u>	Annı	ually							
	Mode of Deposit		Casł	า		Ban	k Tra	nsfe	r		Che	que												

		*if i	it is a	che	que,	then																		
			Q Nur										Bank	(Nan	ne									
		Ban	ık & E	Bran	ch Co	de																		
		*if i	it is a	ban	k tra	nsfei	thro	ugh	a Sta	ndin	g Ord	der, th	nen											
		You	ır Bar	nk Ad	ccoui	nt - D	ebit																	
		Our	⁻ Banl	k Arı	coun	t - Cr	edit																	
6	VOLIB DIVIDEND/BETLIBN	Oui	Dani		couri		cuit		ļ			L .			!			<u> </u>	L		!			
0	YOUR DIVIDEND/RETURN I/we authorize you to	If yo	Rein u need			n to b	e cred			eque	e to t	he Co	rres	pond	ence	addı	ress				Cred	dit to	Banl	k
	(if it is the same bank details as	Ban	ık Acc	coun	it Na	me																		
	in Point 7, mention "as above")	Ban	ık Acc	coun	t Nu	mbe	r																	
		Ban	ık Na	me																				
7	WHO YOU NOMINATE?	(Mai	inly for	r the S	Sole/F	rimar	у Арр	licants)															
	Nominee 1	Nar	ne																					
						1									1			1		1	1			-
		Add	dress																					
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		Sha	re								Rela	tionsl	hip											
		Vali	id ID	Num	ber										Con	tact I	Numl	ber						
	Nominee 2	Nar	ne																					
	Nonlinee 2	1101																						
		Add	dress																					
		Sha	re		<u> </u>						Rela	tions	hip											
			re id ID I	Num	ber						Rela	tions	hip		Con	tact i	Numl	ber						
				Num	nber						Rela	tions	hip		Con	tact I	Numl	ber						
8	OTHER INFORMATION			Num	ber						Rela	tions	hip		Con	tact I	Numl	ber						
8	OTHER INFORMATION Are You a Tax Payer?	Vali			ber	No		* If \	/ES, t	then	Rela		hip		Con	tact I	Numl	ber						
		Vali	id ID			No		* If \	/ES, t	then			hip		Con	tact I	Numl	ber						
	Are You a Tax Payer? ABOUT YOURSELF (Secondary Applican Full Name	Vali	id ID			No		* If \	/ES, 1	then			hip		Con	tact I	Numl	ber						
	Are You a Tax Payer? ABOUT YOURSELF (Secondary Applican	Vali	id ID			No		* If \	/ES, t	then			hip		Con	tact I	Numl	ber						
	Are You a Tax Payer? ABOUT YOURSELF (Secondary Applican Full Name	Vali	id ID			No		* If \	/ES, t	then			hip		Con	tact I	Numl	ber						
	Are You a Tax Payer? ABOUT YOURSELF (Secondary Applican Full Name	Vali	id ID			No	Y	* If \	/ES, 1	then		TIN		Male		tact I	Numh							
	Are You a Tax Payer? ABOUT YOURSELF (Secondary Applican Full Name (Mr/Mrs/Miss/Dr/Rev)	Vali	Yes				Y			then	your	TIN				tact f	Fema	ale			Non-	-Resi	dent	
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	Are You a Tax Payer? ABOUT YOURSELF (Secondary Applican Full Name (Mr/Mrs/Miss/Dr/Rev)	Vali	Yes				Y			then	your	TIN der [tact I	Fema	ale	(a cop	Doy of the	•		dent dent	
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9	Are You a Tax Payer? ABOUT YOURSELF (Secondary Applican Full Name (Mr/Mrs/Miss/Dr/Rev) Date of Bith NIC/Passport/Driving License No	Vali	Yes	M	M			Y	Y		your Gen Resi	TIN der [tact I	Fema	ale	(a cop	by of the	•			
9	Are You a Tax Payer? ABOUT YOURSELF (Secondary Applican Full Name (Mr/Mrs/Miss/Dr/Rev) Date of Bith NIC/Passport/Driving License No Nationality	Vali	Yes	M	M			Y	Y		your Gen Resi	TIN der [tact I	Fema	ale	(a cop	Doy of th	•			
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	WHAT YOU DO																									
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	Name of Employer											Occ	upati	on / F	ositio	on h	eld									
	Nature of Business																									
	Addison (Freely)		1	1								ı	1	1	ı	1					ı	1				1
	Address of Employer			-												-										-
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	Specimen Signatures I/We hereby declare that the aforement	ione	d inf	forn	natio	on i	s trı	ıe &	corre	ect a	ccord	ding	to m	y/ou	r bes	t of	kno	owle	dge	and	abili	ty.				
		Prir	nary	/ Ap	plic	ant	(So	le o	r Min	or)					Sec	ond	lary	/ Ap	plica	nt (G	uar	dian	or Jo	oint))	
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	Bank Name	Bar	ık Br	anc	:h				ļ.,				mbe													
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PREMIER WEALTH MANAGEMENT LIMITED

Investment Operations Officer - PWML

Dealer/Agent - Authorized Signatory

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