CENTRAL DEPOSITORY & SETTLEMENT CO.LTD

SECURITIES ACCOUNT OPENING / MAINTENANCE FORM(CDS 2)

PARTICIPANT ID. | | |

	1st joint Applicant Holder	2nd joint Applicant Holder
	TITLE : Mr / Mrs / Miss / Minor /____ (other)	TITLE : Mr / Mrs / Miss / Minor /____ (other)
Surname		
Maiden Name		
Initials		
Other Names/ Company Name		
Address		
Town		
Country		
Date of Birth/ Incorporation		
Tel. No. (Home)		
(Office)		
Fax No.		
Nationality		
NIC/Passport/ Reg. No.		
Existing Client ID (if applicable)		
Tick where applicable	Voting Individual (VN) - Local Company (LC) - Minor (XN) Foreign Individual (FI) - Foreign Company (FC)	Voting Individual (VN) - Local Company (LC) - Minor (XN) Foreign Individual (FI) - Foreign Company (FC)

Dividend Disposal Instruction ( ) By Bank, please give details below ( ) By Cheque Tick where applicable

Bank Name _____

Bank A/C Number _____

DECLARATION

I/We hereby:

(i) request to open and maintain a Security Account in my/our name(s)

(ii) Affirm that all information in the form are correct.

(iii) Undertake to notify this Participant of any change of particulars or information provided by me/us in this form

Signature 1 ..... Name 1 .....

2 ..... 2 .....

3 ..... 3 .....

(Security Account Holder/s (Joint) / Authorised Signatory / Guardian) Date: ...../...../.....

For Participant use only

Verified by:..... .....

(Name) (Signature)

Date : ...../...../..... Seal: .....

SECURITIES ACCOUNT NUMBER

Participant ID Client ID