

FIRST CAPITAL

No. 2, Deal Place, Colombo 03, Sri Lanka.

Telephone: + 94 11 2639 898/ + 94 11 2576 878

Fax: +94 11 2 639 899/+94 11 2 576 866



First Capital

MANDATE FOR INDIVIDUAL/ JOINT CLIENTS

Please complete this form in block capitals.

1. Name of the applicant

Last name with initials	
Name denoted by initials	

2. Address

--

3. Contact details

Telephone	Home:	Mobile:
Fax		
Email		

4. Employment details

Name of the Employer		Position	
Address			
Telephone		Fax	

5. NIC/ Passport No. (Please attach a copy)

--

6. Nationality

--

7. Particulars of the joint holder

Last name with initials			
Name denoted by initials			
Address			
Telephone	Home:	Mobile:	
Fax			
Email			
NIC/ Passport No.			
Nationality			
Name and the address of the employer		Position	

8. Bank accounts

Bank	Branch	Type of account	A/C No.

9. Operating instructions

Corresponding address	<input type="checkbox"/> Residence	<input type="checkbox"/> Office	<input type="checkbox"/> Other (Specify)
Signing Instructions	<input type="checkbox"/> Either	<input type="checkbox"/> Both	<input type="checkbox"/> Other (Specify)

Note:

Unless written instructions to the contrary are received by First Capital at least 7 days before the date of maturity of the investment, First Capital shall have the discretion to renew the investment for a similar period at the rates of interest in force at the time of such renewal

DECLARATION

I/We hereby declare that the information furnished in this application and the attached documents are true and correct in all respect. I/We understand that this application and the attached documents remain the property of First Capital. I/ We also understand that First Capital reserves the right to reject this application at its absolute discretion without assigning any reason thereof.

Dated this onday of20.....

Signature of the applicant Joint account holder.....

FOR OFFICE USE ONLY

Client Code	:.....	Branch	Code
	:.....		
Introduced By	:.....	System Check	:

.....

Dated :.....