



First Capital

FIRST CAPITAL ASSET MANAGEMENT LIMITED
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
Email: info@firstcapital.lk

Application No [ ]

FIRST CAPITAL GILT EDGED FUND - CLIENT REGISTRATION FORM

PART A (Sole/Primary/Corporate)

(Please complete this form in BLOCK LETTERS)

Form for Part A registration including fields for Name in Full, Nationality, Name of Corporate Body, Name with Initial, NIC/Co. Reg. No, Profession, Correspondence Address, Date of Birth/Incorporation, and Bank Details.

PART B (Joint/ Guardian)

Form for Part B registration including fields for Name in Full, Nationality, Name with Initial, NIC/Co. Reg. No, Profession, Correspondence Address, Date of Birth/Incorporation, and Bank Details.

DIVIDEND INSTRUCTION (Please tick appropriate box)
I/We have authorized you to reinvest the dividend accrued in my/our favour in the same fund. Yes [ ] No [ ]
If "No", the dividend will be posted to you by cheque.

Investment Amount (LKR) [ ] Investment by way of, [ ] Cheque
Amount in Words .....
[ ] Direct Bank to Bank Transfer [ ] Draft

All units are issued in concontained in the Explanatory Memorandum. I/We hereby agree to acceptand be bound by these terms formance to the provisions of the Trust Deeds and on the basis of information and conditions. I/We further certify that the particulars given above are true and correct to the best my/our knowledge and belief.

Please note the managers will only act on instructions authorised by the below signatory/signatories.

Signature [ ] Signature [ ]

For office use only Code [ ] Reference No [ ] Application No [ ]