



First Capital

FIRST CAPITAL ASSET MANAGEMENT LIMITED
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Application No []

FIRST CAPITAL WEALTH 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/ Nominee)

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 []
Bank [] Branch [] Cheque No []
[] 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 paticulars 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 []