

The Unit Trust Management Company to Assetline Mutual Funds: Assetline Capital (Private) Limited

No.120, 120A, Pannipitiya Road, Battaramulla, Sri Lanka. Tel.: 0114700100 Fax: 0114700114 Web.: www.assetline.lk Reg. No.: PV 121

APPLICATION FORM FOR UNIT TRUST SUBSCRIPTION BY NON-CORPORATES (Page 1 of 2)

Fields marked with an asterisk (*) are mandatory.

1. **Account Type** (Please ✓ where applicable)* : Sole (individual) ☐ Joint ☐ Minor's Account (with Parent/Guardian) ☐

2. **Account instructions for Minor's Account** (Please ✓ where applicable)* : By Parent ☐ By legally appointed Guardian ☐

3. **Subscription to*** :

Fund (Unit Trust)	Initial Subscription Amount (Rs.)	Payment Method (Please ✓ where applicable):			If payment is done via cheque(s) or bank draft(s) or fund transfer:	
		Cash	cheque/ Bank Draft	Fund Transfer	Cheque/Bank Draft No./ Reference No.	Bank & Branch Name
Assetline Income Fund						
Assetline Income Plus Growth Fund						

4. Particulars of the Applicant(s)	Applicant No.1 (Sole/ First-joint/ Minor)	Applicant No.2 (Second-joint/ Parent/ Guardian)
4.1 Full Name with Title* : (Mr./Mrs./Miss/other)		
4.2 Date of Birth*	D D M M Y Y Y Y	D D M M Y Y Y Y
4.3 National Identity Card No./Passport No./Other No.*		
4.4 Nationality*		
4.5 Residency Status in Sri Lanka (Please ✓ where applicable)*	Resident <input type="checkbox"/> Non-Resident <input type="checkbox"/>	Resident <input type="checkbox"/> Non-Resident <input type="checkbox"/>
4.6 Personal Contact Details*	Telephone:	Telephone:
	Fax:	Fax:
	Mobile:	Mobile:
	E-mail:	E-mail:
4.7 Permanent Address*		
4.8 Correspondence Address (If different to what is stated in 4.7)		
4.9 Marital Status (Please ✓ where applicable)	Married <input type="checkbox"/> Unmarried <input type="checkbox"/>	Married <input type="checkbox"/> Unmarried <input type="checkbox"/>
4.10 Full Name and Title of Spouse (Mr./ Mrs./ Other)		
4.11 Occupation of Spouse		
4.12 Name of Spouse's Employer		

4.13 How does the Applicant wish to receive Statements? (Please ✓ where applicable)* : By E-mail ☐ Other:

4.14 Provide SMS notifications (Please ✓ where applicable)* :

Yes, to Applicant No.1's Mobile number stated in 4.6 above ☐ Yes, to Applicant No.2's Mobile number stated in 4.6 above ☐ No ☐

5. Dividend Instructions*

If declared, dividends on these units are hereby instructed to be (Please ✓ where applicable):

Re-invested into units ☐ Sent to the above correspondence address ☐ Transferred to Bank Account(As per 6. below) ☐

6. Bank Account Details*

Name of the bank : Branch : Account Currency:

Account No. : Account Type:

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APPLICATION FORM FOR UNIT TRUST SUBSCRIPTION BY NON-CORPORATES (Page 2 of 2)

Fields marked with an asterisk (*) are mandatory.

7. Declaration

7.1 I/we hereby declare that all information submitted in this application form, and all other associated documentation submitted herewith are true and correct.

7.2 I/we hereby declare that I/we have clearly read and understood the Explanatory Memorandum of the underlying Fund(s) that may be issued pursuant to this application form and terms and conditions set out herein. I/we agree to be bound by the provisions of the Trust Deed of the respective underlying Fund(s) as amended from time to time.

7.3 I/we am/are aware of the applicable fees and charges that will be incurred when subscribing to the of the underlying Fund(s) as specified above.

7.4 Joint account instructions given as "By Both Parties" : We agree that all instructions on our Account(s) of the underlying Fund(s) shall be signed by both of us and all withdrawals from Account(s) of the underlying Fund(s) shall only be credited to the first named Account Holder's designated bank account given in the application.

7.5 Minor's account instructions given as "By Parent or by legally appointed Guardian" : For the period applicable until the Minor completes 18 years of age, I, as the Parent or as the legally appointed Guardian, hereby agree that all instructions on the Minor's Account(s) of the underlying Fund(s), which I have Jointly applied with the afore-said Minor, shall be signed by me and all withdrawals from said Account(s) of said underlying fund(s) shall only be credited to my designated bank account given in this application.

7.6 In the event of death of any of the Applicants constituting the Joint Account Holders, the monies lying to the credit of the said Joint Account will be disbursed to the surviving Account Holder or to the order of the survivor and no Joint Account Holder will hold ACPL responsible for paying monies of such Account(s) of the underlying Fund(s) to the surviving Account Holder or to the order of the survivor.

7.7 Each of us agree that upon ACPL receiving notice of death of either of us, ACPL shall be fully discharged of its obligations to us upon its payment or delivery to or to the order of the survivor of us, all monies standing to the credit or held by the Account(s) of the underlying Fund(s).

7.8 In the case of any change or revocation of the authority of any of the Joint Account Holders hereunder in relation to a particular account of the underlying Fund(s), ACPL may at its absolute discretion, require the said account of the underlying Fund(s) thereafter to be operated by the Joint Account Holders collectively.

7.9 **For non - resident applicant(s) only** : I/we declare that I/we reside outside Sri Lanka at the time this account was opened.

8. Applicant Signature(s)*

Signature of Applicant No.1
 Date: |D|D|M|M|Y|Y|Y|Y|

Signature of Applicant No.2
 Date: |D|D|M|M|Y|Y|Y|Y|

9. Instructions

9.1 Prior to completing this Application Form, please read the Explanatory Memorandum of the underlying Fund(s) selected as specified above to which the Applicant(s) accounts is to be opened and the initial subscription is to be made.

9.2 payment for subscription in units of the selected underlying Fund(s), must be made in cash or by cheque or by bank draft or via a fund transfer. Units would be allotted on the date of receipt of cash or realization of cheque/bank draft or confirmation of funds.

a) Payments made via cheque or bank draft must be drawn upon any commercial bank in Sri Lanka and must be crossed as "Account Payee Only" and must be made payable in the name of the underlying Fund(s) to which the subscription is undertaken (that is either "Assetline Income Fund" or "Assetline Income Plus Growth Fund").

b) Cash payments must be made as below:

Fund/ Bank Account Beneficiary Name	Bank & Branch	Bank Account No.
Assetline Income Fund	Deutsche Bank AG, Colombo	0044792-00-0
Assetline Income Plus Growth Fund	Deutsche Bank AG, Colombo	0044792-00-4

9.3 Minor's Account Instructions:

9.3.1 A Minor is authorized to apply as the first holder if applied jointly with Parent or legally appointed Guardian.

9.3.2 Prior to the Minor applicant completing 18 years of age:

a) Only the Minor's parent or the Minor's legally appointed Guardian is authorised to provide account instructions in respect of the Minor's account under the respective Fund(s).

b) Permitted withdrawals from the Minor's account under the respective Fund(s) will only be made to the Guardian/Parent's Bank Account.

9.3.3 Subsequent to the Minor completing 18 years of age, his/her account would be immediately converted into a sole (individual) account under his/her name within the respective Fund(s). Withdrawals cannot be made in respect of said account until said individual's bank account details and other compulsory details are sufficiently updated.

9.4 Please submit the duly completed application form along with the following associated documents:

9.4.1 Sole / Joint / Minor / Parent / Guardian Applicant(s)

a) Copy of Applicant(s) NIC/ Passport.

b) If current residential address(s) is different to the address(s) stated in NIC/Passport, please provide billing proof document(s) not older than 3 months from the date of signing this application form, as proof of the current residential address.

c) Copy of Minor Applicant's Birth Certificate.

d) Documentation which validates Minor's Parent's/legally appointed Guardian's legitimacy as Parent/Guardian.

9.4.2 General

a) If Application is executed under Power of Attorney (PoA), a Notary-Public-certified copy of the said PoA.

b) If initial subscription is made via a cash payment, please attach the bank deposit slip (of said payment) to this application form as proof of said cash payment.

9.5 Any subsequent changes in Applicant(s) information provided for Sections 4, 5 and 6 must be immediately notified to ACPL in writing.

10. For office use only:	
Agent (Name & Signature):	Input by (Name & Signature):
Confirmed by (Name & Signature):	Authorized by (Name & Signature):