

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 CORPORATES**
**1. Subscription made 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						

Minimum initial subscription is Rs. 1,000/-

**2. Particulars of the Corporate**

2.1 Company Name : \_\_\_\_\_

2.2 Date of Incorporation : | D | D | M | M | Y | Y | Y | Y |

2.3 Country of Incorporation : \_\_\_\_\_

2.4 Company Registration No : \_\_\_\_\_

2.5 Income Tax File No : \_\_\_\_\_

2.6 Registered Address : \_\_\_\_\_

2.7 Correspondence /Business Address (If different to what is stated in 2.6) : \_\_\_\_\_

2.8 Contact Details : Telephone : \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

2.9 Business Structure : (Please ✓ where applicable)

Sole proprietorship ☐ Partnership ☐ Limited Liability Company ☐

Public Limited Company ☐ Limited by guarantee ☐

Other ☐ Please specify : \_\_\_\_\_

2.10 Nature of the Business / Industry : \_\_\_\_\_

2.11 If the Corporate Applicant is a Subsidiary/Associate of another organization, the Ownership Status of Corporate Applicant (Please ✓ where applicable)

Subsidiary ☐ Associate ☐

2.12 If ticked 'Yes' to 2.11, Full name of the parent company : \_\_\_\_\_

2.13 How did the Applicant initially get to know about subscribing to the Assetline Unit Trust Funds (Please ✓ where applicable):

Media ☐ Promotion ☐ Referral ☐ Call Center ☐

Other ☐ If ticked as Promotion or as Other, please specify : \_\_\_\_\_

2.14 How does the Applicant wish to receive Statements?

(Please ✓ where applicable)

By Mail ☐ By E-mail ☐

2.15 Details of Contact Person for Corporate Applicant :

Full Name : \_\_\_\_\_

Designation : \_\_\_\_\_

Address: \_\_\_\_\_

Telephone : \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

## 2.16 Financial Detail of Corporate Applicant:

Annual Sales Turnover :	Current Year	<input type="text"/>	Previous Year	<input type="text"/>
Net Profit / Loss:	Current Year	<input type="text"/>	Previous Year	<input type="text"/>
Paid-up Capital + Accumulated Profit :	Current Year	<input type="text"/>	Previous Year	<input type="text"/>

2.17 Are the Audited Financial Statements for the last two years available? (Please ✓ where applicable) Yes ☐ No ☐

## 2.18 Expected value of transaction per annum

<input type="checkbox"/> Below 1,000,000	<input type="checkbox"/> 1,000,000 to 5,000,000	<input type="checkbox"/> 5,000,000 to 10,000,000
<input type="checkbox"/> 10,000,000 to 15,000,000	<input type="checkbox"/> 15,000,000 to 20,000,000	<input type="checkbox"/> Over 20,000,000

## 2.19 Source of Funds

<input type="checkbox"/> Sales and Business Turnover	<input type="checkbox"/> Investments	<input type="checkbox"/> Subsidy Income
<input type="checkbox"/> Other	Please specify : _____	

2.20 Director / Committee / Governing Body Information regarding Corporate Applicant : (Or Please submit **Form 20** along with their PEP\* Status)

Name	Designation	NIC	Shares	Contact No.	Address	PEP status

## 2.21 Top share holders

Name	Designation	NIC	Shares	Contact No.	Address	PEP status

\* **Politically exposed person (PEP)** means an individual who is entrusted with prominent public functions either domestically or by a foreign country, or in an international organization and includes a Head of a State or a Government, a politician, a senior government officer, judicial officer or military officer, a senior executive of a State owned Corporation, Government or autonomous body but does not include middle rank or junior rank individuals

## 3. Dividend Instructions

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

Re-invested into Units	<input type="checkbox"/>	Sent to the above correspondence address	<input type="checkbox"/>	Transferred to Bank Account (As per section 4)	<input type="checkbox"/>
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## 4. Bank Account Details

Name of the Bank : \_\_\_\_\_ Branch: \_\_\_\_\_ Account No: \_\_\_\_\_

## 5. Declaration

I/we hereby declare that all information submitted in this Unit Trust Application, and all other associated documentation submitted herewith are true and correct.

I/we hereby that I/we have clearly read and understood the Explanatory Memorandum related to the Unit 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 as amended from time to time.

I/we are aware of the applicable fee and charges that will be incurred when subscribing to the fund selected as specified above.

## 6. Applicant Signature(S)

Rubber stamp and authorized signature I

Name of the signatory: \_\_\_\_\_

Date : | D | D | M | M | Y | Y | Y | Y |

Rubber stamp and authorized signature II

Name of the signatory: \_\_\_\_\_

Date : | D | D | M | M | Y | Y | Y | Y |

## 7. Instructions

7.1 Prior to completing this Application Form, please read the Explanatory Memorandum of the Fund Selected as specified above to which the Application (s) account is to be opened and initial subscription is to be conducted.

7.2 Payment for subscription in units, of the Fund selected as specified above, must be made in cash or by cheque (cheques will be subject to realization and unit will be allotted on such realization date), bank draft or Fund transfer.

a) Payment 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 fund to which the subscription is undertaken (that is either "Assetline Income Fund" or "Assetline Income Plus Growth Fund").

b) Cash payments/ Fund transfers can be made to:

Fund/Account 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

7.3 Please submit this Application Form fully completed along with the following associated document:

( Please ✓ if attached)

- |  |                          |
|--|--------------------------|
| a) Copy of business registration, certificate of the business or other relevant incorporation certificates of the body corporate | <input type="checkbox"/> |
| b) Article of association/constitution, Form 13 & 20   | <input type="checkbox"/> |
| c) Copy of extract of a board/ Committee resolution authorizing the investment.  | <input type="checkbox"/> |
| d) Letter of authorized signatories to operate the investment.   | <input type="checkbox"/> |
| e) NIC/Passport copies of directors/ executive committee of the institution.   | <input type="checkbox"/> |

7.4 The respective corporate's Common Seal must be affixed and attested as required by the Articles of Association/ constitutional documents of said corporate applicant.

7.5 Any subsequent in Applicant (s) information provided for sections 2,3 and 4 must be immediately notified to the Unit Trust Management Company in writing.

### For office use only:

Agent (Name & Signature): .....

Input by (Name & Signature): .....

Confirmed by (Name & Signature): .....

Authorized by (Name & Signature): .....

Does the Company/Directors appear in the sanction list? Yes ☐ No ☐

Risk Categorization High ☐ Low ☐