



CLIENT REGISTRATION FORM (INDIVIDUALS)
(To be filled by the applicant. All fields are mandatory)

PERSONAL DATA

TITLE	Mr.	Mrs.	Ms.	Rev	Dr.	Other												
LAST NAME																		
INITIALS																		
NAMES DENOTED BY INITIALS																		
ADDRESS																		
TELEPHONE											MOBILE							
FAX																		
E-MAIL																		
NIC/PASSPORT NO.											DATE OF ISSUE							
NATIONALITY	(Please attach a photocopy)										DATE OF BIRTH							

EMPLOYMENT

OCCUPATION/ PROFESSION														
COMPANY NAME & ADDRESS														
TELEPHONE											FAX			
NATURE OF BUSINESS														

BANK DETAILS

NAME OF BANK													
BRANCH													
ACCOUNT NUMBER													

MAILING INSTRUCTIONS (Please tick ✓)

- Correspondence by post By E-mail (Attach Consent Letter)
 Cheques to be kept at your office Posted to my Correspondence address

PERSON AUTHORIZED TO GIVE INSTRUCTIONS (Please tick ✓)

- Primary Applicant 2nd Joint holder 3rd Joint Holder
 Either Other (Attach Power of Attorney)

2ND JOINT HOLDER

FULL NAME
 ADDRESS
 TELEPHONE NUMBER MOBILE
 N.I.C./PASSPORT NUMBER..... DATE OF ISSUE..... DATE OF BIRTH.....

3RD JOINT HOLDER

FULL NAME
 ADDRESS
 TELEPHONE NUMBER MOBILE
 N.I.C./PASSPORT NUMBER..... DATE OF ISSUE..... DATE OF BIRTH.....

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BOARD OF DIRECTORS – Ajith Fernando, H M S Perera, H A Aturupane, K G Vairavanathan

