

# Application For Purchase of Treasury Bills

CODE NUMBER

To be filled in Block Capitals

(Please enter Previous Code, if any)

**Personal Information**

Name with Int. : [1] Mr./Ms. .... NIC No. : .....

                          : [2] Mr./Ms. .... NIC No. : .....

                          : [3] Mr./Ms. .... NIC No. : .....

If the application is joint survivorship will be applied

Full name : [1].....

                          : [2].....

                          : [3].....

Are you a U.S. Person under the Foreign account Tax Compliance Act (FATCA) of the U.S.? .....  
If yes, complete the attach declaration.

Address : .....

Tel. No : ..... Fax No : .....

Mobile No : ..... Email : .....

Resident : Yes  No  Tax Payer : Yes  No

**Investment Information**

Face Value : ..... Investment Value : .....

Period [3, 6, 12] : ..... Months

From : .....

Yield : ..... %

For Office Use Only	
Price	
W.E.F	

**Source of Funds**

- Cash
- Cheque No. ....
- Debit my/our Current/Savings account bearing no ..... at ..... branch

I/We hereby declare that the above information is true & correct. I/We also abide by the existing rules & regulations & those will be imposed from time to time, governing the purchase of treasury bills by the bank on my/our behalf. I/we am/are aware that the treasury bill/bills will be purchased, on the availability of treasury bills, at the time of receipt of my/our application at your unit.

**Maturity Instruction**

On maturity, I/We authorize Bank of Ceylon to collect the proceeds of the treasury bill on my/our behalf & comply with the following maturity instructions.

- Do not reinvest
- Reinvest same face value subject to availability of bills & remit interest
- Reinvest with interest subject to availability of bills

Method of payment of accrued interest or any maturity proceeds

Credit my/our Current/Savings account no .....  
at ..... branch

In the event if I/we become a U.S. Person under the Foreign account Tax Compliance Act (FATCA) of the U.S., I/We hereby undertake to inform the said fact to the bank immediately.

Operating Instructions     Either of us                       All of us                       Any Two of us

Date : .....                      [1] .....                      [2] .....                      [3] .....

Signature of Applicant                      Signature of Applicant                      Signature of Applicant

Branch Certification : Customer signature verified with KYC compliance

.....  
Autorised officer and Branch stamp