Application For Purchase of Treasury Bond				
To be filled in Block Capitals			(Pleas enter Previous Code, if any)	
Personal Informa Name with Int.	: [1] Mr./Ms. : [2] Mr./Ms. : [3] Mr./Ms.  If the application is joint survivorship will be applied			NIC No. :
Full name	: [1]			
	: [2]			
	: [3]			
Are you a U.S. Person under the Foreign account Tax Compliance Act (FATCA) of the U.S.?				
Address	:			
Tel. No Mobile No	:		Fax No Email :	<b>:</b>
Resident	: Yes \( \square\) No \( \square\)		Tax Payer	: Yes $\square$ No $\square$
Investment Information				
Face Value	<b>:</b>		Investment Value	<b>:</b>
Period	: From To	••••	Coupon Rate	;
Yield	<b>:</b> %		Bond Price	:
Source of Funds Cash				
Cheque No				
Debit my/our Current/Savings account bearing no				
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 bonds by the bank on my/our behalf. I/we am/are aware that the treasury bonds will be purchased, on the availability of treasury bonds, 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 bonds & remit balance proceeds Reinvest with interest subject to availability of bonds		Method of payment of coupon or any maturity proceeds		
		☐ Credit my/our Current/Savings account no branch		
		☐ Issue Pay order (cheque)		
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 Instruc	tions		All of us	☐ Any Two of us
Date:				
branch Cerunication . Customer vermen with KiC compliance				
			Autorised officer	and Branch stamp