



First Capital Group

Account Opening Form - Individual

(Requirement in terms of Financial Transaction Reporting Act No.6 of 2006)

Office use only
KYC code :

.....

√ Tick the appropriate boxes

First Capital Business Unit/s you intend to transact with;

First Capital Holdings PLC	<input type="checkbox"/>
First Capital Treasuries PLC	<input type="checkbox"/>
First Capital Limited	<input type="checkbox"/>
First Capital Asset Management Limited – Wealth Management	<input type="checkbox"/>
First Capital Asset Management Limited – Unit Trust Funds Money Market Fund <input type="checkbox"/> Wealth Fund <input type="checkbox"/> Gilt Edged Fund <input type="checkbox"/> Equity Fund <input type="checkbox"/>	<input type="checkbox"/>
First Capital Equities (Private) Limited * * Please fill the Central Depository Systems (CDS) Forms (except of Form 1(A1) and 5), to open an account with First Capital Equities (Private) Limited (Relevant CDS forms are available in the First Capital Holdings PLC website)	<input type="checkbox"/>

Account Type
Individual Joint Account

Account Holder/s Details			
	Primary Holder	Joint Holder 1	Joint Holder 2
Name in full as per NIC/Passport* (Underline the surname)	(Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Rev <input type="checkbox"/>)	(Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Rev <input type="checkbox"/>)	(Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Rev <input type="checkbox"/>)
*Provide a copy of NIC/Passport			
NIC/Passport Number			
Date of birth (dd/mm/yyyy)			
Contact details* Fixed Line Mobile e-mail Fax			
*Information provided herein shall be, at all-times, considered as the current/ latest contact information to be used by First Capital Group companies for authorization/ verification/ online purposes.			
Income Tax File Number (If applicable)			
Permanent address*			
*Provide a supporting document to validate this address, if address differs from the details mentioned in the above identity documents			
Status of residence	<input type="checkbox"/> Owner <input type="checkbox"/> Parent's <input type="checkbox"/> Lease/ Rent <input type="checkbox"/> Official <input type="checkbox"/> Board/ Lodging <input type="checkbox"/> Other (specify)	<input type="checkbox"/> Owner <input type="checkbox"/> Parent's <input type="checkbox"/> Lease/ Rent <input type="checkbox"/> Official <input type="checkbox"/> Board/ Lodging <input type="checkbox"/> Other (specify)	<input type="checkbox"/> Owner <input type="checkbox"/> Parent's <input type="checkbox"/> Lease/ Rent <input type="checkbox"/> Official <input type="checkbox"/> Board/ Lodging <input type="checkbox"/> Other (specify)
Occupation/ Employment status	<input type="checkbox"/> Proprietor/ Business owner <input type="checkbox"/> Permanently employed <input type="checkbox"/> Part-time employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Other (specify)	<input type="checkbox"/> Proprietor/ Business owner <input type="checkbox"/> Permanently employed <input type="checkbox"/> Part-time employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Other (specify)	<input type="checkbox"/> Proprietor/ Business owner <input type="checkbox"/> Permanently employed <input type="checkbox"/> Part-time employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Other (specify)

Employer/ Business details - Designation held /Business name Name of employer/ Business Address of employer/ Nature of business
Purpose of opening the account*	<input type="checkbox"/> Trading <input type="checkbox"/> Investment <input type="checkbox"/> Other (specify).....	<input type="checkbox"/> Trading <input type="checkbox"/> Investment <input type="checkbox"/> Other (specify).....	<input type="checkbox"/> Trading <input type="checkbox"/> Investment <input type="checkbox"/> Other (specify).....
*This field is mandatory for Foreign nationals			
Source of funds*(Choose one or more) *(Please mark the source of funds of both the initial deposit and future investments)	<input type="checkbox"/> Salary/ Professional income <input type="checkbox"/> Business turnover/ Profits <input type="checkbox"/> Family remittances <input type="checkbox"/> Sale of property/ Assets <input type="checkbox"/> Investment proceeds <input type="checkbox"/> Commission income <input type="checkbox"/> Contract proceeds <input type="checkbox"/> Other (specify):	<input type="checkbox"/> Salary/ Professional income <input type="checkbox"/> Business turnover/ Profits <input type="checkbox"/> Family remittances <input type="checkbox"/> Sale of property/ Assets <input type="checkbox"/> Investment proceeds <input type="checkbox"/> Commission income <input type="checkbox"/> Contract proceeds <input type="checkbox"/> Other (specify):	<input type="checkbox"/> Salary/ Professional income <input type="checkbox"/> Business turnover/ Profits <input type="checkbox"/> Family remittances <input type="checkbox"/> Sale of property/ Assets <input type="checkbox"/> Investment proceeds <input type="checkbox"/> Commission income <input type="checkbox"/> Contract proceeds <input type="checkbox"/> Other (specify):
Anticipated monthly volume* *(Amount that you wish to invest monthly with First Capital Group)	<input type="checkbox"/> Less than Rs 100,000 <input type="checkbox"/> Rs 100,000 - 500,000 <input type="checkbox"/> Rs 500,000 - 1,000,000 <input type="checkbox"/> Rs 1,000,000 - 2,000,000 <input type="checkbox"/> Rs 2,000,000 - 5,000,000 <input type="checkbox"/> Rs 5,000,000 - (specify)	<input type="checkbox"/> Less than Rs 100,000 <input type="checkbox"/> Rs 100,000 - 500,000 <input type="checkbox"/> Rs 500,000 - 1,000,000 <input type="checkbox"/> Rs 1,000,000 - 2,000,000 <input type="checkbox"/> Rs 2,000,000 - 5,000,000 <input type="checkbox"/> Rs 5,000,000 - (specify)	<input type="checkbox"/> Less than Rs 100,000 <input type="checkbox"/> Rs 100,000 - 500,000 <input type="checkbox"/> Rs 500,000 - 1,000,000 <input type="checkbox"/> Rs 1,000,000 - 2,000,000 <input type="checkbox"/> Rs 2,000,000 - 5,000,000 <input type="checkbox"/> Rs 5,000,000 - (specify)
Are you a politically exposed person(PEP)*	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
*(PEP)-Are you an individual who are or have been entrusted domestically by or with prominent public Function? Are you an individual who are or have been entrusted with prominent public functions by a foreign country ? Are you an individuals who are closely connected to a PEP, either socially or professionally ?			
Citizenship	<input type="checkbox"/> Sri Lankan <input type="checkbox"/> Sri Lankan with dual citizenship* <input type="checkbox"/> Sri Lankan residing overseas* <input type="checkbox"/> Foreign national*	<input type="checkbox"/> Sri Lankan <input type="checkbox"/> Sri Lankan with dual citizenship* <input type="checkbox"/> Sri Lankan residing overseas* <input type="checkbox"/> Foreign national*	<input type="checkbox"/> Sri Lankan <input type="checkbox"/> Sri Lankan with dual citizenship* <input type="checkbox"/> Sri Lankan residing overseas* <input type="checkbox"/> Foreign national*
*Please provide copies of valid Passport and Visa documents			
Are you a U.S Resident*	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
*U.S Resident, U.S Citizen or Holder of U.S Permanent Resident Card (Green Card)? (If "Yes", please submit a FATCA Declaration Form (Form W-9). Please refer : https://www.irs.gov/pub/irs-pdf/fw9.pdf)			

Signing instruction: (Only applicable to joint holders)

Either party Both All Other (specify):

Details of Trustee, Portfolio Manager and/or Custodian company

Expected modes of transactions

Cash Bank transfers Cheques Direct deposits RTGS transfers Other (specify):

Bank account details*

Account title	Bank	Branch	Account type	Account number

*Above account details would be used to validate settlement instructions of withdrawals

Distribution/Maturity payout instructions

Please indicate your preference for distribution from First Capital Group Companies.

*Reinvest in Deposit in Bank account specified above Payment by Crossed cheque

***The following to be confirmed by First Capital Treasuries PLC customers who wish to provide reinvestment instructions as above,**
I/We do hereby confirm that First Capital Treasuries PLC made me aware about the alternative (net settlement basis for funds) arrangement for settlements, authorized by Central Bank of Sri Lanka, of multiple and Repo roll-over transactions. Accordingly, I/We hereby provide my/our consent for First Capital Treasuries PLC to exercise transactions conducted by me/us on such basis. Yes No

Instructions on Sales Proceeds (Only applicable for First Capital Equities (Private) Limited customers)

I/We hereby authorize First Capital Equities (Private) Limited

- to hold any credit balances in my account and to recover future payments for stock purchased on my behalf from such credit balances
- prepare the sale proceeds and purchase consideration would be settled on the due date, Unless otherwise specific instructions are given by me/us.

Do you wish to appoint a Nominee? (not applicable for customers of First Capital Treasuries PLC/ First Capital Equities (Private) Limited and customers who's Investments are made on Listed securities)

Yes No

If yes ; (please fill the details)

Full Name (s) of nominee (s)	Address (es) of nominee (s)	Age (s)	NIC/ P.P/ DL	%

I/We do hereby make the above nomination/s under section 544 of the Civil Procedure Code Amendment Act No. 14 of 1993 subject to the conditions given below,

1. This nomination shall have effect despite anything to the contrary in the Depositor's Last Will.
2. It will stand revoke by (a). The death of a Nominee (b). A written notice of revocation signed by the Nominator and attested by a witness in the form obtainable from the company or (c). A subsequent nomination signed by the Nominator as stated above.
3. Monies lying to the credit, if payable to more than one Nominee and the basis of distribution is not stipulated will be paid to the nominees in equal share.
4. If this nomination cannot be given effect to, for any reason whatsoever, the monies will be paid to the person or persons legally entitled thereto.
5. Payment will be made to a nominee only on (a). The production of an affidavit stating that he is the nominee and (b). An establishment of his identity to the satisfaction of the company

Do you wish to provide instructions via Fax or e-mail?

Yes No If "Yes"; e-mail Address:

Do you wish to provide Fax/ e-mail instructions for third party transfers/payments* (*payments made to another third party individual person or corporate on your behalf)

Yes No

In consideration of you acting on facsimile or email instructions received by you, I/we undertake to keep you indemnified at all times against, and to save you harmless from, all actions, proceedings, claims, losses, damages, costs and expenses which may be brought against you or suffered or incurred by you and which shall have arisen either directly or indirectly out of accepting such instructions and acting on same

Enrollment for Real-time notification in the Central Depository System of LankaSecure (Only applicable for First Capital Treasuries PLC customers)

Please send real-time notifications to my/our;

- e-mail address
- Mobile phone number
- Both e-mail address and mobile phone number
- I do not wish to enroll

Do you wish to obtain First Capital Online Portal Access? (If "Yes", please read the attached document for the terms and conditions related to First Capital Online Portal Access)*

Yes No

e-mail: Mobile: (Only if differs from the above mentioned information)

*I/We confirm that I/We read, understood, acknowledge and agree with the attached terms and conditions

TERMS AND CONDITIONS (please read the below conditions and cut off the inapplicable words)

I/We hereby declare that the information furnished in this application and attached documents ('Application') are true and accurate to the best of my/our knowledge and that this application shall remain the property of First Capital Group Companies ('First Capital').

I/ We also understand that;

- (a) First Capital reserves the right to reject this application at its absolute discretion without assigning any reason thereof and
- (b) information submitted herein shall be used by any First Capital in facilitating transactions on my/our behalf; and
- (c) that at the time of a renewal of an investment, First Capital shall have the discretion to renew same for a similar period at the rates of interest in force at the time of such renewal, unless written instructions to the contrary are received at least seven (07) days before the date of maturity; and
- (d) This declaration is subject to regulatory and other laws applicable and in force from time to time.

I/We also understand that First Capital Group will only use electronic methods to send (only to the primary holder) advices/confirmations and will not send hard copies of advices/confirmations to my/our corresponding address.

Risk Disclosure

I/We do hereby declare that I/We understand that my/our investments are subject to market, interest rate and/or counter party risks and First Capital shall not hold any responsibility or liability for same.

Consent to verify details with Department for Registration of Persons:

I do hereby provide consent to and irrevocably permit First Capital to verify with the Department for Registration of Persons and/or any third party/ authority, the Know Your Customer information concerning me including the particulars contained in my National Identity Card.

.....
Primary Customer's Signature

Date (dd/mm/yyyy):

.....
Joint Customer's Signature (1)

Date (dd/mm/yyyy) :

.....
Joint Customer's Signature (2)

Date (dd/mm/yyyy):

Office use only

Name/ DoB/ NIC verification document: <input type="checkbox"/> National Identity Card <input type="checkbox"/> Passport <input type="checkbox"/> Official Armed Forces Service Card <input type="checkbox"/> Other (specify):			
Permanent address verification document: <input type="checkbox"/> National Identity Card <input type="checkbox"/> Tenancy agreement <input type="checkbox"/> Utility Bill (specify): <input type="checkbox"/> Driving License <input type="checkbox"/> Bank Statements <input type="checkbox"/> Letter from Public/ Tax Authority			
Sales Representative :			
Signature:		Date:	

Risk Rating (To be completed by an Officer at Risk and Compliance)

	Low	Medium	High	Rating
Client Type	<input type="checkbox"/> Student <input type="checkbox"/> House wife <input type="checkbox"/> Pensioner	<input type="checkbox"/> Businessman /Business owner	<input type="checkbox"/> Foreign citizen <input type="checkbox"/> Non-resident	
	<input type="checkbox"/> Permanent salaried employee of a well-known company	<input type="checkbox"/> Part-time employee of a well-known company	<input type="checkbox"/> Politically exposed Person	
	<input type="checkbox"/> Professional	<input type="checkbox"/> Permanent salaried employee of a not well-known company	<input type="checkbox"/> Individual comes under sanction lists	
	<input type="checkbox"/> Other –	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Self-employed individual	
Anticipated Monthly Volume	<input type="checkbox"/> =/< Rs 1,000,000	<input type="checkbox"/> Rs 1,000,000 to 5,000,000	<input type="checkbox"/> Above Rs 5,000,000	
Status of Residence Address	<input type="checkbox"/> Owner/ Parent's	<input type="checkbox"/> Lease/Rent/ Boarding/ Lodging/ Official (with address verification document in place)	<input type="checkbox"/> Lease/Rent/ Boarding/ Lodging/ Official (without address verification document in place)	
Other Comments:				
Overall rating:				
Date:	Authorized officer's Name:		Authorized officer's Signature:	

Online Portal Access

		Signature	Name / Date
Front office	Ok to Create the FCOP : <input type="checkbox"/>		
Back office	Details: <input type="checkbox"/> Acceptable <input type="checkbox"/> Not acceptable		
	Signature: Verified <input type="checkbox"/> Not verified <input type="checkbox"/>		
	Call back process: Date : Time :		
IT division	Username: Confirmation from BO & FO:		
Back office	Document received for filing <input type="checkbox"/>		

First Capital Online Portal - Terms and conditions

1. Facilities provided for under the First Capital Online Portal
 - 1.1 I do hereby authorize First Capital Holdings PLC and its subsidiaries ('Company') to issue me the distinctive user identification number ('User ID') for the purpose of using the First Capital Online Portal ('FCOP') by me.
 - 1.2 I authorize the Company to consider the signing hereof as consent to use the facilities under the FCOP and to accept or act upon all instructions received/purported to be received by the Company through the FCOP (except for withdrawal instructions in relation to minor accounts opened with the Company) under the password issued to me by the Company. (Passwords - original password confidentially generated or subsequent passwords generated and issued exclusively to me by the Company further substituted by me).
 - 1.3 I shall provide accurate and complete information and transmit same to the Company for/in connection with the FCOP and shall immediately notify the Company of any error, discrepancy or omission noted by me.
 - 1.4 I do hereby confirm that the information provided herein is accurate, correct and complete and to be the latest/updated information as at date and I further undertake to keep the Company updated of any changes at all times.
 - 1.5 I shall accept full responsibility for all instructions given/purported to be given by me and viewing/downloading information provided via the FCOP.
 - 1.6 I shall ensure that sufficient funds are available in my designated account/s or fund/s when giving FCOP instructions for the same day and future transactions, and if not, I agree that the Company shall have no obligation to comply with my payment/rollover instructions or to give me notice of non-payment thereof.
 - 1.7 I agree that my requests / instructions warranting authorization by an officer/s of the Company may not be affected immediately or automatically and that the Company reserves the right to allow or disallow such instructions at its sole discretion with or without notice to me.
 - 1.8 I do hereby authorize the Company to record the FCOP transactions and any other FCOP activity of mine and to use such records for the purpose of establishing or verifying transactions or any activity (viewing/downloading) through the use of User ID and Passwords.
 - 1.9 I shall accept the Company's records and statements of all instructions given, viewing/downloading done by me or transactions processed (if any) through the FCOP as conclusive and binding on me.
 - 1.10 In the event of there being a discrepancy between the facts and figures shown via the FCOP and the actual facts and figures maintained with the Company, I agree that the latter will supersede the former at all times.
 - 1.11 FCOP instructions not processed due to technical defects, shall be informed to the Company within three (03) working days from the date of sending such instructions.
2. Security of Transactions
 - 2.1 I agree that the Company has the right to retain my FCOP User ID in disabled status, until the Company receives my acknowledgement of receipt of my Password mailer in accordance with the Company's requirements.
 - 2.2 I shall change the password immediately after accessing FCOP and thereafter at regular intervals.
 - 2.3 I will take adequate measures (including all data and information regarding transactions if any) to safeguard and keep confidential the FCOP and the User ID and Passwords from disclosure to or from access or use by any unauthorized person/s even after the expiry or termination of this agreement.
 - 2.4 I shall inform the Company immediately if I become aware of any act or attempt of unauthorized use of the User ID and Password by another.
3. Liability and Indemnity
 - 3.1 I shall agree that in no event (unless due to the gross negligence or willful default of the Company) the Company shall be liable to me for: (i) any loss or liability incurred or suffered by me in using any FCOP User ID and Passwords issued to me or substituted by me (ii) any incidental, indirect, special, consequential or exemplary damages including without limitation any loss of revenue, profits or savings suffered by me in using the FCOP (iii) the use of the services and / or access to any information as a result of such use by me or any other person whether or not authorized (iv) any information, interception, suspension, delay, loss, unavailability, mutilation or other failure in providing the FCOP services, in transmitting instruction or information relating to the FCOP services or in connecting with the internet site(s) caused by any acts, omission or circumstances beyond the reasonable control of the Company including without limitation, failure of any communication network, act or omission of any third party service providers, mechanical failure, power failure, malfunction, breakdown or inadequacy of equipment, installation or facilities or any law, rules, regulation, codes, directions, regulatory guidelines or Government directives (whether or not having the force of Law) (v) transmission and/or storage of any information and/or transactions relating to me or transactions or dealings conducted by me via the FCOP (vi) me not informing the Company about a change in the information provided by me herein
 - 3.2 I shall be fully liable and responsible for all consequences arising from or in connection with the use of the FCOP and/or access to any information by me or any other person whether or not authorized.
 - 3.3 I shall indemnify the Company, its employees or information provider and their respective offices and employees against all liabilities, claims, demands, loses, damages, cash, charges and expenses of any kind which may be incurred by any of them and all actions or proceedings which may be brought by against any of them in connection with the provision of the FCOP services, the information and / or the report or the exercise or preservation of the Company's powers and rights under these terms or the failure to notify the Company of any change to the information provided by me herein in the absence of any gross negligence, fraud fault or willful default on the part of the Company or its employees.
 - 3.4 I am fully aware of the consequences that may arise as a result of using this FCOP facility through common user names and passwords and shall not hold the Company responsible for any user names / password thefts.
4. Changing the Terms and Conditions
The Company shall at any time be entitled to amend, supplement or vary these terms and conditions, at its absolute discretion with or without notice to me and such amendment, supplement or variation shall be binding on me.
5. Termination
I may terminate the use of FCOP by giving the Company not less than seven (07) days prior notice in writing and further return any document relating to FCOP, given to me by the Company. The Company shall at its absolute discretion cancel, withdraw or renew FCOP with or without any prior notice to me.
7. Governing Law
The FCOP services and these terms and conditions shall be governed by and construed in accordance with the Laws of the Democratic Socialist Republic of Sri Lanka and the parties shall submit to the exclusive jurisdiction of the courts of Sri Lanka.
8. Joint Account Holder Liability
If the account is a jointly held account,
 - (a) Irrespective of the signing instructions given in the mandate lodged with the Company, only the primary account holder will be given the authority to use the FCOP facility.
 - (b) Each of the joint account holders are inter alia jointly and severally bound by these terms and conditions and are jointly and severally liable for all transactions arising from the use of the FCOP even though it is the primary account holder that will be using the facility of FCOP.