

## Unit Trust Application Form For Individuals

Please select appropriate Unit Trust Fund **Senfin Growth Fund** Senfin Money Market Fund Senfin Shariah Balanced Fund **Senfin Shariah Income Fund Senfin Dynamic Income Fund Senfin Dividend Fund Senfin Insurance Sector Fund** Please read the instructions below before completing this Application Form. The Form must be completed in full and in **BLOCK CAPITAL LETTERS**. Please tick  $(\sqrt{})$  in the boxes appropriate to you. Individual Minor Joint Account Type Operating Instructions for Joint Account Sole/First Applicant Both Parties Either Party Particulars of Sole/First Applicant/Minor Title Miss Mr. Rev. Other Full name as it appears in the NIC/Passport (underline last name) Date of Birth NIC No./Passport No. Sri Lankan Non-Sri Lankan (please state nationality) Nationality Resident Residency Status Non-Resident Permanent Address Correspondence Address (if different from above) **Contact Details** Home **Business** Facsimile Mobile E-mail Occupation/Nature of Business (if self- employed) Name of Employer/Business Employer's Address/Business Address Up to LKR 500,000 LKR 500,000 to LKR 1,000,000 Over LKR 1,000,000 Expected value of investment per annum Business profit Other (please specify) Source of Income Other connected business interests/professional activities Are you or any member of your family a politically exposed person(PEP) If yes please state the relationship Particulars of Second Applicant / Guardian Title Miss Mrs. Mr. Rev. Other Full name as it appears in the NIC/Passport (underline last name) NIC No./Passport No. Date of Birth Sri Lankan Non-Sri Lankan (please state nationality) Nationality Residency Status Resident Non-Resident Permanent Address Correspondence Address (if different from above) **Contact Details Business Facsimile** Home Mobile E-mail Occupation/Nature of Business (if self-employed) Name of Employer/Business Employer's Address/Business Address Expected value of investment per annum Up to LKR 500,000 LKR 500,000 to LKR 1,000,000 Over LKR 1,000,000 Source of Income Salary Business profit Other (please specify) Other connected business interests/professional activities

Bank Account Details of First Applicant /Guardian			
Bank Name			
Branch Address			
Account No. Account Type:	Current Savi	ngs IIA	
E-mail Communication			
	raical document(c)	Yes	`
I/We wish to receive the following documents via email in lieu of phy	` ,	_	
If Yes Account Statement All other S	Statutory Communications	Marketing Upd	iates
Declaration and Signatures			
I. I/We declare that all information in this Unit Trust Application Form and in all documents		me/us in connection with th	is investment whether
in my/our handwriting or not are true and accurate and form the basis of this Agreemen  II. I/We have read and fully understood the Terms and Conditions in the Explanatory Mem and agree to be bound by the aforementioned notes.		t may be issued pursuant to	this Application Form
III. I/We hereby agree to accept and to be bound by the provisions of the Trust Deed as ame IV. I/We confirm that this investment is made on the understanding that prices of Units cou		e to time due to market fluc	tuations as explained
in the Explanatory Memorandum.			
V. I/We am/are aware of the fees and charges that will be incurred directly or indirectly who VI. I/We authorize Senfin Asset Management (Pvt) Ltd (Fund Manager) to accept instructions against the Fund Manager and indemnify the Fund Manager against any loss incurred as have been originated by us or purported to have been originated by me/us.	by facsimile or registered email and		•
VII. I/We agree that the Fund Manager reserves the right to reject, withdraw or terminate forthwith without notice my/our application without assigning any reasons thereto and recover related costs and /or other expenses pertaining to this account and under no circumstances shall Fund Manager be liable for any loss or damages for such action.			
VIII. For Non-Resident Applicants  I/We declare that I/we am/are resident outside Sri Lanka at the time of opening of this a any issue or transactions with the Fund Manager shall be made only out of or into an Inw in Sri Lanka.			
Signature of Sole/First Applicant	Signature of Second App	licant/Guardian	
Date D D M M Y Y Y			
Instructions			
<ol> <li>Please read the Fund's Explanatory Memorandum before completing this Appli</li> <li>Duly completed Application Form can be forwarded to the office of Senfin Asse appointed by Senfin Asset Management (Pvt) Ltd.</li> <li>Any change of contact details /bank account details should be notified immedi 267,Galle Road, Colombo 03, Sri Lanka.</li> <li>Investment of a Minor (individuals under the age of 18) should always be acc Application Form. Redemptions can only be done after Minor attains 18 years</li> <li>Applications must be made on this Form. Exact size photocopies of this Form of the Payments for the purchase of Units by Non-Resident applicants can be throug currency at a licensed commercial bank.</li> <li>Each Unit Trust Application Form should be submitted with the following docu I. A copy of NIC/Passport</li> <li>II. If current residential address is different to the address stated in NIC/Pasthan three months from the date of this Application Form</li> <li>III. In the case of an Application made under Power of Attorney (POA), a co IV. In the case of an Application made in the name of a Minor, a copy of the V. Completed Investment Form</li> </ol>	et Management (Pvt) Ltd. or throatet Management (Pvt) Ltd. or throatet Management (Pvt) Ltd. or throatet Management as a Joseph Good of age.  May also be used.  In an Inward Investment Account Managements:  Support, please provide a bank/cree  The py of the POA certified by a Notal	at Senfin Asset Managem oint Holder and Guardian t (IIA) or an account ma	nent (Pvt) Ltd, No should sign the intained in foreign
Distributor Information (To be filled by Agents / Brokers)			
Name	Ag	gent/Broker Seal	
For Office Use Only			
Application No.	Check List	Sole/First	Second/Guardian
Unit Holder Reg. No.	Mandatory Details		
Unit Holder Acc. No.	NIC / Passport		
	Address Verification		
Verifying Officer Authorized By	POA		