

Unit Trust Application Form For Individuals

Please select appropriate Ui	nit Trust Fund										
Senfin Growt	th Fund	Senfin Money Mark	et Fund								
_	ah Balanced Fund		Senfin Shariah Income Fund Senfin Dividend Fund								
	nic Income Fund										
	ance Sector Fund		Senfin Financial Se	Senfin Financial Services Fund							
			Senfin Select Factor Fund								
Senfin Consumer Staples Fund Senfin Select Factor 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 ($$) in the											
boxes appropriate to you. Account Type	elow before completing this		vidual	Joint	Minor						
Operating Instructions for 3	Joint Account		/First Applicant	Both Parties	Either Party						
Particulars of Sole/	First Applicant/Mi	nor									
Title Miss		Mr.	Rev. Oth	er							
Full name as it appears in											
тан наше ао н арроано н	(a										
NIC No./Passport No.				Date of Birth	D M M Y Y Y Y						
Nationality	Sri Lan	kan	Non-Sri Lankan (please state nationality)							
Residency Status	Reside	nt	Non-Resident								
Permanent Address											
Correspondence Address ((if different from above)										
Contact Details	ntact Details Home Busin		Business	Facsimile							
	Mobile		E-mail								
Occupation/Nature of Bus	iness (if self- employed)										
Name of Employer/Busine											
Employer's Address/Busine											
		Un to IV	2 E00 000 IVD	E00 000 to LVD 1 000 000	Over LKB 1 000 000						
Expected value of investm	ент рег антин			500,000 to LKR 1,000,000	Over LKR 1,000,000						
Source of Income		Salary	Business profit	Other (please spec	iry)						
Other connected business	·		(0.50)								
Are you or any member of		exposed persor	I(PEP)								
If yes please state the rela	·										
Particulars of Secon											
Title Miss		Mr.	Rev. Oth	er							
Full name as it appears in	the NIC/Passport (under	line last name)									
NIC No /Passport No				Data of Birth							
NIC No./Passport No. Nationality	Sri Lan	kan	Non-Sri Lankan	Date of Birth please state nationality)	D M M Y Y Y Y						
Residency Status	Reside		Non-Resident	please state flationality)							
Permanent Address	Reside	ıı	INOTI-INESTUCITE								
1 STHURIOTE AUGI C33											
Correspondence Address ((if different from above)										
Contact Details	Home		Business		Facsimile						
	Mobile		E-mail								
Occupation/Nature of Bus											
Name of Employer/Busine											
Employer's Address/Busine											
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 ad	tivities									

Bank A	Account Details of First Applicant / G	uardian								
Branch /										
Account	No.	Account Type:	Current	Savings	I	IIA				
	Communication	ricesante ryper	Carrent	- Curings						
	sh to receive the following documents via emai	l in lieu of physi	cal document(s)		Yes	No				
			er Statutory Commur	nications	Marketing					
Declaration and Signatures										
 I. I/We declare that all information in this Unit Trust Application Form and in all documents that have been or will be signed by me/us in connection with this investment whether in my/our handwriting or not are true and accurate and form the basis of this Agreement. III. I/We have read and fully understood the Terms and Conditions in the Explanatory Memorandum pertaining to the Units that may be issued pursuant to this Application Form and agree to be bound by the aforementioned notes. IIII. I/We hereby agree to accept and to be bound by the provisions of the Trust Deed as amended from time to time. IV. I/We confirm that this investment is made on the understanding that prices of Units could move up as well as down from time to time due to market fluctuations as explained in the Explanatory Memorandum. V. I/We authorize Senfin Asset Management (Pvt) Ltd (Fund Manager) to accept instructions by facsimile or registered email and hereby waive any claim that I/we may have against the Fund Manager and indemnify the Fund Manager against any loss incurred as a result of the Fund Manager receiving and/or acting upon such facsimile/email which have been originated by us or purported to have been originated by me/us. 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. I/We hereby consent Senfin Asset Management (Pvt) Ltd to verify my/our NIC details using National Identity Card Data Online Verification Service provided by Department for Registration of Persons only for the purpose of completing Know Your Customer (KYC) requirements and to open an account for purchase of Unit Trusts. IX. I/We authorize Senfin Asset Management										
	in Sri Lanka. ature of Sole / First Applicant		Signature of Second	Applicant / Guardian	1					
Date	D D M M Y Y Y									
Instru	ctions									
2. Duly	e read the Fund's Explanatory Memorandum before c completed Application Form can be forwarded to the n Asset Management (Pvt) Ltd.			td. or through any a	uthorized ma	arketing agent appointed by				
-	Any change of contact details /bank account details should be notified immediately in writing to the Registrar at Senfin Asset Management (Pvt) Ltd, No 267,Galle Road, Colombo 03, Sri Lanka.									
	4. Investment of a Minor (individuals under the age of 18) should always be accompanied by a Guardian as a Joint Holder and Guardian should sign the Application Form. Redemptions can only be done after Minor attains 18 years of age.									
6. Paym	5. Applications must be made on this Form. Exact size photocopies of this Form may also be used.6. Payments for the purchase of Units by Non-Resident applicants can be through an Inward Investment Account (IIA) or an account maintained in foreign currency at a licensed commercial bank.									
I. II.	 7. Each Unit Trust Application Form should be submitted with the following documents: I. A copy of NIC/Passport II. If current residential address is different to the address stated in NIC/Passport, please provide a bank/credit card statement or utility bill not older than three months from the date of this Application Form 									
IV.	III. In the case of an Application made under Power of Attorney (POA), a copy of the POA certified by a Notary PublicIV. In the case of an Application made in the name of a Minor, a copy of the Birth Certificate of the MinorV. Completed Investment Form									
Distrib	outor Information (To be filled by A	gents / Brok	ers)							
Name				Agent/B	roker Seal					

Verifying Officer Authorized By

For Office Use Only

Application No.

Unit Holder Reg. No.

Unit Holder Acc. No.

Check List Sole/First Second/Guardian

Mandatory Details

NIC / Passport

Address Verification

POA