REPO APPLICATION FORM

Treasury Unit, 13th Floor, No. 75,
Sir Chittampalam A. Gardinar Mw,
Colombo-02
Tel : 2206761-5 Fax.2458842

Date DD / MM / YYYY

Investment Details

Amount (LKR)

Period (Days) *91* ☐ *182* ☐ *364* ☐

Personal Details - All details are mandatory

01. *Name with Initials (Mr. / Miss. / Mrs. / Other - Please specify)*

Name Denoted by Initials

NIC No. *Telephone No.*

Postal Address

E mail Address (If available)

Account No. *Branch Name*

02. *Name with Initials (Mr. / Miss. / Mrs. / Other - Please specify)* ** for joint investments only*

Name Denoted by Initials

NIC No. *Telephone No.*

E mail Address

Reinvestment Instructions

☐ *Reinvest **full maturity** for 91 / 182 / 364 days*

☐ *Credit interest to A/c & Roll over Capital only for 91 / 182 / 364 days*

☐ *Credit full maturity proceeds to my A/c*

I wish to enter in to a repurchase agreement as per the details given above & hereby authorize to debit my account for the same.

1st Applicant's Signature ***2nd Applicant's Signature***

Reservation of Funds (To be filled by the Account holder's branch)

We hereby certify the signature of the applicant(s) & confirm that funds have been reserved in the applicants account for the investment.

Authorized Officer ***(Bank's Seal)*** ***Date***

For Treasury Front Office Use Only

Rate % (p.a.) *Deal Ref :* *Maturity Date:*

Special Remarks: