APPLICATION TO OBTAIN LANKASECURE E-STATEMENTS FACILITY BY CORPORATE CUSTOMERS

Details of the Applicant

2. Com	pany Registration Dat	e and No			
3. Regi	stered Address:				
4 27					
	e of the Participant: ils of Beneficial Owner				
o. Deta	iis of beneficial Owner				
	Beneficial Owner Code	Name	e-Statement to be sen (e-Mail*)	t Telephone No.	
1			(* 272002)		
2					
3					
4					
5					
6 7					
8					
9					
10					
Should	match with the e-mail addres	s registered with LankaSecu	re		
				declare that	
			, ,	e the e-statement facility of	
Lankas	Secure and to discontin	nue dispatching of pr	inted statements.		
Date:					
Jane			(Sig of M	(Signature and Stamp of Manager – Finance Department or an officer in similar capacity as relevant to	
			Office	a in similar capacity as relevant to	

Instructions:

- Duly filled applications to be sent to the Superintendent of Public Debt Department via <u>lankasecure@cbsl.lk</u>
- Applications should be sent via the same e-mail address as registered with LankaSecure or any other authorized email address
- For more information contact LankaSecure Customer Service 0112477278