

Repo Application Form

Investment Details	Date:
Amount (LKR)	Perlod (Days) 91 182 364
Personal Details - All details are mandatory	
Name with Initials (Mr. / Miss. / Mrs. / other - Please specify)	
Name Denoted by Initials	•
NIC No. Tel	ephone No.
Postal Address	
<u> </u>	
Email Address (If available)	
Account No.	Branch Name j
	nterest to A/C & Roll over Credit full maturity only for 91/182/364 days
I wish to enter into a repurchase agreement as per the details given above & hereby authorize to debit my account for the same. Applicant's Signature	
Reservation of funds (To be filled by the Account holder's branch) We hereby certify the signature of the applicant and confirm that is investment.	unds have been reserved in the applicant's account for the
Authorized Officer (Bank's Seal)	Date:
For Treasury Front Office Use Only	
Rate % (p.a.) Deal Ref:	Maturity Date:
Special Parmarker	The state of the s

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Fax +94 (011) 245 88 42

www.peoplesbank.lk

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