



Investment Details

Date: Amount (LKR) Period (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. Telephone No.

Postal Address

Email Address (If available)

Account No.

Branch Name

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 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 funds have been reserved in the applicant's 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: