



Investment Details

Date: Amount (LKR) Face Value

Personal Details - All details are mandatory

Cost Period (Days) 91
182
364

Name with Initials (Mr. / Miss. / Mrs. / other - Please specify)

Name Denoted by Initials

NIC No./Passport No./

Business Reg.No Telephone No.

Postal Address

Email Address (If available)

Account No.

Branch Name

Reinvestment Instructions: It is mandatory to reach the reinvestment instructions to the bank in written format, seven working days prior to the maturity date, failing which the bank will be compelled to credit the proceeds to the account number mentioned above at the maturity date.

I wish to purchase a Treasury Bill as per the details given above & hereby authorize to debit my account with the cost of 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 & confirm that funds have been reserved in the applicant's account for the investment and relevant KYC forms obtained by us.

Authorized Officer (Bank's Seal)

Date:

For Treasury Front Office Use Only

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

For Treasury Back Office Use Only

Mnemonic: Original Deal no: Original Deal Date: