Form 2

Application for Opening of Securities Account (For Companies)

Authorized Signature and Stamp of Participant

Assigned Client ID (Office Use Only)

NAME OF COMPANY :

REGISTERED ADDRESS

CORRESPONDENCE: ADDRESS

DISTRICT **:**

NATURE OF THE ENTITY (Please mark placing a √)

Private limited liability company	☐	Global / regional fund	☐
Public limited liability company	☐	Statutory board	☐
Local fund	☐	A body established under an act of parliament	☐
If listed please specify: ……		Other (please specify) : ……	

DATE OF INCORPORATION: D D / M M / Y Y Y Y

PLACE OF INCORPORATION:

REGISTRATION NO :

BROKER'S CODE :

PERSON(S) AUTHORIZED TO GIVE INSTRUCTIONS TO THE CDS

(Please attach a duly certified copy of Power of Attorney/ Board Resolution – if applicable)

NAME/S & DESIGNATION	
TELEPHONE	
FAX	
MOBILE/S	
E-MAIL	**Please place the signature/s to receive CDS account statements via email. Please state a general corporate e-mail for this purpose. If you require to receive CDS account statements pertaining to your CDS account in printed form, please submit a request in writing to the CDS after subscribing for the e-Statement.**

……
Signature/s

BANK DETAILS TO REMIT DIVIDENDS & COUPONS (Non Resident Applicants shall state their SIA details)

Bank Code	Branch Code	Account No.

1. We hereby request you to open and maintain a Securities Account and to act as our depository in relation to the Securities Listed on the Colombo Stock Exchange that may be deposited in our Securities Account from time to time.

2. We have received a copy of the Rules for operation of the Securities Account (Conditions). We agree that the Securities transactions will be carried out and Securities Account will be operated in accordance with the Automated Trading Rules of the CSE and CDS Rules in force from time to time. Terms defined in the conditions and used in this Application Form shall have the same meanings.

3. We hereby authorize you to accept delivery of the Securities that may be delivered to you from time to time for deposit into the Securities Account. We hereby represent and warrant that we have good title to such Securities and that the participant making such deposit is lawfully entitled and duly authorized to do so.

4. We hereby confirm that our Participant has full authority to deposit any Securities into the Securities Account, to withdraw any Deposited Securities on our behalf and to accept the delivery of Securities certificates and other documents from you on our behalf.

5. We hereby acknowledge that, in the event we have provided an email address on the Form, the CDS Account Statements pertaining to our CDS Account will be sent to the email address provided therein. We confirm that any change in our e-mail address or any request in writing for discontinuation of this service will be immediately communicated by us in writing to the CDS through our participant.

6. We undertake to give you and our Participant (Stockbroker/ Custodian Bank) notice in writing of any change of the particulars given above. We enclose:
   i. a copy of our Certificate of Incorporation.
   ii. a copy of our Articles of Association / Constitutional document.
   iii. a certified copy of the resolution passed by our Board of Directors, as set out below.

CERTIFICATE OF RESOLUTION

I hereby certify that the following resolution of the Board of Directors of _____

Was passed at a duly convened meeting of the Board held on _____ at which the quorum was present.

"IT WAS RESOLVED that a Securities Account for the Company be opened with the Central Depository Systems (Pvt) Ltd., ('Depository') and be operated in accordance with the Terms and Conditions of the Depository in force from time to time"

Certified true extract of minutes

_____
DIRECTOR / SECRETARY

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