



# Application for Purchase of Treasury Bills

Code Number

TO BE FILLED IN BLOCK CAPITALS

(Please enter previous Code, if any)

## Personal Information

Name with Initials : (1) Mr/Ms/..... : ..... NIC No. : .....

: (2) Mr. /Ms/..... : ..... NIC No. : .....

: (3) Mr./Ms/..... : ..... NIC No. : .....

*(If the application is joint Survivorship will be applied)*

Name in Full : (1).....

: (2).....

: (3).....

Address : .....

Tel. No. : ..... Fax No. : ..... Email : .....

Mobile No. : .....

Resident : Yes  No  Staff : Yes  No  Tax Payer: Yes  No.

## Investment Information

Investment Value : ..... Face Value : .....

Period (91/182/364) : .....days From : ...../...../.....

Yield : .....%p.a.

For Office use only	
Price.	
W.E.F	

Are you a U S Person under the Foreign Account Tax Compliance Act (FATCA) of the U S? If yes, complete the attach declaration

## Source of funds

Cash  Cheque No .....

Debit my/our Current/savings account bearing No.....at .....Branch

**I/We hereby declare that the above information is true & correct. I/We also abide by the existing rules & Regulations & those will be imposed from time to time, governing the purchase of treasury bills by the bank on my/our behalf. I/we am/are aware that the treasury bill/bills will be purchased, on the availability of treasury bills, at the time of receipt of my/our application at your unit.**

## Maturity Instructions

On maturity, I/We authorize Bank of Ceylon to collect the proceeds of the treasury bill on my/our behalf & comply with the following maturity instructions.

- Do not reinvest
- Reinvest same face value subject to availability of bills & remit interest
- Reinvest with interest subject to availability of bills

Method of payment of accrued interest or any maturity proceeds credit

My/our Current/Savings account no. ....  
at ..... branch.

In the event if I/we become a U S Person under the Foreign account Tax Compliance Act (FATCA) of the U S., I/We hereby undertake to inform the said fact to the bank immediately.

## Operating

Self  Both of us  Any two of us  All of us

(For joint Applications)

Date : ..... (1) ..... (2) ..... (3) .....

Signature of Applicant Signature of Applicant Signature of Applicant

## For the use of Bank of Ceylon Branches

Name of the Branch .....

We confirm that having verified the customer KYC Compliance, authorised customer signatures and also having reserved a sum of Rs..... in current/savings/suspense account .....With us, in respect of the above application to purchase the treasury bills.

Date : .....

Authorized signature/Signature No. & Branch Stamp