

## Individual Application Form

**ArpicoAtaraxia** Asset Management (Private) Limited

Level 4, 67A, Gregory's Road, Colombo 7, Sri Lanka.

Please either post, fax or send a scanned copy of the completed Application Form to:

**ArpicoAtaraxia Asset Management (Private) Ltd**

Level 4, 67 A, Gregory's Road, Colombo 07.

Hotline: +94 115 882 865 E-mail: [fundsinfo@arpicoataraxia.com](mailto:fundsinfo@arpicoataraxia.com) Web: [www.arpicoataraxia.com](http://www.arpicoataraxia.com)

Note: "SECTION E" is only Applicable to "Secondary Applicants".

**We reserve the right to refuse applications if you do not provide relevant information requested.**

## CASH MANAGEMENT TRUST FUND

## EQUITY INCOME FUND

**SRI LANKAN  
BOND FUND**

## REPO INVESTMENT FUND

## SECTION A - PERSONAL DETAILS

Title \_\_\_\_\_ Rev. ☐ Mr. ☐ Mrs. ☐ Ms. ☐

Name of Applicant      Initials      First Name

Last Name

[illegible]

NIC/Passport/  
Company Reg. No

[illegible]

Country           District           Postal Code

Tel [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] Mobile [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] Fax [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

E-mail



## SECTION D - SECONDARY APPLICANT'S DETAILS

Title                      Rev. ☐                      Mr. ☐                      Mrs. ☐                      Ms. ☐

Name of Applicant                     

Postal Address                     

NIC/Passport/  
Company Reg. No                     

Date of Birth/Incorporation                              Nationality

Country ..... District ..... Tel .....

Mobile ..... E-mail .....

## SECTION E - SIGNATURES

### Applicant's Signatures

Each signatory below confirms that they have been duly authorised to execute this application on behalf of the applicant/s and that the signing authorities specified below have also been duly authorised.

Authorised Signatory

Authorised Signatory

Name .....

Name .....

Date .....

Date .....