

FORM A1: SUBSCRIPTION FORM

1. LET US KNOW ABOUT YOURSELF

	Applicant 1 (Sole / Primary)	Applicant 2 (Joint / Secondary/ Guardian)
Name of Applicant (Mr., Mrs., Ms., Other)		
Address of Applicant		
Telephone / Mobile		
E-mail Address		
Nationality		
Country of Residence		
NIC / Passport		
Date of Birth		
Profession / Occupation		
Name and Address of Employer		
Expected Value of Transactions per Month	<input type="checkbox"/> < Rs.100,000 <input type="checkbox"/> Rs.100,000-Rs.500,000 <input type="checkbox"/> Rs.500,000-Rs.1,000,000 <input type="checkbox"/> >Rs.1,000,000	<input type="checkbox"/> < Rs.100,000 <input type="checkbox"/> Rs.100,000-Rs.500,000 <input type="checkbox"/> Rs.500,000-Rs.1,000,000 <input type="checkbox"/> >Rs.1,000,000
Source of Funds	<input type="checkbox"/> Sales & Business Turnover <input type="checkbox"/> Salary / Profit Income <input type="checkbox"/> Sale of Property / Assets <input type="checkbox"/> Others (Specify)	<input type="checkbox"/> Sales & Business Turnover <input type="checkbox"/> Salary / Profit Income <input type="checkbox"/> Sale of Property / Assets <input type="checkbox"/> Others (Specify)
PEP Status (Refer 2.4 under terms and conditions for definition)	<input type="checkbox"/> Yes Position <input type="checkbox"/> No	<input type="checkbox"/> Yes Position <input type="checkbox"/> No

2. PLAN YOUR INVESTMENT & LET'S CREATE THE LEGACY YOU DESIRE

Total Investment (Rs.):

Payment Method By Cheque Cheque Number Bank Fund Transfer Direct Deposit

Investment Plan:

Fund	Investment (Rs)
Guardian Acuity Money Market Fund	
Guardian Acuity Equity Fund	
Guardian Acuity Income Fund	

Investment Objective	
Steady Monthly Income	
Short Term Liquid Requirements	
Periodic Investments to Achieve a Life Goal- Eg. Education, Travel Etc.	

3. MANAGING RETURNS (Please tick the relevant box)

Credit to My Bank Deliver Cheque to My Above Address Re-Invested into Units

Account No: _____
 Name of Account: _____
 Name of Bank: _____
 Branch: _____

I / We hereby confirm that the information furnished above are true and correct. I / We further confirm that I / We have read and understood the attached terms and conditions on page 6 and agree to accept them.

Signature (Sole Applicant)

Signature (Joint Applicant)

Date

4. HOW BEST WE CAN SERVE YOU?

Enable Internet Portal Facility SMS Alert on Transaction Confirmations
 Enable E Statements SMS Alert on Month End Balance
 SMS Alert on Daily Unit Prices

Authorized Signature Verification

Branch seal Branch Code
 Risk Score

In line with regulatory requirements and as per the Anti Money Laundering policy of Guardian Acuity Asset Management Ltd, it is required for Account Holder(s) to disclose source of funds with documentary evidence, for investments made as cash deposits to any of the collection accounts of Guardian Acuity Asset Management Ltd.

A Declaration of Source of Funds form should be completed by investment applicants for each investment made in cash equal to or above Rs.1,000,000/-

Name of Account Holder
NIC
Current Address
Contact Number
Source of Funds (It is required to provide documentary evidence to support the source of investments equal to or exceeding the value of Rs. 1,000,000/- per month made in the form of cash deposits to our collection accounts. Examples of acceptable forms of documentary evidence are detailed overleaf)
Value of Investment
I/we hereby confirm that the above information is accurate and complete
Signature of Account Holder(s) _____ Date _____

EXAMPLES OF DOCUMENTARY EVIDENCES

Source	Document
Savings	Bank statement(s) demonstrating deposited/gifted monies
Sale of Investments	Statement from investment provider or bank statement showing settlement from investment provider
Sale of property	Signed letter from – Solicitor/Advocate or Estate Agent or Contract of Sale / settlement statement
Loan Proceeds	Loan agreement or statement
Inheritance	Copy of will, signed letter from solicitor, grant of probate or letter from executor
Maturity or surrender of life insurance policy	Closing statement or letter from policy provider
Insurance Claims	Letter from insurance provider
Dividends or profit out of a Company	Latest audited company accounts / dividend statement
Divorce	Copy of court order / judicial separation agreement
Other court award (eg: compensation)	Court order or signed letter from solicitor / advocate

FORM B2: BANK ACCOUNT DETAILS

Bank Account Details (Credit Account Details)

Primary Bank Account

Account no: _____
 Name of Account: _____
 Name of Bank: _____
 Branch: _____

Secondary / Alternate Bank Accounts

Account no: _____
 Name of Account: _____
 Name of Bank: _____
 Branch: _____

Account no: _____
 Name of Account: _____
 Name of Bank: _____
 Branch: _____

I/We hereby declare that the particulars given above are correct and accurate and I/We, am/are the sole or joint account holders of the above mentioned bank accounts. I/We understand that the responsibility for providing accurate information above lies solely with me/us and Guardian Acuity Asset Management Ltd will not be held liable for inaccurate information provided by me/us. I/We hereby authorize Guardian Acuity Asset Management Ltd to remit proceeds from my/our investment to the above accounts upon my/our instruction. I/We have attached latest bank statement/s and/or copies of passbook/s in support of the above details.

_____ Signature (sole applicant / Company Seal)	_____ Signature (joint applicant)	_____ Date	Authorized Signature Verification
			Branch seal
			Branch Code
Guardian Acuity Asset Management Ltd. Registered Office : 61, Janadhipathi Mawatha, Colombo 01; Corporate Office : Acuity House, Level 5, No. 53, Dharmapala Mawatha, Colombo 03. T: +94 11 2 449 500, E: gaam@carcumb.com , info@guardianacuity.com			Reference No.
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FORM C: PERIODIC INVESTMENTS

2. PLAN YOUR INVESTMENT AND FOCUS ON REALIZING YOUR LIFELONG DREAM

Periodic Contribution (Rs.):

Investment Plan:

Fund	Investment (Rs)
Guardian Acuity Money Market Fund	
Guardian Acuity Equity Fund	
Guardian Acuity Income Fund	

Investment Objective	
To achieve your life goals- Education, Travel etc	
For your loved ones- Children's education etc	
Planning your retirement	

Frequency Monthly / Quarterly / Annual

Period of Investment From: DD/MM/YYYY To: DD/MM/YYYY

Effective From (1st Payment) DD/MM/YYYY

I/We hereby authorize Guardian Acuity Asset Management to collect above mentioned amounts by direct debit to my bank account mentioned below.

Bank Account Details (Debit Account Details)

Account No: _____

Name of Account: _____

Name of Bank: _____

Branch: _____

I/We hereby declare that the particulars given above are correct and express my/our willingness to make periodic payments referred to above through participation in Standing order Instructions. I / We have attached copies of standing order instructions given to the bank. I / We further confirm that I / We have read and understood the attached terms and conditions on page 2 and agree to accept them.

Signature (Sole Applicant)

Signature (Joint Applicant)

Date

Authorized Signature
Verification

Branch
seal

Branch
Code

Risk Score

FORM D: FORM OF NOTICE OF NOMINATION

Account holder's Name (Sole/Primary):

.....

Address

.....

.....

Date

Account holder's Name (Joint/ Secondary/ Guardian):

.....

Address

.....

.....

Date

Client Account Number (s)/ NIC

I /We hereby give you notice that I/ We nominate the following party (s) as the Nominator (s) to become the owner of all units held under the aforementioned Client Account Number(s) in all Unit Trust Funds upon my/our death(s).

Name of the Nominee	NIC/ Passport Number	Nominee's Address / email address and Telephone number	Proportion %

Signature (Sole Applicant)

Signature (Joint Applicant)

INSTRUCTIONS, TERMS & CONDITIONS

1. GENERAL GUIDELINES AND INSTRUCTIONS

1. **Investors should refrain from handing over cash to any sales agent. If cash is handed over to any agent, it is intended that investors do so at their own risk.**
2. Please retain the Deposit slip. Unit Trust confirmations will be sent only after Units are created.
3. Attach the Copy of National Identity Card (NIC), Copy of the Cash/Cheque Deposit form, and Form D, if you wish to appoint a nominee.
4. Attach Form C, copy of standing instructions if you wish to subscribe to the Periodic Investment scheme.

2. TERMS AND CONDITIONS

2.1 Payment conditions

- i. Every application for units should be for a minimum of Rs. 1,000/- for each fund.
- ii. Payments can be made by bank drafts or cheques crossed "A/C payee only" payable to 'Guardian Acuity Asset Management Limited' and can be deposited to;

Bank & Branch	Account No:
Hatton National Bank - City Branch	002010553053
DFCC Bank - W.A.D Ramanayake Mw	001001023180
Commercial Bank - Foreign Branch	1030026486
Sampath Bank - Fort Branch	001210009139
Nations Trust Bank - Corporate Branch	100060007321

- iii. Cash deposits can be made directly into the bank accounts by the customer. Please attach the deposit slip to the application form and hand over to our Company representative or send by registered mail to; Guardian Fund Management Limited, 61, Janadhipathi Mw., Colombo 01, OR Acuity House, Level 5, No. 53, Dharmapala Mawatha, Colombo 03.
- iv. Individual investors who invest Rs. 1 million or above in the form cash deposits (per month) directly to GAAM bank accounts are required to fill the "Declaration of Source of Funds" form along with the form A1.
- v. In the case of cheque deposits, units will be created the day that the cheque is realized.

2.2 Investment process

- i. An application for subscription can be made at Guardian Acuity Asset Management Limited, trustee Deutsche Bank AG or any designated office of HNB and DFCC Branch (local and overseas) or any other authorized distributor of the fund.
- ii. Please submit;
 - NIC/Passport copy of applicant(s)/guardian.
 - Copy of birth certificate of applicant (for minors).
 - Proof of address (Eg: Recently received utility bills, Bank statements, Etc.)
 - For cash investments of Rs. 1,000,000 or above, documentary evidence of source of funds

2.3 Notices to the Fund Manager

The manager must be notified immediately, in writing for any change of address or contact details OR change in payment instructions OR change in nominees

2.4 Other terms

- i. This investment should be made on the understanding that prices of units could move up as well as down from time to time due to market fluctuations, as explained in the Explanatory Memorandum.
- ii. Units in the trusts are sold based on information contained in the respective Explanatory Memorandum.
- iii. Applications in joint names may be made by not more than two persons, and both applicants must sign such applications.
- iv. Applications in the name of minors will be accepted provided such applications are signed by a parent, or a court appointed guardian in the appropriate cage. Redemption of units by minors will not be accepted under any circumstance until the minor reaches 18 years of age.
- v. Managers reserve the right to refuse creating units to any party at their discretion without providing any reason.
- vi. In case of corporate applicants, the common seal of the company should be affixed and attested as required by the Articles of Association.
- vii. In the case of applications made under Power of Attorney, a duly certified copy of the said Power of Attorney should be lodged with the registrar.
- viii. Politically exposed person" means an individual who is entrusted with prominent public functions either domestically or by a foreign country, or an international organization and includes a head of state or a government, a politician, a senior government officer, judicial officer or military officer, a senior executive of a state owned corporation, government or autonomous body but does not include middle rank or junior rank individuals.
- ix. For any complaints or inquiries please reach us on client.services@carcumb.com or, Operations Support- 0112039396, Compliance Division- 0112039330.