



Kenanga Investment Corporation Limited

Company Reg. No PB 300
4th Floor, Landmark Building
No.385, Galle Road, Colombo 03
Tel No: 011-5238441

APPLICATION FORM – KENANGA RETIREMENT PLAN (KRP)

Applicant's Personal Information:

Full Name: (Mr. /Ms. /Dr. /Rev.) Fill in block letters:

.....

Correspondence Address:

NIC No: Date of Birth: (dd/mm/yyyy)

Nationality: Age: Occupation:

Contact Details: Residence:..... Mobile:.....

Fax:..... E mail:

Asset Allocation Plan

- Equity Rs.....
- Corporate Debt/Debentures Rs.

Are you transferred the existing Portfolio Yes No

If yes, Market Value of the Portfolio Rs.as at (dd/mm/yyyy)

NOTE: Please enclose the details copy of Present Portfolio.

Bank Account Details:

Account Type Saving A/c Current A/c

Bank Name: Bank A/C Number:.....

Branch Name:.....

Declaration:

I/We hereby declare that the details furnished above are true and correct to the best of my / our knowledge and belief and I /we undertake to inform you of any changes therein, immediately. In case any of the above information found to be false or untrue of misleading or misrepresenting. I am / we are aware that I / we may be held liabilities for it.

.....
Name of Applicant

.....
Signature

.....
Date