



**Investment Plan**

Total investment (Rs.): .....

Payment Method  By Cash  By Cheque Cheque Number ..... Bank .....

**Please tick the desired Investment Plan**

Guardian Acuity Equity Fund  Guardian Acuity Money Market Fund  Guardian Acuity Money Market Gilt Fund  
Rs ..... Rs ..... Rs .....

**Personal Details**

	Applicant 1 (Sole / Primary)	Applicant 2 (Joint / Secondary/ Guardian)
Name of Applicant (Mr., Mrs., Ms., Other) / company		
Address of applicant / company		
Telephone / Mobile		
Nationality/ Country of Incorporation		
NIC / Passport / Company registration no.		
Date of birth / Incorporation (for companies)		
E-mail address		

**For individuals and Joint Account Holder:**

Occupation		
Name and address of organization		
Expected value of transactions per annum	<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) .....

**For Companies:**

Nature of entity	<input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Statutory Body <input type="checkbox"/> Public Limited Company <input type="checkbox"/> Others (Specify) .....
Nature of product/service provided	
Expected value of investment per annum	<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"/> Business ownership <input type="checkbox"/> Gift <input type="checkbox"/> Sales and business turnover <input type="checkbox"/> Others (Specify) ..... <input type="checkbox"/> Contract proceeds <input type="checkbox"/> Investments <input type="checkbox"/> Donations/charities

**Returns of these units maybe (Please tick the relevant box)**

Sent to my above address  Credited to my bank account Account no. \_\_\_\_\_  
 Re-invested into units Name of Account \_\_\_\_\_  
 Name of Bank \_\_\_\_\_  
 Branch \_\_\_\_\_

I / we wish to make regular contributions to my savings plan. Periodic Investment Scheme - Forms are attached.  I/We wish to appoint a nominee. Nomination Form attached

**Confirmation receiving mode/Internet Portal Facility (Please tick the relevant box/boxes)**

Sent to my above Postal address  Sent to my e-mail address  Enable Internet Facility

**SMS Alerts (Please tick the relevant box/boxes)**

Daily Unit Trust Prices  Confirmation on Subscriptions and Redemption  Month End Balances

I / we hereby acknowledge that I / we have read the attached Terms and Conditions and agreed to accept them and I / we confirm that the above details are correct.

Signature (sole applicant) / Company Seal

Signature (joint applicant)

Date

Authorized  
Signature  
Verification

**Instructions:**

1. Please retain the Deposit slip. Unit Trust confirmations will be sent only after Units creation.
2. Attach the Copy of National ID Card, signature verified by the Branch
3. Attach copy of the Cash/Cheque Deposit forms
4. Attach Form D, if you wish to appoint a nominee
5. Attach Form C, Copy of standing Instructions if you wish to subscribe to the regular Investment scheme

Branch  
seal

Branch  
Code

Reference No. \_\_\_\_\_

## Terms & conditions

### Payment conditions

- Every application for a unit should be a minimum of Rs. 1,000/- for each fund.
- Payments can be made by bank drafts or cheques crossed "A/C payee only" payable to 'Guardian Acuity Asset Management Limited' deposit in A/C No. 002010553053 – Hatton National Bank, City office branch or in A/C No. 1030026486 – Commercial Bank, Foreign Branch or in A/C No. 001001023180 DFCC Bank, W. A. D. Ramanayake Mawatha or in A/C No. 100060007321 Nations Trust Bank, Corporate branch or in A/C No 001210009139 Sampath Bank, Chatham Street Branch. 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.
- In the case of cheque deposits, units will be created the day that the cheque is realized.

### Investment process

- 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 Vardhana Branch (local and overseas) or any other authorized distributor of the fund.
- Please submit
  - For individuals/joint holders;
    - 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 Listed Companies;
    - Latest Annual Report
    - Certified copy of Board Resolution/power of attorney
    - Certified copies of Articles of Association and Form 13
    - List of authorized signatories to operate the account/s
  - For Other Corporations;
    - Certified copies of Certificate of Incorporation, Articles of Association and Form 13
    - Certified copy of Board Resolution/power of attorney
    - List of authorized signatories to operate the account
    - Name and address of top 10 shareholders / members
    - Name, Address, NIC/passport no. and Occupations of Directors

### Notices to the Fund Manager

- The manager must be notified immediately, in writing, of the following:
  - Any change of address or contact details.
  - Change in payment instructions
  - Change in nominees

### Other terms

- 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.
- Units in the trusts are sold based on information contained in the respective Explanatory Memorandum.
- Applications in joint names may be made by not more than two persons, and both applicants must sign such applications.
- 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 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.
- The managers reserve the right without assigning any reason whatsoever to refuse to allot any units or allot such members of units as they may decide at their absolute discretion.
- In case of corporate applicants, the common seal of the company should be affixed and attested as required by the Articles of Association.
- ☐ 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.

## Investment Plan

Periodic Contribution Rs. ....

Guardian Acuity Equity Fund

Rs .....

Guardian Acuity Money Market Fund

Rs .....

Guardian Acuity Money Market Gilt Fund

Rs .....

## Periodic Investment Plan

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 hereby declare that the particulars given above are correct and express my willingness to make periodic payments referred to above through participation in Standing order Instructions. I have attached copies of standing order instructions given to the bank.

\_\_\_\_\_  
Signature (sole applicant)\_\_\_\_\_  
Signature (joint applicant)\_\_\_\_\_  
Date

Branch seal

Branch  
CodeAuthorized Signature Signature  
Verification

Reference Number

**Instructions:**

## Payment conditions

1. Minimum subscription for a fund should be minimum of Rs. 1,000/- for each fund
  2. Unit holder is required to give the instructions to bank to initiate the standing order
  3. This form has to be filled along with the Form A1 - subscription form and submitted to the Branch or the Authorized distribution network.
- Notices to the Fund Manager
4. The fund manager must be notified immediately, in writing, of the following: - Cancellation of the previous Payment instructions - Change in payment instructions

Payment conditions

- Minimum subscription for a fund should be minimum of Rs. 1,000/- for each fund
- Unit holder required to give the instructions to bank to initiate the standing order by filling the “Authorization to Direct Debit” section.
- This form has to be filled along with the Initial subscription form and required to submit to the Branch or the Authorized distribution network.
- An application for subscription can be made at Guardian Acuity Asset Management, custodian Deutsche Bank AG or any designated office of HNB and DFCC Branch (local and overseas) or any other authorized distributor of the fund. An official receipt will be issued on realization of payment and receipt of the application form by Acuity Securities / Guardian Fund Management.

Notices to the company

- The fund manager must be notified immediately, in writing, of the following:
  - Cancellation of the previous Payment instructions
  - Change in payment instructions

Account holder Name .....

Address .....

.....

.....

Date .....

Re: Client Account Number .....

I hereby give you notice that I have nominate the following party as the Nominator to become the owner of all Units held under the aforementioned Client Account Number in all Unit Trust Funds upon my death.

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

.....

(Signature of Unit holder)