

**APPLICATION FOR MARGIN TRADING FACILITY (INDIVIDUAL)**

 CDS Account No. DSA -  -  - 

 Last Name 

 Initials  .  .  .  .  . 

 Names denoted by Initials 



 Address 



 Telephone Home  Office  Mobile 

 E-mail  Fax 
*Essential*

 Profession / Occupation 

 Name and Address of Employer (if any) 


 Nationality  National Identity Card No. 
*(or Sri Lankan Passport No if N.I.C is not available.)*

 Credit Limit Required (Rs.) 
**CDS Accounts**

Name of Stock Brokering firm	Market Value (Rs.)	Debit Balance (Rs.) (if any)

**Bank Accounts**

Bank	Branch	Type of Account	Account No.

**Particulars of other Margin Trading facilities**

Name of Margin Provider	Outstanding Liability (Rs)	Market Value of Security (Rs)

**Particulars of other liabilities/facilities**

Name of Bank/Financier	Original Amount (Rs.)	Balance Outstanding (Rs.)	Balance Period	Security

*Copy of NIC to be attached*

We hereby declare that the information furnished in this application and the attached documents are true and correct in all respects. We understand that this application and the attached documents remain the property of Soft Logic Finance PLC whether this facility is granted or not and Soft Logic Finance PLC reserves the right to reject at its absolute discretion this application without assigning any reasons Thereof.

Date : .....

Signature of Applicant: .....