



Orient Finance PLC

Registered Address : No. 02, Deal Place, Colombo 03.
Principal Place of Business : No. 61, Dharmapala Mawatha, Colombo 07.
Tel: 0117 577 577 E-mail: info@orient.lk

SERIAL NO:

APPLICATION FOR WAKALAH INVESTMENT

For prompt processing of your application please complete all sections of the application in full

DETAILS OF INVESTOR (MUWAKKIL) - (BLOCK CAPITAL)

DATE

APPLICANT DETAILS

| | |
|--------------------------------|----------------------|
| FULL NAME REV./MR./MRS/MISS | <input type="text"/> |
| NIC/PP/DL/BR NO: | <input type="text"/> |
| OCCUPATION | <input type="text"/> |
| DATE OF BIRTH | <input type="text"/> |
| EMAIL | <input type="text"/> |
| ADDRESS | <input type="text"/> |
| TEL NO. (RESIDENCE) | <input type="text"/> |
| MOBILE OFFICE | <input type="text"/> |

JOINT APPLICANT DETAILS

| | |
|--------------------------------|----------------------|
| FULL NAME REV./MR./MRS/MISS | <input type="text"/> |
| NIC/PP/DL/BR NO: | <input type="text"/> |
| OCCUPATION | <input type="text"/> |
| DATE OF BIRTH | <input type="text"/> |
| EMAIL | <input type="text"/> |
| ADDRESS | <input type="text"/> |
| TEL NO. (RESIDENCE) | <input type="text"/> |
| MOBILE OFFICE | <input type="text"/> |

FOR JOINT ACCOUNT HOLDERS ONLY

1. Where the Wakala investment is held in joint names, it is agreed that all instructions to you in regard to the term Wakala Investment shall be given by (Please tick (✓) delete as applicable)
- ☐ ANY ONE/ TWO / THREE OF ABOVE ☐ ALL SIGNATORIES ☐ OTHER (PLEASE SPECIFY)
2. In the event of the death of any of us (the investors) the survivors(s) of such investors shall be to all the rights and powers which the investors (s) so dying had the time of such death in respect of the Wakala investment(s) including the right to payment at maturity of the money in the Wakala Investment without prejudice to any right you may have in respect of such money arising out of any lien setoff, counter claim or otherwise whatsoever or to step you may deem it desirable to take in view of any claim by any person other than the survivor(s).

INVESTMENT DETAILS

| | |
|--------------------------------------|---|
| AMOUNT RS | <input type="text"/> |
| AMOUNT IN WORDS | <input type="text"/> |
| PERIOD OF INVESTMENTS (MONTHS) | <input type="text"/> |
| PROFIT PAYMENT | <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually <input type="checkbox"/> Maturity |
| APR | <input type="text"/> % |

RENEWAL INSTRUCTIONS

RENEWAL: WITH PROFIT ☐ WITHOUT PROFIT ☐

Signature

CORRESPONDENCE

| | |
|--------------------------------|----------------------|
| FULL NAME REV./MR./MRS/MISS | <input type="text"/> |
| ADDRESS | <input type="text"/> |

PROFIT PAYEE
NAME[illegible]

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[illegible][illegible][illegible]

SHARE
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SHARE
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