

APPLICATION FORM

Please read instructions on the reverse carefully. Please use BLOCK LETTERS



A&
COLLABORATIVE
FUND (PVT) LTD.

Date / / 2022

Private Placement of Five Hundred (500) Type A Subordinated, Fixed Rate, Secured, Redeemable one (01) year Debentures and Five Hundred (500) Type AA Subordinated, Fixed Rate, Secured, Redeemable one (01) year Debentures, of LKR 100,000/- each.

To: The Board of Directors – A&A Collaborative Fund (Pvt) Ltd.

I/We, the undersigned hereby apply for and request you to assign to me/us the number of Debentures stated below of the above private placement. The amount payable on application is enclosed herewith. I/We authorize you to procure my/our name(s) to be placed in the Register of the holders of the above mentioned A&A Collaborative Fund (Pvt) Ltd. debentures for such number of Debentures that may be assigned on the basis of acceptance by A&A Collaborative Fund (Pvt) Ltd.

NUMBER OF DEBENTURES	PRICE LKR	TYPE OF DEBENTURE (Circle debenture type)		AMOUNT TO BE PAID @ LKR 100,000 PER DEBENTURE			
		A	AA				
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

MODE OF PAYMENT (Please Mark Where Applicable)

Cheque	Name of Bank	Branch	Cheque/Draft/Guarantee Number
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Title (Mr/Mrs/Ms/Other)	SOLE/PRIMARY APPLICANT																			
Surname with Initials/ Name of Company/Corporate Body	<input type="text"/>																			
Names Denoted by Initials	<input type="text"/>																			
Address	<input type="text"/>																			
NIC/ Company Reg./ Passport No.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Contact No.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Title (Mr/Mrs/Ms/Other)	FIRST JOINT APPLICANT																			
Surname with Initials/ Name of Company/Corporate Body	<input type="text"/>																			
Names Denoted by Initials	<input type="text"/>																			
Address	<input type="text"/>																			
NIC/ Company Reg./ Passport No.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Contact No.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Title (Mr/Mrs/Ms/Other)	SECOND JOINT APPLICANT																			
Surname with Initials/ Name of Company/Corporate Body	<input type="text"/>																			
Names Denoted by Initials	<input type="text"/>																			
Address	<input type="text"/>																			
NIC/ Company Reg./ Passport No.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Contact No.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please provide accurate information to avoid delays in receipt of refund payments

Refund payment instructions – Refer Item 10 of the instruction (Please tick <input checked="" type="checkbox"/> as Appropriate)	Direct Transfer via SLIPS/CEFTS	Crossed Cheque Sent via Registered Post to the Sole/Primary Applicant	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
DETAILS FOR TRANSFER VIA SLIPS/CEFTS	Bank Name	Branch	Account Type
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bank Code	Branch Code	Account Number	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

In the event refunds are not to be made via SLIP please indicate "N/A" in the relevant section

SIGNATURE(S) OF APPLICANT(S)

Sole/Primary Applicant	First Joint Applicant	Second Joint Applicant
<input type="text"/>	<input type="text"/>	<input type="text"/>

INSTRUCTIONS

1. Application must be completed in FULL in BLOCK LETTERS.
2. Please tick (✓) in the boxes appropriate to you.
3. Only one application should be made by any person or entity. Multiple Applications will be rejected.
4. Applications will NOT be accepted from individuals under the age of 18 years, or in the names of sole proprietorships, partnerships or unincorporated trusts
5. If the ownership of Debentures is desired in the name of one individual, full details should be given only under the heading SOLE/PRIMARY APPLICANT. In the case of joint applicants, the signatures and particulars in respect of all applicants must be given under the relevant headings.
6. Joint Applicants should note that all parties of the Joint Application should either be residents of Sri Lanka or Non-Residents. An applicant of a Joint Application will not be eligible to send a separate Application either individually or jointly.
7. In the case of Applications made under Powers of Attorney a copy of the original Power of Attorney certified as “True Copy” by a Notary Public should be attached with the Application Form. The original Power of Attorney should not be attached.
8. Applications by companies, corporations and other corporate bodies registered/incorporated/ established in Sri Lanka should be made under their common seal or in any other manner as provided by their Articles of Association or such other constitutional documents of such Applicants or as per the statutes governing them.
9. Applicants must state his/her National Identity Card (NIC) number and in the case of a corporate entity the Company Registration number must be given in the space provided. Passport Number of a Sri Lankan citizen is acceptable only when the NIC number is not available. Application forms which do not state the NIC, Passport or Company Registration number, as the case may be, will be rejected.
10. Refund Payments - If the Applicant has provided complete details of the Applicant’s Bank Account in the Application Form, the refund payment will be made to the Bank Account specified by the Applicant through the Sri Lanka Inter Bank Payment System (SLIPS) provided that the refund amount does not exceed the maximum limit of LKR 5.0 Million imposed by the Central Bank of Sri Lanka. In the event the refund payment is made via SLIPS a payment advice shall be issued to the Applicant. If the Applicant has not provided details of the bank account in the Application Form or has provided incomplete details of the bank account, or if the refund amount exceeds LKR 5.0 Million, the refund payment will be made by a crossed cheque drawn in favour of the Applicant and sent by Registered Post to the registered address of such Applicant. In the case of a Joint Application, a crossed cheque will be drawn in favour of the Primary Applicant whose name appears first in the Application Form. Investors are advised to provide accurate details for transfer of refund payments via SLIPS in order to avoid delays.

Mode of Remittance

Remittances should be made separately in respect of each Application only by way of a Cheque, Bank Draft or Bank Guarantee, as the case may be. Each Application Form should be accompanied by no more than one Cheque, Bank Draft or Bank Guarantee as the case may be for the aggregate amount payable on such application.

Applications with two or more Cheques, Bank Drafts or Bank Guarantees will be rejected. Payments for Applications for values above and inclusive of Sri Lankan Rupees One Hundred Million (LKR 100,000,000) should be supported by a Bank Guarantee.

Cheques and Bank Drafts should be drawn upon a Licensed Commercial Bank in Sri Lanka and crossed “Account Payee Only” and made payable to “**A&A COLLABORATIVE FUND (PVT) LTD.**” The Bank Guarantees should be in a form acceptable to the Company and should be issued by a Licensed Commercial Bank in Sri Lanka, payable on demand unconditionally to “**A&A COLLABORATIVE FUND (PVT) LTD.**”

CASH WILL NOT BE ACCEPTED

Forwarding of Completed Applications

The Application form duly completed together with the remittances for the full amount payable should be dispatched by post or delivered by hand in an envelope addressed to:

**NO. 9/2,SOVIS MAWATHA,
KALA-ELIYA,
JA-ELA,
SRI LANKA**

and marked “**A&A COLLABORATIVE FUND (PVT) LTD. – DEBENTURE ISSUE**” on the top left hand corner of the envelope.

Applications could also be handed over to A&A COLLABORATIVE FUND (PVT) LTD.

**PLEASE REFER PROSPECTUS FOR DETAILS.
APPLICATION FORMS AND ACCOMPANYING CHEQUES /BANK DRAFTS OR BANK GUARANTEES
WHICH ARE ILLEGIBLE OR INCOMPLETE OR NOT IN ACCORDANCE WITH PROVISIONS SETOUT IN
THE PROSPECTUS OR THE ABOVE INSTRUCTIONS MAY BE REJECTED.**