

Consent Form

Official Identification No:
(For office use only)

Compensation Payment for the Depositors of Central Investment and Finance PLC, The Standard Credit Finance Limited and TKS Finance Limited through Sri Lanka Deposit Insurance and Liquidity Support Scheme

General Instructions

1. This consent Form is applicable only to the depositors who have total deposit amount of more than Rs.600,000 of Central Investment and Finance PLC (CIFL), The Standard Credit Finance Limited (TSCFL) and TKS Finance Limited (TKSFL) and already received their compensation payments under Sri Lanka Deposit Insurance and Liquidity Support Scheme (SLDILSS).
2. Consent Form consists of three parts namely Part A, B and C,
 - a. **Part A** of the Consent Form should be duly completed to give the consent to process the balance compensation payment under SLDILSS based on the previously submitted Claim Form with Declaration and other relevant information.
 - b. **Part B** of the Consent Form should be duly completed to notify the changes of the depositor details subsequent to the receipt of first compensation of Rs.600,000.
 - c. **Part C** of the Consent Form is only applicable for CIFL Depositors/relevant legal beneficiaries who have received first compensation payment of Rs.600,000 through Cheques.
3. Depositors/relevant legal beneficiaries who have collected their original certificates from the Central Bank of Sri Lanka after the first payment of Rs.600,000, **should re-submit all such certificates** to be entitled for balance payment under SLDILSS and depositors who have not submitted all of their certificates, are required to submit the rest of their certificates to be entitled for the balance payment under SLDILSS along with a duly completed new Claim Form with Declaration as mentioned in Paragraph 5 below.
4. Each Depositor/relevant legal beneficiary, including joint deposit holders, should submit separate Consent Form for each company.
5. In the following instances, depositors/relevant legal beneficiaries of CIFL, TSCFL and TKSFL are required to submit duly completed new Claim Form with Declaration (published in the Central Bank web site – www.cbsl.gov.lk) and other relevant information and documents stated thereof,
 - a. Depositors/relevant legal beneficiaries who have not yet submitted their Claim Form with Declaration to claim compensation payments under SLDILSS.
 - b. Previously submitted bank account details are not valid due to closure or non-operating of the bank account (not applicable to the CIFL depositors who have received compensation through cheques).
 - c. Depositors/relevant legal beneficiaries who have not submitted all original fixed deposit certificates or savings passbooks or not correctly stated all eligible deposits in the previously submitted Claim Form with Declaration.
 - d. In case a depositor has demised after the first compensation payment of Rs.600,000, the relevant legal beneficiary should submit the Claim Form with Declaration.

6. If the depositor or the joint account holder is submitting his own Consent Form, the respective depositor should mention his/her name against both 'name of the claimant or legal beneficiary' and 'name of the depositor' under Declaration Section (i.e. Section 6) of Part A of the Consent Form.

PART A

Expressing the consent to process balance compensation payment under SLDILSS based on the previously submitted Claim Form with Declaration and other relevant information

1. Name of the company:
2. Full Name of the Depositor:.....
3. Identification Nos:
- | | | |
|---|--------------|---------------------|
| National Identity Card No./ Business Registration | Passport No. | Driving License No. |
| | | |
4. Telephone Nos:- Fixed..... Mobile
5. I agreed to receive balance compensation payment amount under SLDILSS to the same bank account which was previously submitted with the Claim Form and accept the full responsibility of the accuracy of the given bank details **(Please tick the check box)**

6. Declaration

I, (name of the claimant or legal beneficiary) of (address of the claimant) state that this claim is made on behalf of (name of the depositor) and that I have already received compensation payment of Rs.600,000 earlier. I do hereby agree to receive my second payment under SLDILSS based on my previously submitted Claim Form for the said first payment of Rs.600,000 and I have no objection thereof.

Signature of the claimant:

The claimant having read over and understood the contents hereof declared and signed at on this day of20..... Before me

Signature:
Attorney at Law/Notary Public/Commissioner for Oaths/Justice of the Peace

Office Stamp

PART B

Details of the Depositor changed subsequent to the receipt of compensation of Rs.600,000.00 should only fill Part B

1. Name of the company:
2. Name of the Depositor:-.....
3. Name of the claimant/legal beneficiary :-.....
4. Current Address:-.....
5. Telephone Nos.:- Fixed..... Mobile
6. Any other changes affect to the second payment if any :.....
.....
7. In case the previously submitted bank account is closed or currently non-operating, details of another operative bank account shall be submitted along with a duly completed new Claim Form. I fully understood, accepted, and have no objection thereof. **(This is only applicable to depositors other than depositors of CIFL who received compensation through cheques and those depositors who are required to complete Part C).**

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Signature of the depositor/claimant

PART C

Only applicable for CIFL Depositors who received Compensation Payment of Rs.600,000 through Cheques
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1. Details of Depositor's Bank Account to make Compensation

- 1.1 Name of the account holder:-.....
- 1.2 Name of the bank:-..... 1.3 Bank account No.:-.....
- 1.4 Name of the bank branch at which the account is maintained: -

(A copy of the Passbook or Bank Statement should be attached with Part - C)

I do hereby confirm and certify that the information provided herein is true and correct and I fully understand and agree that the balance compensation payment under SLDILSS will be deposited to the bank account as per the above details.

.....
Signature of the depositor/claimant