

*[Please follow below format for the Covering Letter on the **company letter head**]*

**[Date]**

Superintendent of Public Debt  
Public Debt Department  
Central Bank of Sri Lanka  
No.30, Janadhipathi Mawatha  
Colombo 01

**Request for Balance Confirmation as at..... [Date]**

Please be kind enough to issue a statement of holdings of the investments made in Government securities as per the details attached.

.....

Authorized Signatory  
Name  
Designation  
Company Seal

.....

Authorized Signatory  
Name  
Designation  
Company Seal

***Instructions:***

- *Use the format below to provide details for the request*
- *Please note that this request is applicable only for investments in T-bills and T- bonds*
- *Covering letter with the duly filled application shall be sent to the Superintendent of Public Debt Department via [lankasecureservices@cbsl.lk](mailto:lankasecureservices@cbsl.lk)*
- *It is required to match the name and address mentioned in the application form with the records of LankaSecure system*
- *In the event of a beneficial owner having a Trustee /Power of Attorney arrangement, the relevant Document(s) shall also be submitted along with the application highlighting the sections of delegating the powers to execute the investments of government securities on behalf of the beneficial owner. (Exact section(s)/subsection(s) should be underlined in the document(s))*
- *For more information contact LankaSecure Customer Service – 0112477278*

**BALANCE CONFIRMATION OF GOVERNMENT SECURITIES  
APPLICATION FOR CORPORATE CUSTOMERS**

1. Name of the Company/ Fund/ Society/ Club/ etc.: .....
2. Address (as recorded in the LankaSecure): .....
3. Purpose of the request: *Annual audit/Periodic audit/ submitting to the regulatory authority*
4. Balance Confirmation requested as at .....[Date]
5. Account Details

<b>Custodian Institute</b> (Licensed commercial Bank/specialized Bank or Primary dealer)	<b>Beneficial Owner code</b>

If the given space is not enough, please provide relevant details separately under the same format.

- 6 Details of the Receiver (Auditor, Regulator, etc.)
    - 6.1 Name (Mr./Ms./Mrs./...): .....
    - 6.2 Designation: .....
    - 6.3 Institute: .....
    - 6.4 Address: .....
    - 6.5 Email: .....
    - 6.6 Telephone Numbers
- Office: ..... Mobile (\*Required): .....

7 Do you expect to receive a copy of balance confirmation (Yes/No): .....

If yes, please fill in the following details:

- 7.1 Name of the authorized officer of the requesting company (Mr./Ms./Mrs./...):  
.....
  - 7.2 Designation: .....
  - 7.3 Address: .....
  - 7.4 Email: .....
  - 7.5 Telephone Numbers
- Office: ..... Mobile (\*Required): .....

8 Comments  
.....  
.....