

[Please follow below format for the Covering Letter]

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.

.....

Signature

Name

.....

Signature (Joint holder, if any)

Name

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***
- ***It is required to match the name, address and email that 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 INDIVIDUAL INVESTORS**

1. Name/s (Mr./Ms./ Mrs./...):
2. Address (as recorded in the LankaSecure):
3. Email:
4. Telephone Numbers
Office: Mobile (*Required)
5. Purpose of the request: *Applying for visa / Submitting to Inland Revenue Department*
6. Balance Confirmation requested as at [Date]
7. Account Details

Custodian Institute (Licensed Commercial Bank/Specialized Bank or Primary Dealer)	Beneficial Owner code

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

- 8 Details of the Receiver (Visa Officer/ Commissioner General of Inland Revenue Department, etc.)
 - 8.1 Name (Mr./Ms./ Mrs./...):
 - 8.2 Designation:
 - 8.3 Institute:
 - 8.4 Address:
 - 8.5 Email:
 - 8.6 Telephone Numbers
Office: Mobile (*Required):
- 9 Do you expect to receive a copy of balance confirmation (Yes/No):
- 10 Comments
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