

*[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*
- *For more information contact LankaSecure Customer Service – 0112477278*

BALANCE CONFIRMATION OF GOVERNMENT SECURITIES
APPLICATION FOR PARTICIPANTS

1. Name of the Participant (Bank/Primary Dealer):
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. Required Account Types:
.....

6 Details of the Receiver

- 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 participant (Mr./Ms./ Mrs./...):
.....
- 7.2 Designation:
- 7.3 Address:
- 7.4 Email:
- 7.5 Telephone Numbers

Office: Mobile (*Required):

8 Comments

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