Director/CEO,

## **NESTOR STOCK BROKERS (PRIVATE) LIMITED**

No. 428, 2/1, R. A. De Mel Mawatha,

Colombo 03,

Sri Lanka.

| DISCRETIONARY ACCOUNTS   |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|
| Name   | :  |  |  |  |  |  |  |  |
| CDS Account Number   | :  |  |  |  |  |  |  |  |
| I/We   |  |  |  |  |  |  |  |  |
| of   |  |  |  |  |  |  |  |  |
| hereby authorize you to purchase and sell securities including selection timing and price at the |  |  |  |  |  |  |  |  |
| absolute discretion of manage  | gement of my/our discretionary account until further notice/for the period |  |  |  |  |  |  |  |
| of   | to and from effecting from   |  |  |  |  |  |  |  |
| Subject to the following:  |  |  |  |  |  |  |  |  |

1. My/Our investment objectives with respect of our Discretionary Account is/are:-

- 2. This Discretionary Account is opened at my/our own risk and on the understanding that the share trading through Discretionary Account can result in profit or losses to me/us and you are in any event not liable or accountable any loss or damage arising from or occasioned by your managing the Discretion Account.
- 3. The estimated cover on the Securities account at the time of any purchases are made should not be less than .......% of the portfolio value.
- 4. The exercise of discretion as aforesaid I/we hereby agree to be liable for all investment actions taken by you pursuant hereto and would indemnify you all costs and expenses incurred by you consequent to acting on these instructions.

|   | a.     | Such po  | wer, righ | nt and autho                           | rity is | with | drawn by n | ne*/us | e*/us giving you, a notice in |     |      |    |  |
|---|--------|--|-----------|--|---------|------|------------|--------|-------------------------------|-----|------|----|--|
|   |        | writing  | which     | withdrawal                             | will    | be   | effective  | only   | from                          | the | date | of |  |
|   |        | _  |           | nt of such n                           |         |      |            | •      |                               |     |      |    |  |
|   |        |  | Ū         |  | ŕ       |      |            |        |                               |     |      |    |  |
|   | b.     | You receive reliable information or notice of my/death of any of us. |           |  |         |      |            |        |                               |     |      |    |  |
| Given under my/our hand(s) at Colombo on thisDay of |        |  |           |  |         |      |            |        |                               |     |      |    |  |
| Signature of  | Accour | nt Holde   | r:        |  |         |      |            |        |                               |     |      |    |  |
| (1)   |        |  |           |  |         |      |            |        |                               |     |      |    |  |
| (2) NIC No  |        |  |           |  |         |      |            |        |                               |     |      |    |  |
|   |        |  |           |  |         |      |            |        |                               |     |      |    |  |
| Witnesses   |        |  |           |  |         |      |            |        |                               |     |      |    |  |
| 1   |        |  | NIC       | C No                                   |         |      |            |        |                               |     |      |    |  |
| 1   |        |  |           |  |         |      |            |        |                               |     |      |    |  |
|   |        |  |           |  |         |      |            |        |                               |     |      |    |  |
| For Office U  | se     |  |           |  |         |      |            |        |                               |     |      |    |  |
|   |        |  |           |  |         |      |            |        |                               |     |      |    |  |
| Proposed B  | v      |  |           |  |         |      |            |        |                               |     |      |    |  |
| opocou 2  | J      |  |           |  |         |      |            |        |                               |     |      |    |  |
|   |        |  |           |  |         |      |            |        |                               |     |      |    |  |
| Name of IA  |        |  |           | ······································ |         |      | •          |        | ature                         |     |      | •• |  |
| Name of IA  |        |  | 1/-       | Code                                   |         |      |            | Sigi   | ature                         |     |      |    |  |
| A   |        |  |           |  |         |      |            |        |                               |     |      |    |  |
| Approved B  | У      |  |           |  |         |      |            |        |                               |     |      |    |  |
|   |        |  |           |  |         |      |            |        |                               |     |      |    |  |
|   |        |  |           |  |         |      |            |        |                               |     |      |    |  |
| Compliance O  | fficer |  |           |  |         |      |            |        |                               |     |      |    |  |
|   |        |  |           |  |         |      |            |        |                               |     |      |    |  |
|   |        |  |           |  |         |      |            |        |                               |     |      |    |  |
| Authorized I  | Ву     |  |           |  |         |      |            |        |                               |     |      |    |  |
|   |        |  |           |  |         |      |            |        |                               |     |      |    |  |
|   |        |  |           |  |         |      |            |        |                               |     |      |    |  |
|   |        |  |           |  |         |      |            |        |                               |     |      |    |  |
| Director/CEO  |        |  |           |  |         |      |            |        |                               |     |      |    |  |

5. I/We further note that the above shall remain in full force and effect until,