



# CREDIT CARD APPLICATION FORM

## Bank Use Only

LG/ LC Code  
 Tracking Code  
 Branch Abbreviation


### CHOICE OF CARD & LIMIT

Seylan Bank Visa Card  Gold  Platinum  Seylan Bank Master Card  Freedom\*

Seylan Bank Affinity Card  Affinity Product: \_\_\_\_\_

Expected Limit: \_\_\_\_\_

\*Freedom: A maintenance fee of Rs.500/- will be applicable if the monthly spend commitment of Rs.10,000/- is not met.

### YOUR PERSONAL DETAILS

Sex: Male  Female

Title: Mr.  Mrs.  Ms.  Dr.  Rev.

Name in Full: \_\_\_\_\_

\*Name to Appear on the Card:  
 (Max. 20 Characters Including Space)

\*NIC/ Passport Number:

\*Home Address: \_\_\_\_\_

\*Correspondence Address: \_\_\_\_\_

\*E-mail Address: \_\_\_\_\_

**\*Card to be Delivered to:**

Home  Correspondence  Office  Branch

Nationality: \_\_\_\_\_ \*Date of Birth:

\*Home Tel.:  \*Mobile Phone:

\* This will be your registered mobile number

\*Marital Status: Single  Married  Widowed  Divorced

\*Number of Dependents:

\*Residence: Owned  Rented  Parents  Mortgaged  Company Owned   
 (Billing proof required)  
 Other

If Rented Monthly Rent \_\_\_\_\_ Duration of Occupation as at Date (Years) \_\_\_\_\_

If Insured, Insurer \_\_\_\_\_ Premium \_\_\_\_\_

\*Mother's Maiden Name: \_\_\_\_\_

### CUSTOMER INCOME DETAILS

I am an Income Earner

I am not an Income Earner

Housewife  Retired  Student  Other

**For Income Earners;**

Employment Sector Public

Please Specify: \_\_\_\_\_

Private

\_\_\_\_\_  
 Cardholder's signature

**\*Field of Employment:**

Advertising	<input type="checkbox"/>	Government	<input type="checkbox"/>	Plantation	<input type="checkbox"/>
Airline/ Travel	<input type="checkbox"/>	Health Care	<input type="checkbox"/>	Professional	<input type="checkbox"/>
Armed Services	<input type="checkbox"/>	Hotel	<input type="checkbox"/>	Service	<input type="checkbox"/>
Banking/ Finance	<input type="checkbox"/>	IT	<input type="checkbox"/>	Trading	<input type="checkbox"/>
Constructions	<input type="checkbox"/>	Insurance	<input type="checkbox"/>	Telecommunication	<input type="checkbox"/>
Freight Forwarding/ Shipping	<input type="checkbox"/>	Manufacturing	<input type="checkbox"/>	Others	<input type="checkbox"/>
Apparel	<input type="checkbox"/>	NGO/ NPO/ Charity	<input type="checkbox"/>	_____	_____

**\*Status of Employment:**

<b>Salaried</b>	<input type="checkbox"/>	<b>Self-Employment</b>	<input type="checkbox"/>	<b>Others</b>	<input type="checkbox"/>
Contract/ Casual	<input type="checkbox"/>	Proprietor	<input type="checkbox"/>	Housewife	<input type="checkbox"/>
Clerical	<input type="checkbox"/>	Partner	<input type="checkbox"/>	Retired	<input type="checkbox"/>
Skilled/ Technical	<input type="checkbox"/>	Doctor	<input type="checkbox"/>	Student	<input type="checkbox"/>
Supervisor	<input type="checkbox"/>	Accountant	<input type="checkbox"/>	Freelancer	<input type="checkbox"/>
Middle Mgt./ Executive	<input type="checkbox"/>	Lawyer	<input type="checkbox"/>	Other _____	_____
Senior/ Corporate Mgt.	<input type="checkbox"/>	Architect	<input type="checkbox"/>	_____	_____
Director	<input type="checkbox"/>	Engineer	<input type="checkbox"/>	_____	_____
Consultant	<input type="checkbox"/>	Other _____		_____	_____

Designation: \_\_\_\_\_ Full Name of Business/ Employer: \_\_\_\_\_

Business Address: \_\_\_\_\_

\*Office Tel.:  Ext.:

\*Length of Service: Years  Months

Name and Address of Previous Employer: \_\_\_\_\_

Length of Services of the Previous Employment: Years  Months

Designation: \_\_\_\_\_

\*Professional Qualification: \_\_\_\_\_

**YOUR INCOME**

**\*Your Annual Salary/ Income From Employment/ Business**

\_\_\_\_\_

Income Segregation - Basic Salary  Allowance  Net Salary

Other Income (e.g.: Dividends, Interest, Revenue From Property, etc.): \_\_\_\_\_

Source of Other Income: \_\_\_\_\_

\_\_\_\_\_  
Cardholder's signature

## YOUR SPOUSE

Name in Full: \_\_\_\_\_

NIC Number:

Occupation: \_\_\_\_\_

Company Name: \_\_\_\_\_

Monthly Income: Rs. \_\_\_\_\_

Other Income: Rs. \_\_\_\_\_

## DETAILS OF A RELATIVE NOT LIVING WITH YOU

Name in Full: \_\_\_\_\_ Relationship: \_\_\_\_\_

NIC Number:

Address: \_\_\_\_\_

Employed: Yes  No  Name of Employer/ Business: \_\_\_\_\_

Contact Telephone No.:

Home Tel.:

Mobile Phone:

## YOUR ASSETS

Land & Building: \_\_\_\_\_

Vehicles: \_\_\_\_\_

Others (Specify): \_\_\_\_\_

## FINANCIAL RELATIONSHIP

Type	Bank/ Branch	Account Number
Savings		
Current (P)		
Current (B)		
Term Deposits		
Other		

P - Personal

B - Business

## YOUR OTHER CREDIT CARDS/ BANK FACILITIES

Bank	Card Number/ Type of Facility	Credit Limit/ Facility

\_\_\_\_\_  
Cardholder's signature

## OTHER INFORMATION

Are you involved in politics/ holding a position in any political party OR a member of the Cabinet/ Parliament/ other local government authority OR holding an executive position in a government institution.

Yes  No

Related in any way to any of the persons referred to above

Yes  No

If yes, please state the relationship:  
(PEP EDD form to be filled and attached)

## YOUR SUPPLEMENTARY CARD

Please issue an additional Card to the person named hereunder.  
(The additional Card applicant must be of 18 years or above)

Title: \_\_\_\_\_

Name in Full: \_\_\_\_\_

**\*Name on Card: (Max. 20 Characters Including Space)**

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Male  Female

\*Date of Birth: 

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

**\*NIC/ Passport Number:**

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**\*Relationship to the Primary Applicant:** \_\_\_\_\_

Home Address: \_\_\_\_\_

Tel No.: 

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**Mother's Maiden Name:** \_\_\_\_\_

**\*Limit Required:** \_\_\_\_\_

## YOUR CONVENIENCE

Standing Order Instructions (If you wish to make settlements automatically from a Seylan Current/ Savings account you maintain)

Account Number

Branch

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Special Instructions Settlement:

Minimum Payment

100% per Month

## VALUE ADDED SERVICES

By default, our Bank will provide Value Added Services including SMS Alerts, PDF E-statements and Mobile/ Internet Banking Services.

Indicate the facilities that you **DO NOT** wish to subscribe for,

**SMS Alert Facility**

Transaction Alert

Monthly Payment Reminder

**PDF E-statement**

**Mobile Banking Service**

If you do not wish to receive PDF

E-statements, kindly notify the address to  
send the paper statement

Home

Correspondence

Work

**For Internet Banking Facility:**

Preferred User ID 

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Your User ID will be sent to your email address and the password will be sent to your registered mobile number via SMS

**\*Office Use Only**

Credit Card Number 

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\_\_\_\_\_  
Cardholder's signature

## INTERNET/ SMS BANKING - INDEMNITY

To: Seylan Bank PLC ("The Bank")

I/ We .....  
.....  
(Full name(s) of the Individual or Joint Account Holders)

Bearing NIC No. .... having applied for the Seylan Bank Internet/ SMS Banking Facility, understand and agree that the following functionality/ functionalities will be available to me/ us through same.

- Inquiry of account balances, clearing cheque information, transaction history, cheque details, Credit Card balances in Internet and SMS Banking.
- Credit Card transaction history, Credit Card pending and past payment information in Internet Banking.
- Transfer funds within own linked accounts, and pay bills of designated utility companies on an online basis as immediate or scheduled payments in Internet Banking and as online in SMS Banking.
- Initiate and set up standing orders via Internet Banking.
- Transfer funds to third party accounts via Internet Banking.
- Alerts on accounts and Credit Cards via SMS Banking
- Deactivate Credit Cards and Visa Electron Cards via Internet Banking.

Or any other functionality the Bank may provide in the future through Seylan Internet/ SMS Banking. In consideration of same, I/ we agree and indemnify the Bank as follows:

- To exercise utmost care and diligence during payment of Utility Bills and designating accounts for fund transfers to both own accounts and third party accounts and understand and agree that the Bank will be under no obligation nor duty to recover any funds already credited to accounts either intentionally or unintentionally.
- To indemnify and keep indemnifying the Bank from and against all actions, claims, demands, liabilities, obligations, losses, damages, costs (including without limitation, interest and legal fees) and expenses of whatever nature (whether actual or contingent) suffered or incurred, sustained by or threatened against the Bank whatsoever arising from or in connection with or in any way relating to the Bank in good faith accepting and acting on instructions placed via Seylan Internet/ SMS Banking as authorised by this indemnity by me/ us.
- The within indemnity shall not be affected and shall continue in full force and affect notwithstanding unless otherwise requested so in writing by me/ us and accepted by the Bank. Nevertheless transaction(s) performed during the validity of this indemnity shall treat and interpret under the conditions of this indemnity.
- The Bank may at any time terminate this facility, add or cancel functionalities at its discretion by giving reasonable notice.
- I/ We authorise the Bank to debit any of my/ our account(s) with the Bank with all and any amounts which may become payable to the Bank pursuant within indemnity.
- Where this indemnity is given by two or more parties the liability of such parties to the Bank hereunder shall be joint and several.
- This indemnity will be treated as an integral part of the Bank's terms and conditions governing the usage of the Bank's Internet / SMS Banking facility.

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Signature(s)

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(If an Individual or Joint Account Holder)

## ADDITIONAL INFORMATION

Preferred Promo Category:-

- |                 |                          |                     |                          |
|-----------------|--------------------------|---------------------|--------------------------|
| Fuel            | <input type="checkbox"/> | Foreign Travelling  | <input type="checkbox"/> |
| Supermarket     | <input type="checkbox"/> | Dining              | <input type="checkbox"/> |
| Clothing        | <input type="checkbox"/> | Fashion & Jewellery | <input type="checkbox"/> |
| Holiday         | <input type="checkbox"/> | Electronics         | <input type="checkbox"/> |
| Online Shopping | <input type="checkbox"/> | Other               | <input type="checkbox"/> |

How did you hear about Seylan Cards:-

- |               |                          |              |                          |
|---------------|--------------------------|--------------|--------------------------|
| Press         | <input type="checkbox"/> | Social Media | <input type="checkbox"/> |
| Radio         | <input type="checkbox"/> | Friend       | <input type="checkbox"/> |
| Sales Channel | <input type="checkbox"/> |              |                          |

\*Preferred Language of Communication: Sinhala  English  Tamil

\_\_\_\_\_  
Cardholder's signature

## IMPORTANT

Please complete this application in full and attach the following documentary evidence. Insufficient information may cause delay in processing your application.

### If Salaried

Copy of identification (NIC or passport) salary slips of the last 3 months letter from employer confirming employment and salary (optional) billing proof

### If Self-Employed

Copy of identification (NIC or passport) \*business registration certificate, last three/ six month bank statements (company and personal), letter from auditor confirming annual income for the last two years and billing proof  
\*Please note that documents submitted together with this application will not be returned irrespective of the status of the application.

## DECLARATION

I/ We state that the provided details are true and correct and are given in support of my/ our application to Seylan Bank, Sri Lanka for a Credit Card account, subject to the respective Credit Cardholder Agreement which outlines the terms and conditions of use and which will be sent to me/ us with approval of my/ our application. I/ We agree to accept liability of all transactions performed until reporting the loss of my/ our Cards. I/ We further agree to a new Card product as a companion or an increase of my credit limit by the Bank at its discretion, after evaluating my credit performance, with my consent, in future.

### Declaration by the Applicant(s) for Electronic Fund Transfer Cards (EFTC)

To: Director - Department of Foreign Exchange

I/ We ..... being the Primary/ Supplementary Cardholder(s) declare that all details given above by me/ us on this form are true and correct. I/ We hereby confirm that I/ we am/are aware of the conditions imposed under the Foreign Exchange Act No. 12 of 2017 [the Act] on Electronic Fund Transfer Cards [EFTCs] subject to which the Card may be used for transactions in foreign exchange and I/ we hereby undertake to abide by the said conditions. I/ We further agree to provide any information on transactions carried out by me/ us in foreign exchange on the Card issued to me/ us as Seylan Bank may require for the purpose of the Act. I/ We also affirm that I/ we undertake to surrender the EFTC to Seylan Bank, if I/ we migrate or leave Sri Lanka for employment abroad. I/ We am/ are aware that the Authorised Dealer [Bank] is required to suspend availability of foreign exchange on EFTC if reasonable grounds exist to suspect unauthorised foreign exchange transactions are being carried out on the EFTC issued to me/ us and to report the matter to Director-Department of Foreign exchange.

I/ We also affirm that I/ we undertake to surrender the Credit Card(s) to Seylan Bank, if I/ we migrate or leave Sri Lanka for employment abroad, as applicable.

----- DDMMYYYY	----- Signature of the Primary Cardholder	----- Signature of the Supplementary Cardholder
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I ..... the Authorised Officer have carefully examined the information together with the relevant documents given by the applicant/s and am satisfied with the bona-fide of this information and these documents. The Bank undertakes the right to exercise due diligence on the transactions carried out by the Cardholder on his/ her EFTC in foreign exchange and to suspend the availability of foreign exchange on the EFTC if reasonable grounds exist to suspect that unauthorised foreign exchange transactions are being carried out on the EFTC in violation of the undertaking and to bring the matter to the notice of the Controller of Exchange.

.....  
DD.MM.YY.

.....  
Signature of the Authorised Officer

**For Bank Use Only**

Ref. No.:

Branch: \_\_\_\_\_

Card No.:

Credit Limit:

Card Activated		Date	Issued

Banker's Comments & Recommendation