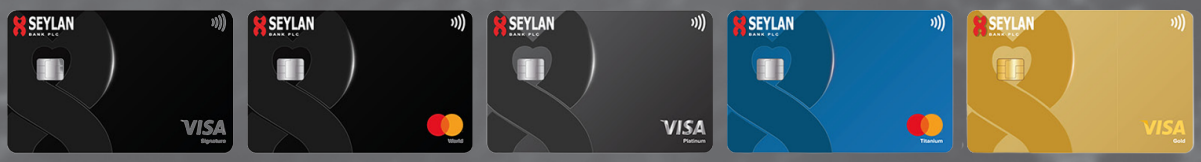

APPLICATION FOR SUPPLEMENTARY CREDIT CARD

SEYLAN

YOUR PERSONAL DETAILS

Name of the Primary Cardholder:

_____

Primary Credit Card No.:

☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐

Address of the Primary Cardholder:

_____

District: _____

Home Tel: ☐☐☐☐☐☐☐☐☐☐

Office Tel: ☐☐☐☐☐☐☐☐☐☐

Mobile Phone: ☐☐☐☐☐☐☐☐☐☐

Email Address : ☐☐☐☐☐☐☐☐☐☐

YOUR ADDITIONAL CARD

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

Title: _____

First Name: _____

Last Name: _____

Name to appear on the card: (Max. 20 characters including space)

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

*NIC/ Passport Number ☐☐☐☐☐☐☐☐☐☐☐☐

Male ☐ Female ☐ *Date of Birth D D M M Y Y Y Y

Relationship to the primary applicant: _____

Home Address: _____

District: _____

Home Tel: ☐☐☐☐☐☐☐☐☐☐

Credit limit to be assigned for the supplementary credit card : LKR ☐☐☐☐☐☐ (optional)

Mother's maiden name: _____

YOUR CONVENIENCE

SMS Alert - We strongly recommend that you obtain this facility for added protection.

Transaction alert ☐ Mobile Phone: ☐☐☐☐☐☐☐☐☐☐

DECLARATION

I / We state that the provided details are true and correct and are given in support of my / our application to Seylan Bank PLC, 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 hereby accept and undertake to be bound by the existing Terms and Conditions applicable to Credit Card Operations of Seylan Bank PLC and any amendments thereto, which shall come into effect from time to time and shall be published in www.seylan.lk and /or be sent to me/us in the event the Bank issues me / us a Credit Card. I / We hereby acknowledge and agree that it is my / our duty to be aware of and educate myself / ourselves of such amendments in a timely and regular manner. I / We also agree that in the event of me / us refusing to agree to the said terms and conditions I / We will immediately return the said card to Seylan Bank PLC. Not returning the said Card by me / us would be my /our due acceptance of such amendments to Terms and Conditions applicable to Seylan Bank Credit Cards.

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 / our credit performance, with my / our consent, in future.

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

To: Director-Department of Foreign Exchange
(To be filled by the Applicant/s to obtain foreign exchange against Credit/Debit or any other Electronic Fund Transfer Card)

I / We ---------- (Primary/Supplementary Cardholder), ---------- (Primary/ Supplementary Cardholder) 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 terms and conditions applicable for the use of Electronic Fund Transfer Cards (EFTCs) as detailed in the Directions No. 03 of 2021 dated 18 March 2021 (Annexed) issued under the provisions of the Foreign Exchange Act, No. 12 of 2017 (the FEA) 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 ---------- (bank) may require for the purpose of the FEA.

I / We am / are aware that the bank is required to suspend availability of foreign exchange on EFTC if reasonable grounds exist to suspect that foreign exchange transactions which are not permitted in terms of the annexed Directions issued under the provisions of the FEA are being carried out on the EFTC issued to me/us and to report the matter to the Director - Department of Foreign Exchange. I / We also affirm that I / We undertake to surrender the EFTCs to the bank, if I / We migrate or leave Sri Lanka for permanent residence or employment abroad, as applicable. Further, I / we also agreed to notify my/our change in residential status to the bank, if any, accordingly.

I / We agree to comply with the terms & conditions applicable to the conduct of "internet / SMS Banking facilities" which I / We have read and understood (Please refer www.seylan.lk for rules and regulations)

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DDMMYYYY	Signature of the Primary Cardholder	Signature of the Supplementary Cardholder

I, as the Authorized Officer of the bank have carefully examined the information together with relevant documents given by the applicant/s and satisfied with the bona-fide of these information and documents. Further, I as the Authorized Officer of the bank undertake at all times, 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 foreign exchange transactions which are not permitted in terms of Directions No. 03 of 2021 dated 18 March 2021 issued under the provisions of the Foreign Exchange Act, No. 12 of 2017 are being carried out on the EFTC, in violation of the undertaking given by the card holders and to bring the matter to the attention of the Director - Department of Foreign Exchange.

..... Date

..... Signature of the Authorised Officer

For bank use only

Card No. | | | | | | | | | | | | | |

Card activated	Date	Issued

Seylan Card Centre
No. 90, Galle Road, Colombo 03.
Tel: 011 200 8888 Fax: 011 2441027
Email: scc@seylan.lk
Website: www.seylan.lk

SEYLAN