PREMIER CREDIT CARD APPLICATION FORM

Bank Use Only

LG/ LC Code

Tracking Code

Branch Abbreviation

Seylan Bank Visa Signature Card ☐ Seylan Bank World Mastercard ☐

YOUR PERSONAL DETAILS

Title: Mr. ☐ Mrs. ☐ Ms ☐ Dr. ☐ Rev. ☐ Sex: Male ☐ Female ☐

Name in Full _____

*Name to Appear on the Card
(Max.20 characters including space)

*NIC/ Passport Number

If passport, please provide the expiry date _____

*Tax Identification Number (TIN) :

*Home Address _____ *Correspondence Address _____

*District _____ *District _____

*E-mail Address _____

*Card to be Delivered to: Home ☐ Correspondence ☐ Office ☐ Branch

Nationality _____ *Date of Birth D D M M Y Y Y Y

*Home Tel. *Mobile Phone

*This will be your registered mobile number

*Marital Status Single ☐ Married ☐ Widowed ☐ Divorced ☐

*Number of Dependents

*Residence Owned ☐ Rented ☐ Parents ☐
(Billing Proof Required)

Owned ☐ Rented ☐ Parents ☐

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

If Insured, Insurer _____ Premium _____

*Mother's Maiden Name _____

.....
Cardholder's Signature

CUSTOMER INCOME DETAILS

I am an Income Earner ☐ **I am not an Income Earner** ☐

Housewife ☐ Retired ☐ Student ☐ Other ☐

Please Specify: _____

For Income Earners;

Employment Sector **Public** ☐ **Private** ☐

***Field of Employment:**

Advertising	☐	Government	☐	Plantation	☐
Airline/ Travel	☐	Health Care	☐	Professional	☐
Armed Services	☐	Hotel	☐	Service	☐
Banking/ Finance	☐	IT	☐	Trading	☐
Constructions	☐	Insurance	☐	Telecommunication	☐
Freight Forwarding/ Shipping	☐	Manufacturing	☐	Others _____	☐
Apparel	☐	NGO/ NPO/ Charity	☐		

***Field of Employment:**

Salaried	☐	**Self-Employment**	☐	**Others**	☐
Contract/ Casual	☐	Proprietor	☐	Housewife	☐
Clerical	☐	Partner	☐	Retired	☐
Skilled/ Technical	☐	Doctor	☐	Student	☐
Supervisor	☐	Accountant	☐	Freelancer	☐
Middle Mgt./Executive	☐	Lawyer	☐	Other _____	
Senior/ Corporate Mgt	☐	Architect	☐	_____	
Director	☐	Engineer	☐	_____	
Consultant	☐	Other _____		_____	

Designation: _____ Full Name of Business/ Employer: _____

_____

Business Address: _____

*Office Tel : ☐☐☐☐☐☐☐☐☐☐ Ext.: ☐☐☐

*Length of Service: Years ☐☐ Months ☐☐

Full Name of Business/ Employer: _____

_____

Length of Services of the Previous Employment Years ☐☐ Months ☐☐

Designation: _____

Designation: _____

.....

Cardholder's Signature

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 _____

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

.....

Cardholder's Signature

YOUR OTHER CREDIT CARDS/ BANK FACILITIES

Bank	Card Number/ Type of Facility	Credit Limit/ Facility

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 _____

Mother's Maiden Name _____

Name on Card (Max.20 characters including space)

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

*NIC/ Passport Number

If passport, please provide the expiry date _____

*Tax Identification Number (TIN) :

Visa Number _____

Visa Type _____

Visa Expiry Date _____

*Relationship to the Primary Applicant _____

Home Address _____

Tel No.

*Limit Required _____

.....

Cardholder's Signature

YOUR CONVENIENCE

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

Account Number | | | | | | | | | | | | | | |

Branch _____

Special Settlement Instructions

Minimum Payment ☐

100% per Month ☐

VALUE ADDED SERVICES

By default our Bank will provide Value Added Services including SMS Alerts, Transaction Alerts, Monthly Payment Reminders, PDF E-Statements and Mobile/ Internet Banking Services.

If you **DO NOT** wish to subscribe for any of the above Value Added Services, please submit a written request along with this application

MOBILE/ INTERNET BANKING - INDEMNITY

For Internet Banking Facility:

Preferred User ID | | | | | | | | | | |

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

For Internet Banking Facility:

Credit Card Number | | | | | | | | | | | | | | | |

MOBILE/ INTERNET 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 Mobile/ Internet 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 Mobile/ Internet Banking.
- Credit Card transaction history, Credit Card pending and past payment information in Mobile/ 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 Mobile Banking.
- Initiate and set up standing orders via Mobile/ Internet Banking.
- Transfer funds to third party accounts via Mobile/ Internet Banking.
- Alerts on accounts and Credit Cards via SMS Banking.
- Deactivate Credit Cards via Mobile/ Internet Banking.

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Cardholder's Signature

Or any other functionality the Bank may provide in the future through Seylan Mobile/ Internet 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 Mobile/ Internet 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 Mobile/ Internet Banking facility.

.....
Signature(s)

.....
(If an Individual or Joint Account Holder)

PERSONAL ASSISTANT DETAILS

How did you hear about Seylan Cards

Minimum Payment ☐ 100% per Month ☐

Minimum Payment ☐ 100% per Month ☐

Minimum Payment ☐ 100% per Month ☐

*Preferred Language of Communication Sinhala ☐ English ☐ Tamil ☐

PERSONAL ASSISTANT DETAILS

Details of the Personal Assistant/ Secretary who shall be authorised by the Cardholder to deal and/ or communicate with Seylan Bank PLC for and on behalf of the Cardholder, in relation to the Credit Card and/ or Credit Card transactions.

Name _____

NIC ☐☐☐☐☐☐☐☐☐☐☐☐

Address _____

Contact No. ☐☐☐☐☐☐☐☐☐☐

E-mail _____

I/ We hereby authorise the above named Mr./ Mrs./ Dr. ..... to deal and/ or communicate with Seylan Bank PLC in respect of the aforementioned Credit Card and/ or any and all transactions related to the said Credit Card for and on my/ our behalf.

I/ We further consent and authorise Seylan Bank PLC to deliver the aforesaid Credit Card and to provide any and all information in respect to the transaction carried out by me and to obtain information as and when required for the purpose of the transactions of the said Credit Card for and on my/ our behalf.

I/ We accept and acknowledge when acting as aforesaid Seylan Bank PLC shall at all times comply the statutory provisions laid under Section 77 of the Banking (amendment) Act and I/ we hereby renounce any and all rights, powers and authorities which I/ we may acquire against Seylan Bank PLC, for acting upon my/ our instructions and on my/ our behalf and at all times hereafter to save, defend and keep indemnified the said Seylan Bank PLC against all claims, demands and action suites and other proceedings,losses, charges, costs and expenses whatsoever which may arise and undertake to reimburse and/ or pay on demand all charges, losses, damages and expenses which the said Seylan Bank PLC shall incur or to be put into in respect of any claims, demands or actions which may arise on acting as aforesaid.

.....	.....
Signature of the Primary Cardholder	DD/MM/YYYY

IMPORTANT

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

If Salaried

Proof of Identity
Billing Proof
Business Card
Salary Slip (Add Salary Slips of 3 months)

If Self-Employed

Proof of Identity
Billing Proof
6 Months Current Account Statements (Mandatory) and
Personal Tax Returns (Optional)
*Business Registration (Mandatory)

*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 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 (EFTs) 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 EFT 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 EFTs 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)

.....	.....	.....
DD/MM/YYYY	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

Ref. No.: | | | | | | | | | | |

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

Branch: _____

Credit Limit: |

Card Activated		Date	Issued

Banker's Comments & Recommendation