SEYLAN RED

PRIVILEGES BEYOND BANKING

Bank Use Only

LG/ LC Code

Tracking Code

Branch Abbreviation

SEYLAN RED CREDIT CARD APPLICATION FORM

Seylan Visa Infinite Credit Card ☐

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

*Mother's Maiden Name _____

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 _____

*Tax Identification Number (TIN) :

Mother's Maiden Name _____

Name on Card (Max.20 characters including space)

.....

Cardholder's Signature

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

*NIC/ Passport Number

If passport, please provide the expiry date _____

Visa Number _____

Visa Type _____ Visa Expiry Date _____

*Relationship to the Primary Applicant _____

Home Address _____

Tel No.

*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 _____

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

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

.....
Cardholder's Signature

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