SEYLAN

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.1500/- 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:**

***Tax Identification Number (TIN) :**

***Home Address:** _____ ***District**

***Correspondence Address:** _____ ***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 ☐ 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 ☐

Please Specify: _____

For Income Earners;
Employment Sector **Public** ☐ **Private** ☐

_____
Cardholder's signature

***Field of Employment:**

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

***Status of Employment:**

Salaried ☐

- Contract/ Casual ☐
- Clerical ☐
- Skilled/ Technical ☐
- Supervisor ☐
- Middle Mgt./ Executive ☐
- Senior/ Corporate Mgt. ☐
- Director ☐
- Consultant ☐

Self-Employment ☐

- Proprietor ☐
- Partner ☐
- Doctor ☐
- Accountant ☐
- Lawyer ☐
- Architect ☐
- Engineer ☐
- Other _____

Others ☐

- Housewife ☐
- Retired ☐
- Student ☐
- Freelancer ☐
- 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:
(PED 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:** ☐☐☐☐☐☐☐☐☐☐☐☐

***Tax Identification Number (TIN) :** ☐☐☐☐☐☐☐☐☐

***Relationship to the Primary Applicant:** _____

Home Address: _____

Tel No.: ☐☐☐☐☐☐☐☐☐☐

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

_____

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/ Internet Banking Service ☐

If you do not wish to receive PDF E-statements, kindly notify the address to send the paper statement

Home ☐

Correspondence ☐

Work ☐

MOBILE/ INTERNET BANKING

For Mobile/ 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

***Office Use Only**

Credit Card Number ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

_____
Cardholder's signature

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 Banking/ Internet Banking.
- Alerts on accounts and Credit Cards via SMS Banking.
- Deactivate Credit Cards via Mobile/ Internet Banking.

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.

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Signature(s) (If an Individual or Joint Account Holder)

ADDITIONAL INFORMATION

Preferred Promo Category:-

Fuel	☐	Foreign Travelling	☐
Supermarket	☐	Dining	☐
Clothing	☐	Fashion & Jewellery	☐
Holiday	☐	Electronics	☐
Online Shopping	☐	Other	☐

How did you hear about Seylan Cards:-

Press	☐	Social Media	☐
Radio	☐	Friend	☐
Sales Channel	☐		

*Preferred Language of Communication: Sinhala ☐ English ☐ Tamil ☐

Cardholder's signature

IMPORTANT

Please complete this application in full and attach the following documentary evidence. Insufent 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 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

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

Branch: _____

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

Credit Limit: | |

Card Activated		Date	Issued

Banker's Comments & Recommendation