

GREEN LEASE APPLICATION

(SRI LANKAN RUPEE / FOREIGN CURRENCY)

Applicant

Relationship Details

Relationship with the bank

Existing customer with borrowings ☐Existing customer without borrowings ☐New Customer ☐Account Number Branch **Personal Details**Title Mr ☐ Mrs ☐ Ms ☐ Other Name in Full Date of Birth / / Nationality ☐ Sri Lankan ☐ Non Sri Lankan ☐ Sri Lankan Dual CitizenCivil Status No of Dependants Permanent Address Residential Address (only if differs from the permanent address) Current Residence ☐ Rented ☐ OwnedMobile Residence Office E mail NIC No.
(Sri Lankan/Dual Citizen)Passport No.
(Non Sri Lankan/Dual Citizen)For Non Sri Lankan Availability of residence visa Yes ☐ No ☐ Date of expiry of residence visa / / **Employment / Professional Details / Business Details**

Employment type

Salaried ☐ Salaried Professional ☐ Self Employed Professional ☐ Self Employed / Business Owner ☐Profession / Business Name of Employer / Business Address of Employer / Business Present Position (Designation)

Employment Status

☐ Permanent over 03 years ☐ Probation ☐ Permanent below 03 years ☐ ContractLength of service in previous employment Years MonthsLength of service in current employment Years MonthsName of the previous employer and address
(less than 3 years with present employer) Is the spouse a guarantor Yes ☐ No ☐ Spouse Employed Yes ☐ No ☐Spouse Occupation / Designation **Asset Details**Type of Asset Vehicle ☐ Machinery ☐Vehicle Brand New ☐ Reconditioned ☐ Reg - Below 03 Months ☐ Reg - Above 03 Months ☐Machinery / Computer Brand New ☐ Reconditioned ☐ Used ☐Description of the asset Purpose of Asset Personal Use ☐ Business Use ☐ Hiring/Rent ☐Place where the Leased Asset would be Located Ownership of the Premises

* Attach descriptive literature catalogues specifications and payment terms. (Make, Model, Country and Year of Manufacture) if any.

Facility DetailsSupplier / Manufacture Selling Price Customer contribution to Bank Supplier

Required facility amount	<input type="text"/>	
Repayment Period	<input type="text"/>	Rentals up front <input type="text"/>
Other payment options	<input type="text"/>	
Expected delivery date	<input type="text"/>	

Bank Accounts and Finance Company Deposits

(Please give details of all Current / Deposit / Savings accounts with us and other financial institutions)

Name of Institutions	Branch / Type of Account	Account No. (If any)	Balance as at <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Other Assets

Type of Asset	Estimated Value	Free Hold / Mortgaged
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Particulars of Liabilities to Banks / Other Institutions

Name of the Bank / Financial Institutions	Type of Facility	Original Amount	Installment	Outstanding as at <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Availability of Guarantors Yes ☐ No ☐

Monthly Financial Details

Income		Expenses	
Basic salary / Business Income	Rs. <input type="text"/>	Payee Tax	Rs. <input type="text"/>
Fixed Allowances	Rs. <input type="text"/>	Existing loan repayments with ComBank and other Banks	Rs. <input type="text"/>
Professional Income	Rs. <input type="text"/>	Household Expenses	Rs. <input type="text"/>
Variable Income	Rs. <input type="text"/>	Credit Cards with ComBank and other Banks	
Income Source (Variable income)	<input type="text"/>	Bank	Limit (Rs)
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>

Salary credited to ComBank (Applicable only for existing customers) Yes ☐ No ☐

Declaration

- The information given above is true and accurate to the best of my / our knowledge and belief and I / we agree that the bank may from time to time after receipt of this application make inquiries about my / our affairs as it may think fit.
- I / We do not have any overdue advances with any Bank or Financial Institution.

Signature (Primary Applicant)

/ /

Date

CREDIT CARD APPLICATION

(PLEASE FILL THE FOLLOWING FOR A FREE CREDIT CARD)



The Manager
Commercial Bank of Ceylon PLC

(Branch Name)

Card Type

☐ Mastercard ☐ UnionPay ☐ VISA

Personal Details

Name on Card (Please include surname - 19 characters including spaces):

NIC No

Date of Birth

DD/MM/YYYY

Mother's maiden name

Mobile

* I wish to obtain free SMS alerts to my above mobile

☐ Yes ☐ No

Residence

*Note : All correspondence and the PIN will be mailed to the above address.

If you wish to receive a printed statement too via post please mark

☐

(As a standard practice you will receive your statement as a secured e-statement)

E-mail

Supplementary Card

Please issue a Supplementary Card to the person named hereunder, must be an immediate family member above 18 years.

Title

Mr ☐

Mrs ☐

Miss ☐

Dr ☐

Others (Specify)

Name in Full (as in NIC)

Name on Card (Please include surname - 19 characters including spaces):

Date of Birth

DD/MM/YYYY

Supplementary Limit

☐ 25% ☐ 50% ☐ 75% ☐ 100% Others

NIC No

Relationship

Card Delivery and Payment Date

Please deliver my/our card(s) to

branch/collection from Card Centre. Select one convenient monthly payment date.

☐ 5th

☐ 10th

☐ 15th

☐ 20th

☐ 25th

☐ 31st

Special Benefits for Commercial Bank Account Holders

Do you wish to settle card bills on the due date automatically by debiting your account at Commercial Bank?

☐ Yes ☐ No

Settlement Account No

(Important) Settlement of

☐ 5% * ☐ 100% Others (Specify)

☐ %

*Interest will not be charged to your card account on 100% settlement on or before the due date (In case of joint accounts the consent of all parties to be given in writing.)

Declaration

This declaration is made to Commercial Bank.

By signing below I/we ask that an account be opened for me/us and Credit Card(s) be issued. I/we further request that you renew and replace it/them until I/we surrender my/our right to use the Card(s) by cutting the Card(s) in 4 pieces and returning all pieces to you. I/we authorise my/our bankers or any other sources to release any information to you or your representatives that you may require from time to time without reference to me/us. I agree to accept and be bound by the terms and conditions of the ComBank International Cardholder Agreement issued by Commercial Bank of Ceylon PLC and further agree that my card may only be used subject to the terms and conditions of the said agreement, a copy of which will be sent to me/us with my/our Credit Card(s) on approval of this application. I/we hereby agree to accept any changed, amended, revised and/or newly introduced terms and conditions by the Commercial Bank of Ceylon PLC from time to time in future, relating to Credit Card(s) and/or Supplementary Credit Cards. I/we am/are aware that deposits or transfers to my credit card account or temporary limit increases will not increase my cash advance limit. I/we am/are aware that certain ATM machine/bank/counter restrictions may apply to usage of my credit card in Sri Lanka and overseas. I/we am/are aware that the Bank may change my corresponding address if delivery cannot be made to my preference. I/we accept that Credit Cards will be issued at the sole discretion of the bank. I/we accept that the Bank is entitled to communicate to customers by way of Post cards, fax transmission, e-mails and telegrams. I/we agree not to use the Credit Card overseas to purchase goods in commercial quantities and for transfer of capital out of Sri Lanka. I/we affirm that I/we shall surrender the Credit Card to the bank and settle all dues in full in the event I/we migrate or leave Sri Lanka for overseas employment. I/we agree to be liable jointly and severally for all charges to the principal and Supplementary Card(s) issued on my/our request. I/we hereby warrant that the above information given is true and accurate.

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 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 Commercial Bank PLC 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 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 confirm that the above declarations have been read and understood. | ඉහත ප්‍රකාශන හා ප්‍රතිපත්ති කියවීමට සහ තොරතුරු මා/අප මොවුන්ගේ කියවීමේ මට්ටම මත පදනම්ව තේරුම් ගත්තාම.

මෙම ප්‍රකාශන සහ ප්‍රතිපත්ති කියවීමට සහ තොරතුරු මා/අප මොවුන්ගේ කියවීමේ මට්ටම මත පදනම්ව තේරුම් ගත්තාම.

Signature (Primary Applicant)

DD/MM/YYYY

Date

Signature (Supplementary applicant)

DD/MM/YYYY

Date

For Bank Use Only

Introduced By

Department / Branch

Lien Confirmation

Emp. No

Emp. No

Audit Checked

Authorised Officer's Declaration

To: Director - Department of Foreign Exchange

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**.

Signature

Date

Approved Limit	Rs	<input style="width: 90%;" type="text"/>	Officer Code	<input style="width: 90%;" type="text"/>	Branch Mgr	<input style="width: 95%;" type="text"/>
LOS Ref	<input style="width: 100%;" type="text"/>					
Other Remarks	<input style="width: 100%;" type="text"/>					
	<input style="width: 100%;" type="text"/>					
	<input style="width: 100%;" type="text"/>					
	<input style="width: 100%;" type="text"/>					



Scan for ComBank Card
Offers & Rewards

Card Center Use Only

Details of a Relative

(Please note: Relative mentioned below should not be living with you and he/she will be contacted by the Card Centre during the verification process.)

Name	<input style="width: 100%;" type="text"/>									
Relationship	<input style="width: 100%;" type="text"/>									
Home Address	<input style="width: 100%;" type="text"/>									
	<input style="width: 100%;" type="text"/>							Mobile/ Residence	<input style="width: 20px;" type="text"/>	
Office name and address	<input style="width: 100%;" type="text"/>									
	<input style="width: 100%;" type="text"/>									
	<input style="width: 100%;" type="text"/>							Office	<input style="width: 20px;" type="text"/>	