

## LEASE APPLICATION - INDIVIDUAL (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 Citizen

Civil Status

No of Dependants

Permanent Address

Residential Address (only if differs from the permanent address)

Current Residence

☐ Rented☐ Owned

Mobile

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☐ Contract

Length of service in previous employment

Years

Months

Length of service in current employment

Years

Months

Name 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 ☐Computer ☐

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 Details

Supplier / Manufacture

Selling Price

Customer contribution to

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"/>
<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.

☐ 5<sup>th</sup>

☐ 10<sup>th</sup>

☐ 15<sup>th</sup>

☐ 20<sup>th</sup>

☐ 25<sup>th</sup>

☐ 31<sup>st</sup>

## 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 ප්‍රකාශන සහ අනෙකුත් කොන්දේසි මා/අප අපොහොසත් කිරීමට හේතු වී ඇත.

මා/අප මෙම ප්‍රකාශන සහ අනෙකුත් කොන්දේසි මා/අප අපොහොසත් කිරීමට හේතු වී ඇත.

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: 95%;" type="text"/>	Officer Code	<input style="width: 95%;" 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"/>	



**Specimen - Salary Confirmation Letter for Leases**

(Must be on a company letter head)

The Senior Manager / Manager,  
Commercial Bank of Ceylon PLC.

Date

Dear Sir/Madam,

**LEASE FACILITY TO MR/ MRS/ MS**

At the request of the above named employee, we confirm the following

1) Present Position	
2) Date Joined	
3) Date confirmed in service	
4) a) Basic Salary	Rs. <input type="text"/>
Deductions	Rs. <input type="text"/>
Net Salary	Rs. <input type="text"/>
b) Allowances	i) Fixed Allowances Rs. <input type="text"/>
	ii) Variable Allowances Rs. <input type="text"/>

We also note to promptly inform the Bank, in the event the employee submits a notice of resignation, retires from the organization or has his / her employment terminated by us.

Yours Faithfully,

Authorized Signature

Name	<input type="text"/>
Designation	<input type="text"/>
Contact No	<input type="text"/>