

## EDUCATION LOAN APPLICATION (SRI LANKAN RUPEE)

 Application type    Individual ☐                      Joint ☐

Applicant (Student)	Joint Applicant
<b>Relationship with the bank</b>	
Existing customer with borrowings <input type="checkbox"/> Existing customer without borrowings <input type="checkbox"/> New Customer <input type="checkbox"/>  Account Number <input style="width: 100px;" type="text"/> Branch <input style="width: 150px;" type="text"/>	Existing customer with borrowings <input type="checkbox"/> Existing customer without borrowings <input type="checkbox"/> New Customer <input type="checkbox"/>  Account Number <input style="width: 100px;" type="text"/> Branch <input style="width: 150px;" type="text"/>
<b>Personal Details</b>	
Title      Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Other <input style="width: 50px;" type="text"/> Name in Full <input style="width: 150px;" type="text"/> <input style="width: 150px;" type="text"/> Date of Birth <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> / <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> / <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> Nationality <input type="checkbox"/> Sri Lankan <input type="checkbox"/> Non Sri Lankan *  * For Non Sri Lankan Availability of residence visa    Yes <input type="checkbox"/> No <input type="checkbox"/>  Date of expiry of residence visa <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> / <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> / <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> Civil Status <input style="width: 150px;" type="text"/> Permanent Address (Local / Overseas) <input style="width: 150px;" type="text"/> <input style="width: 150px;" type="text"/> Residential Address (if differs from the permanent address, only) <input style="width: 150px;" type="text"/> <input style="width: 150px;" type="text"/> Mobile <input style="width: 100px;" type="text"/> Residence <input style="width: 100px;" type="text"/> Office <input style="width: 150px;" type="text"/> E-mail <input style="width: 150px;" type="text"/> NIC No. <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> Passport No. <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/>	Title      Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Other <input style="width: 50px;" type="text"/> Name in Full <input style="width: 150px;" type="text"/> <input style="width: 150px;" type="text"/> Date of Birth <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> / <input style="width: 40px;" type="text"/> <input style="width: 40px;" 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<input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/>
<b>Employment / Professional Details / Business Details</b>	
Employment Type Unemployed <input type="checkbox"/> Salaried <input type="checkbox"/> Salaried Professional <input type="checkbox"/> Self Employed Professional <input type="checkbox"/>  Profession / Business <input style="width: 150px;" type="text"/> Present Position (Designation) <input style="width: 150px;" type="text"/> Address of Employer / Business <input style="width: 150px;" type="text"/> Name of Employer / Business <input style="width: 150px;" type="text"/>  Employment Status <input type="checkbox"/> Permanent over 02 years <input type="checkbox"/> Probation <input type="checkbox"/> Permanent below 02 years* <input type="checkbox"/> Contract *Length of service in previous employment <input style="width: 30px;" type="text"/> Years <input style="width: 30px;" type="text"/> Months	Employment Type Salaried <input type="checkbox"/> Salaried Professional <input type="checkbox"/> Self Employed Professional <input type="checkbox"/>  Profession / Business <input style="width: 150px;" type="text"/> Present Position (Designation) <input style="width: 150px;" type="text"/> Address of Employer / Business <input style="width: 150px;" type="text"/> Name of Employer / Business <input style="width: 150px;" type="text"/>  Employment Status <input type="checkbox"/> Permanent over 02 years <input type="checkbox"/> Probation <input type="checkbox"/> Permanent below 02 years* <input type="checkbox"/> Contract *Length of service in previous employment <input style="width: 30px;" type="text"/> Years <input style="width: 30px;" type="text"/> Months

### Loan Details

Required loan amount Rs.

(Maximum of 75% of the total course fee)

No of Disbursement

Repayment period of each disbursement  Months

Purpose of the loan

Total repayment period  Months

Repayment Option ☐ Fixed Installments ☐ Reducing Installments

Interest type ☐ Fixed Rate

### Course Details

Study Programme Local ☐

Total course fee Rs.

Overseas \* ☐

Local + Overseas \* ☐

**\* Loans being considered with a property mortgage**

Course Type Undergraduate & Post graduate education ☐

Professional Qualification ☐

Name of the education service provider

Address

Tel

Field of Study

Duration  Months

(Please submit a course fee schedule in order to proceed the loan application process)

### Monthly Financial Details

#### Primary Applicant

Basic Salary / Business Income Rs.

Fixed Allowances Rs.

Professional Income Rs.

Variable Income Rs.

Income Source

(Variable Income)

Payee Tax Rs.

Existing loan repayments with ComBank and other Banks

Rs.

Credit Cards with ComBank and other Banks

Bank

Limit (Rs)

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

Availability of Guarantors Yes ☐ No ☐

Availability of property mortgage Yes ☐ No ☐

#### Income

Basic Salary / Business Income Rs.

Fixed Allowances Rs.

Professional Income Rs.

Variable Income Rs.

Income Source

(Variable Income)

Payee Tax Rs.

Existing loan repayments with ComBank and other Banks

Rs.

Credit Cards with ComBank and other Banks

Bank

Limit (Rs)

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

Availability of Guarantors Yes ☐ No ☐

Availability of property mortgage 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 (Applicant-Student)

/ /

Date

Signature (Joint 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 ප්‍රතිචාරයන් සහ අනෙකුත් තොරතුරු මා/අප අපොහොසත් වීමට හේතු විය හැකි බවට මා/අප අවබෝධ කරගත් බවට ප්‍රකාශ කරමු.

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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 type="text"/>	Officer Code	<input type="text"/>	Branch Mgr	<input type="text"/>
LOS Ref	<input type="text"/>					
Other Remarks	<input type="text"/>					
	<input type="text"/>					
	<input type="text"/>					
	<input 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 type="text"/>																
Relationship	<input type="text"/>																
Home Address	<input type="text"/>																
	<input type="text"/>							Mobile/ Residence	<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"/>
Office name and address	<input type="text"/>																
	<input type="text"/>																
	<input type="text"/>							Office	<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"/>