COMMERCIAL BANK OF CEYLON PLC

No 21, Sir Razik Fareed Mawatha, Colombo 01, Sri Lanka
Phone 0112 353 333

COMMERCIAL BANK

LEASE APPLICATION - SOLE PROPRIETORSHIP
(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 ☐

Sole Proprietor Details

Name of the proprietorship ☐
Address of the proprietorship ☐
Nature of business ☐
Business registration no. ☐ Year of Registration ☐
Title Mr ☐ Mrs ☐ Ms ☐ Other ☐
Name of Proprietor ☐
Date of Birth D D / M M / Y Y Y Y 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 D D / M M / Y Y Y Y

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 Bank ☐ Supplier ☐
Required facility amount ☐
Repayment Period ☐ Rentals up front ☐
Other payment options ☐
Expected delivery date ☐

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

Other Assets

Type of Asset	Estimated Value	Free Hold / Mortgaged

Particulars of Liabilities to Banks / Other Institutions

Name of the Bank / Financial Institutions	Type of Facility	Original Amount	Installment	Outstanding as at

Availability of Guarantors Yes ☐ No ☐

Monthly Financial Details

Income

Business Income (Average monthly turn over) Rs.

Gross Profit Rs.

Any other business income Rs.

Source of other income source

Expenses

Payee Tax Rs.

Existing loan repayments with ComBank and other Banks Rs.

Household Expenses Rs.

Credit Cards with ComBank and other Banks

Bank	Limit (Rs)

Declaration

1. 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.
2. I / We do not have any overdue advances with any Bank or Financial Institution.

Signature (Primary applicant)

D D / M M / Y Y Y Y
Date

CREDIT CARD APPLICATION
(PLEASE FILL THE FOLLOWING FOR A FREE CREDIT CARD)

COMMERCIAL BANK

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 D D / M M / Y Y Y Y

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 D D / M M / Y Y Y Y

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 සඳහන් ප්‍රකාශය හා ක්‍රෙඩිට් කාඩ්පතුධාරී නියමයන් සහ කොන්දේසි මා/අප හොඳින් කියවා තේරුම් ගන්නා ලදී.
மேலே தெரிவிக்கப்பட்டுள்ள விபரங்களையும் கிரெடிட் கார்ட் தொடர்பான விதிகள், நிபந்தனைகளையும் நான்/நாம் நன்கு வாசித்து விளங்கிக்கொண்டேன்/ விளங்கிக்கொண்டோம்.

Signature (Primary Applicant) D D / M M / Y Y Y Y Date

Signature (Supplementary applicant) D D / M M / Y Y Y Y Date

For Bank Use Only

Introduced By Emp. No

Department / Branch Emp. No

Lien Confirmation 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

Officer Code

Branch Mgr

LOS Ref

Other Remarks

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

Relationship

Home Address

Mobile/ Residence

Office name and address

Office