

# CREDIT CARD APPLICATION FORM



The Manager  
Commercial Bank of Ceylon PLC

(Branch Name)

## YOUR CHOICE

LankaPay  Mastercard  UnionPay  VISA

## YOUR PERSONAL INFORMATION

Mr.  Mrs.  Miss.  Dr. Others (Specify):

Full name (as in NIC):

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

Male  Female

Date of birth: DD / MM / YY

NIC No:

Passport No: (Please attach copies)

Educational/Professional qualifications:

Marital status:  Single  Married Others (Specify): Nationality:

Mother's maiden name (For identification and security feature):

## DETAILS OF RESIDENCE

Home address: Phone No. (Home):  
Phone No. (Mobile):

\* I wish to obtain free SMS alerts to my above mobile  Yes  No

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)

Duration at above address: Years: Months:

Mailing address\* Phone No.:

E-mail:

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

## DETAILS OF A RELATIVE (NOT LIVING WITH YOU)

(Please note: Relative mentioned below will be contacted by the Card Centre during the verification process.)

Name:

Relationship:

Home address:

Phone No. (Home/Mobile):

Office name and address:

Phone No. (Office):

## YOUR EMPLOYMENT

**Employment status**  Salaried  Self-employed Monthly net salary / profit:

Employer / Name of Business:

Employer / Business address:

Designation: Phone No. (Office):

No. of years the company has been in business: Years: Months: Length of service: Years: Months:

Nature of Business:

### If your current job is less than six months

Name of previous employer:

Length of service: Years: Months: Phone No. (Office):

Nature of business:

### For self-employed applicants only

Annual turnover: Capital invested:

## YOUR SPOUSE

Full name:

NIC No:

Employer / Name of Business:

Employer / Business address:

Designation: Phone No.:

Nature of business: Annual income:

**SUPPLEMENTARY CARD**

Please issue a Supplementary Card to the person named hereunder. Supplementary Card applicant must be an immediate family member and be at least 18 years old.

Mr.     Mrs.     Miss.     Dr.    Others (Specify) :

Full name (as in NIC):

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

Male     Female    Date of birth:  DD / MM / YY    Supplementary limit :  25%     50%     75%     100 %    Others:

NIC No:     Passport No:  (Please attach copies)

Nationality:     Relationship:     Mother's maiden name:

Home address:     Phone No. (Home):

   Phone No. (Mobile):

**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 ACCOUNTHOLDERS**

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%    **Others (Specify):**  %

Do you wish to open a Commercial Bank account?  Yes     No

Preferred Branch

**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 / We hereby consent the bank to obtain my/ our your credit and relevant information from other parties (internal/external), including but not limited to Credit Information Bureau of Sri Lanka (CRIB). 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 hear by grant explicit consent for the Bank for the delivery or new/ renewal Credit Card(s) through an established courier service and/or postal authority and share my/our personal details with courier services/s and/ or postal authority. I / we accept that the Credit Card(s) will be automatically upgraded to align with the new limit, in event that the credit limit is enhanced. 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 letters, post cards, telegrams, fax transmission, e-mails, sms and other digital platforms. I/We hereby grant consent for the utilization of the transactional and personal data for analytical and promotional activities, in strict compliance with Sri Lankan and International laws and regulations governing data protection. 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.

          

Primary applicant's signature    Date    Supplementary applicant's signature    Date

**IMPORTANT**

Please note that all information provided by you will be verified by Card Centre prior to credit approval. Please complete the application in full. Insufficient information may cause delay in processing your application.

**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

Recommended limit :    Rs. ....    Officer code: .....

Recommended/Approved/Declined    .....    Branch Mgr: .....

Approved/Declined    .....



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