

COMBANK SRI LANKA INSURANCE MOTOR PLUS CREDIT CARD APPLICATION FORM

COMMERCIAL BANK

The Manager
Commercial Bank of Ceylon PLC

(Branch Name)

Sri Lanka Insurance
MOTORPLUS
Insured for Reality

SLIC
Sri Lanka Insurance
Like a father - Like a mother

YOUR PERSONAL INFORMATION

<input type="checkbox"/> Mr.	<input type="checkbox"/> Mrs.	<input type="checkbox"/> Miss.	<input type="checkbox"/> Dr.	Others (Specify):	
Full name (as in NIC):					
Name on Card (Please include surname - 19 characters including spaces):					
<input type="checkbox"/> Male	<input type="checkbox"/> Female	Date of birth: DD / MM / YY			
NIC No:		Passport No:		(Please attach copies)	
Educational/Professional qualifications:					
Marital status:		<input type="checkbox"/> Single	<input type="checkbox"/> Married	Others (Specify):	Nationality:
Mother's maiden name (For identification and security reasons):					

DETAILS OF RESIDENCE

Home address:		Phone No. (Home):	
		Phone No. (Mobile):	
* I wish to obtain free SMS alerts to my above mobile <input type="checkbox"/> Yes <input type="checkbox"/> No			
If you wish to receive a printed statement too via post please mark <input type="checkbox"/> (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

(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:			
	Phone No. (Home/Mobile):		
Office name and address:			
	Phone No. (Office):		

YOUR EMPLOYMENT

Employment status	<input type="checkbox"/> Salaried	<input type="checkbox"/> 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:				
	Phone No.:			
Designation:		Annual income:		
Nature of business:				

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):

Please deliver my/our card(s) to branch/collection from Card Centre. Select **one** convenient monthly **payment date**. 5th 10th 15th 20th 25th 31st

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):** %

OTHER BANK CREDIT CARD BALANCE TRANSFER

Do you wish to transfer your other bank credit card balances to your ComBank Credit Card ☐ Yes ☐ No

Account Name: (Name on Card)

Amount to transfer: **Other Bank Name:**

Other Bank Credit Card Number: **Expiry Date:**

Period 03/06/09/12/18/24 months **Amount Rs:** (approx.)

Please attach a copy of the latest Credit Card statement or a balance confirmation letter

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 Ltd. 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 Card(s). I/We am/are aware that depositors 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/customer restrictions may apply to usage of my credit card in Sri Lanka and overseas. I/we am/are aware that the Card(s) will be issued to my preference. I/we accept that Credit Card(s) 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, the 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 be filled by the Applicant/s to obtain foreign exchange against Credit/ Debit or any other Electronic Fund Transfer Card)

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.

1/ 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.**

[illegible]

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

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. Attach the following documentary evidence

If salaried : Copy of NIC/Passport, three latest salary slips and letter from employer confirming salary and employment and last three months' bank statements (if not Commercial Bank accounts)
If self-employed : Copy of NIC/Passport, letter from auditors confirming annual income for the last 2 years, business registration certificate and last three months' bank statements (Personal and Company)
Please note : Annual and joining fees will be debited to your Credit Card account

Insurance Policy No. :		Vehicle No. :	
Insurance Advisor Name :		Insurance Advisor Code :	
Branch :			
Account Details - (Bank, Branch and Account No):.			

Introduced by:		Emp. No:	
Department / Branch:		Emp. No:	
Lien confirmation:		Audit Checked:	

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.**

<div style="border: 1px solid black; width: 100%; height: 100%;"></div>	<div style="border: 1px solid black; width: 100%; height: 100%;"></div>	
Signature	Date	
Recommended limit : Rs.	Officer code:	
Recommended/Approved/Declined	Branch Mgr:	
Approved/Declined		



**Scan for ComBank Card
Offers & Rewards**