

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 unauthorized foreign exchange transactions are being carried out on the EFTC in violation of the undertaking given by the Cardholder and to bring the matter to the notice of the Controller of Exchange.

Date Signature of the Authorised Officer on behalf of the Bank

I have read and understood the above declaration.

ඉහත සඳහන් ප්‍රකාශය මා විසින් කියවා හොඳින් තේරුම් ගන්නා ලදී.

Primary Applicant's Signature
Date: _____

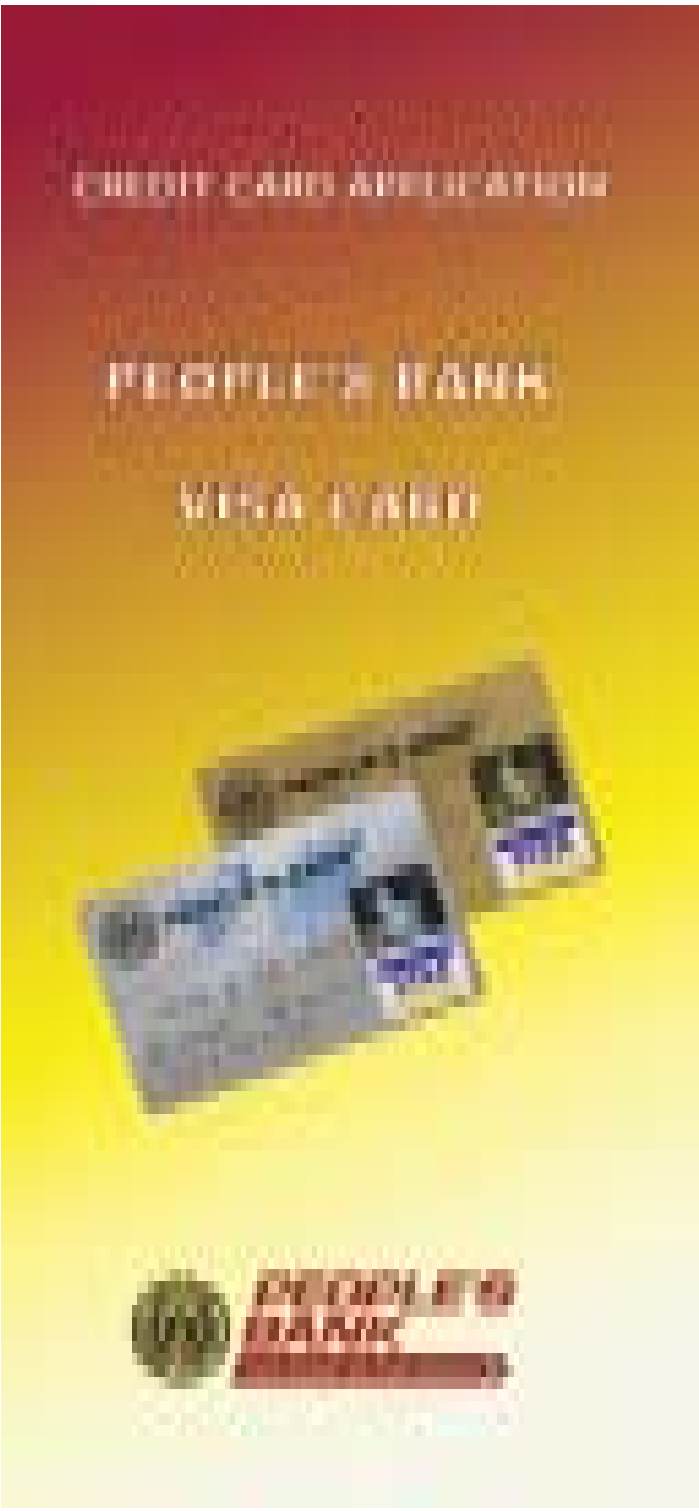
Supplementary Applicant's Signature
Date: _____

Preference to collect my card:

People's Card Centre

People's Bank _____ Branch

FOR CARD CENTRE USE ONLY																													
Securities (if any)																													
				P	S																								
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Recommended by: _____ Date: _____	Approved by: _____ Date: _____																												



Benefits for the Cardholders

- A minimum grace period of 21 days, to a maximum of 51 days. Part payments as little as 5% of total outstanding on your monthly bill.
- Up to 50% of the credit limit as cash advance in case of emergency at ATMs (carrying VISA Logo) or at any People's Bank Branch.
- Very Competitive Rate of Interest.
- All cards issued by the People's Card Centre are Internationally valid.
- Periodic Discount / promotional offers at key Merchant Establishments.
- Purchase of Air Tickets from People's Travels, with the convenience of making the payment in three equal interest free installments.
- Convenience of paying Monthly Bills at any People's Bank branch, throughout the Island.
- Accepted at over 22 Million Merchants and over 924,000 ATMs Worldwide. In Sri Lanka, over 15,000 merchants and over 500 ATMs.

Documents Required

- Duly completed Application Form
- Copies of National I.D (compulsory) & Passport
- **If salaried;** Pay slips (2 months), employer's letter
- **If self employed;** Copy of Business Registration, documents confirming tax payments, audited final accounts (at least for 2 years), Current Account Statements (6 months)

Settlement of Card bills

- By cash - At the Card Centre - 08.30 a.m. to 04.00 p.m. at any branch during working hours.
- By cheque - Payment at Card Centre during working hours or mail cheque to Card Centre.
Please keep adequate time for clearing of cheques (at least 3 days).

For more information

- **If your Card is lost** - call our Customer Service Helpline on 2490490.
- **For any queries** – during working hours call our Customer Services help line on 2490490 or visit the card Centre.

People's Bank Card Centre

70, York Street, Colombo 01
Tel : 2490490 Fax : 2337030
Email : card@peoplesbank.lk
Web: www.peoplesbank.lk

Please fill in Block Letters

Date: _____ Ref. No. _____

My Preference Gold / Silver

MY PERSONAL DETAILS

Mr Mrs Miss Dr Others, please specify _____

SURNAME _____

OTHER NAMES _____

Name as it should appear on the card (Max. 19 letters)

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As per NIC / Passport

Male Female Date of Birth

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 /

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 /

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Day Month Year

Nationality _____

NIC No. _____ Passport No. _____

(Please attach photocopies of NIC and Passport)

Marital Status: Single Married Divorced Widowed

No. of dependents _____ Ages _____

Mother's Maiden Name _____

Professional Qualifications if any _____

Residential Status

Own Rent Company provided

Mortgaged With parents

Home Address _____

City _____ District _____

Duration at above address: Years _____ Months _____

Phone Nos. _____

Mobile Nos. _____

E-mail address _____

If married

Spouse's Name _____

NIC No. _____

Spouse's occupation _____

Office Address _____

Spouse's income: Monthly _____ Annual _____

Phone No. (O) _____ Fax _____

Phone No. (H) _____ Mobile No. _____

Details of relatives not living with you

1. Name _____
 Home address _____

 Office address _____

 Phone No. (O) _____ Fax _____
 Phone No. (H) _____ Mobile No. _____
 Relationship _____

2. Name _____
 Home address _____

 Office address _____

 Phone No. (O) _____ Fax _____
 Phone No. (H) _____ Mobile No. _____
 Relationship _____

MY OCCUPATION

Employer / Name of business _____

 Office address (include department) _____

 Tel Nos _____ Ext _____ Fax _____
 E-mail _____

Length of service at current employment:
 Years _____ Months _____

No. of employees
 Up to 10 11 - 50
 51 - 100 More than 100

Job title _____
 Permanent Contract Other

Industry

Armed services	<input type="checkbox"/>	Telecom	<input type="checkbox"/>
Banking / Finance	<input type="checkbox"/>	Medical	<input type="checkbox"/>
Garments	<input type="checkbox"/>	Construction	<input type="checkbox"/>
Government	<input type="checkbox"/>	Public Utility	<input type="checkbox"/>
Hotel	<input type="checkbox"/>	Advertising	<input type="checkbox"/>
Insurance	<input type="checkbox"/>	Air Line	<input type="checkbox"/>
Import / Export	<input type="checkbox"/>	Professional Service	<input type="checkbox"/>
Manufacturing	<input type="checkbox"/>	Conglomerate	<input type="checkbox"/>
Travel	<input type="checkbox"/>	Plantations	<input type="checkbox"/>
Trading	<input type="checkbox"/>	Freight FWD/Shipping	<input type="checkbox"/>
Information Tech.	<input type="checkbox"/>	*Others	<input type="checkbox"/>

*Others, please specify _____

Employment status: Salaried Self-employed Retired

TO BE COMPLETED BY SELF EMPLOYED PERSONS ONLY

Capital invested _____ Annual turnover _____

MY ANNUAL INCOME

Basic annual salary Rs. _____
 Fixed allowances Rs. _____
 Variable allowances Rs. _____
 Other income Rs. _____
 Source(s) of other incomes(s) _____

If you have been in your current job for less than one year, please specify your previous employment details and telephone number.

Previous Employer _____
 Tel No: _____
 Nature of business _____
 Length of service at previous employment:
 Years _____ Months _____
 Job title _____

MY INVESTMENTS

Bank	Branch	A/C No	A/c Type	A/c since