## **Credit Card Application**



Emp. No. Branch Agent under	Permanent Address (billing proof required if different from NIC)									
code code code										
CARD TYPE										
Mastercard VISA	City District									
Classic Gold Platinum Signature World										
If the Card is applied against a cash deposit	Duration at above address Years Months									
Account No.	Correspondence Address (please provide if different from permanent address given above)									
Amount to be held										
I/We authorize the Bank to hold funds in the above account to issue me/us (a) Credit Card (s)										
Please complete the application in BLOCK LETTERS										
Date : Ref. No	Phone No. (Home)									
MY PERSONAL DETAILS	Mobile No.									
Mr. Mrs. Miss Dr. Others, please specify	SMS Alert Service     Yes     No     By selecting "Yes" you will receive transaction details, one time password and information related to your card.									
FIRST NAME	E-mail Address									
OTHER NAMES										
LAST NAME	I wish to obtain E-statements to my above e-mail in lieu of paper statement by post									
Name as it should appear on the card (Max. 19 letters)	E-statement Yes No									
As per NIC / Passport	If married, details of spouse									
	Spouse's Name									
Male Female Date of Birth										
Day Month Year	NIC No.									
Nationality										
NIC No.	Spouse's Occupation									
Passport No./DL No. (Please attach photocopies of NIC, Passport or DL)										
(rease attach protocopies of me, rassport of DE)	Office Address									
Marital Status : Single Married Divorced Widowed										
Mother's Maiden Name										
No. of dependents	Spouse's Income : Monthly Annual									
	Phone No. (Home)									
Professional Qualifications if any	Mobile No.									
	Phone No. (Office)									
Details of Residence										
Own Rent Company Provided	Details of relatives not living with you									
Mortgaged With Parents	1. Name									

Customer Signature : .....

Home Address			Length of	service at current employment:
			Years	Months
			No. of em	ployees
Office Address			Up to 10	11-50
			51-100	More than 100
			Job title	
Phone No. (Home)				
Mobile No.			Permaner	nt Contract Other
Phone No. (Office)			* If other	r, please specify
Relationship				
2. Name				
				TO BE COMPLETED BY SELF-EMPLOYED PERSONS ONLY
Home Address				
			Capital	invested Annual turnover
Office Address				
				MY ANNUAL INCOME
			Basic ani	nual salary Rs.
Phone No. (Home)			Fixed all	owances Rs.
			Variable	allowances Rs.
Mobile No.				
Phone No. (Office)			Other in	come Rs.
Relationship			Source(	s) of other income
	MY OCC	UPATION		
Employment status :	Salaried	Self-employed	Retired	
				we been in your current job for less than one year, please specify your previous nent details and telephone number.
Office Address (include dep	oartment)		Previous e	imployer
			Tel. No.	
			Nature of	business
		Ext.		of service at previous employment:
Tel. No.				
Tel. No.			Years	Months
				Months
			Years Job title	Months

Customer Signature : .....

Automatic settlement of credit card

People's Bank account number																			
Sattlement amount																			

Minimum 100% Other Amount (Rs.) \_\_\_\_\_

## MY SUPPLEMENTARY CARD

I, the primary cardholder hereby authorize and request you to issue in accordance with the Terms and Conditions of the People's Bank Credit Cardholder Agreement, a supplementary People's Bank Credit Card to the person named below who is not less than 18 years of age for use on my People's Bank Credit Card Account / between 16-18 years of age and I confirm that the People's Bank Credit Card will be used strictly for payments regarding educational purposes and he/she is a direct dependent of mine. I also hereby take full responsibility to settle the expenditure incurred by the supplementary cardholder.

I, the primary cardholder hereby authorize that both the primary cardholder and the supplementary cardholder will be jointly and severally liable for the use of the card as well as the supplementary card.

Surname Mr./M	rs./Mi	ss														
Other Names																
Name as it should appear on the card (Max 19 letters)																
	As per NIC / Passport															
Relationship to the primary applicant																
				ppiic			-						<u> </u>			
														]		
NIC No.																
			1									1				
Passport No.																
	(	Plea	se att	ach p	hoto	copie	s of N	IC an	d Pas	sport	)					
Date of Birth											]					
	Year						M	onth	J		Day					
													,			
Mother's maid	en na	ame														
Phone No.																
Credit limit to be allocated to supplementary card																
Rs.							-									
	1 1	1	1		1	1	1 1				l I	1			( I	

## DECLARATION

I/We state that the above details are true and correct and are given in support of my/our application to People's Bank, Sri Lanka for a Credit Card Account, subject to the respective Credit Cardholder Agreement which outlines the Terms & Conditions of Use, upon approval of my/our application.

I/We agree that my/our credit card/s may only be used subject to the terms and conditions governing credit cards issued by People's Bank, a copy of which will be used subject to the terms and conditions governing credit cards issued by People's Bank, a copy of which will be sent to me/us with my/our credit card/s on approval of this application. I/We am/are aware that such terms and conditions are available on the Bank website - http://www.peoplesbank.lk. I/We agree to be bound by all conditions stated in " General Terms and Conditions People's Bank Credit Cards."

In addition, the supplementary cardholder/s will be bound by "General Terms and Conditions People's Bank Credit Cards " received with the card and will be liable for all charges to the account. Nothing, except which is inclusive for any changed, amended and/or newly introduced terms and conditions by the Bank from time to time in the future relating to the card/s and/or supplementary credit cards.

I/We authorize People's Bank to debit my/our Card Account with the charges, fees due and transactions done assisting the card in respect of this card account and will be liable jointly and severally for all charges, fees and transactions done assisting the card to the primary and supplementary cards issued on my/our request. If People's Bank considers it relevant for purpose of assessing this application, I/We would authorize People's Bank to obtain a report about my/our commercial activities or commercial creditworthiness from Businesses/Institutes which provide this information. I/We understand this information may be used to assist me/us to avoid default and to notify other credit providers of my/our defaults.

I/We also authorize People's Bank to make inquiries about the information included on my/our application from any other source, that People's Bank may deem fit. I/We also acknowledge the right of the Bank to deduct the due from my/our account under personal or business name and appoint an agent to collect all sums due to the Bank from me/us. By signing below I/We request that a card account to be opened for me/us and to renew and replace it (subject to Terms & Conditions) until I/We surrender my/our rights to use the card by cutting the card and returning it to People's Bank with written notification.

I/We authorize People's Bank to charge all pending payments and other fees and charges at its prevailing rates from surviving cardholder on the death of primary cardholder or supplementary cardholder.

Terms & conditions and tariff structures are periodically revised based on market and regulator requirements, and all revisions are updated in www.peoplesbank.lk

I/We hereby agree that upon the death of the cardholder and executors, administrators, legal representatives or the next of kin who have received the inheritance of the cardholder shall be liable to settle and repay all monies due, payable and custody of the card account.

I/We also confirm that the brochure/leaflet and the description/nature of the product/service to be received by me/us were explained to me/us by the Bank making this application and that I/we fully understand the details and the nature of the product/service offered herein. I/We further authorize the Bank to use my/our personal information for marketing and operational matters. I/We further authorize the Bank to report any default by me/us to the Credit Information Bureau or similar organization in Sri Lanka or abroad. I/We accept that the Credit Card will be issued at the sole discretion of the Bank.

I/We hereby authorize the Bank to accept and execute the instructions received by fax or e-mail from me/us bearing or purporting to bear my/our signature/s. I/We hereby undertake to keep the Bank fully indemnified and free from all claims, damages, charges and expenses which the Bank may incur, directly or indirectly, by reason of complying with this request/instruction or any incorrect or improperly authorized instruction from me/us received by the Bank via fax or e-mail, unless the Bank acts fraudulently or

Customer Signature : .....

With Gross negligence, notwithstanding the foregoing, the Bank may at any time at its absolute discretion decline to execute any request or instruction given via fax or e-mail pursuant to this request / instruction. This request / instruction shall remain in force until I / We shall give the bank written notice to the contrary . I / We assume all risk in relation to any such communication via fax/ telephone and / or e-mail.

## Declaration by the Applicant/s for Electronic Fund Transfer Cards

To: Director - Department of Foreign Exchange

(Basic Cardholder), \_\_\_\_\_\_\_\_\_(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 conditions imposed under the provision of the Foreign Exchange Act, No. 12 of 2017 (the Act) on Electronic Fund Transfer Cards (EFTCs) 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 People's Bank may require for the purpose of the Act. I/We am/are aware that the Authorized Dealer (Bank) is required to suspend availability of foreign exchange on EFTC if reasonable grounds exist to suspect that unauthorized foreign exchange transactions 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 Credit Card/s to People's Bank, if I/we migrate or leave Sri Lanka for employment abroad, as applicable.

I have read and understood the above declaration and Credit Cardholder Terms & Conditions.

DD.MM.YY

I/We

Signature of the Primary Basic Cardholder

DD.MM.YY

Signature of the Supplementary Cardholder

I \_\_\_\_\_\_ (name of the Officer) have carefully examined the information together with relevant documents submitted by

(name of the Cardholder) and satisfied myself that the said information and documents are in conformity with Foreign Exchange Act regulations and the internal policies of the Bank. The Bank undertakes 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 suspend 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 Director, Department of Foreign Exchange.

Date

Signature of the Authorized Officer on rubber stamp on behalf of the Bank

I/We the undersigned hereby certify that the above information is true and if the application is accepted, request a People's Credit Card/Cards be issued to me/us. I/We have read and understood and agreed to abide by the Terms & Conditions, applicable in present and future, which form an integral part of this application.

I have read and understood the above declaration.

Primary Applicant's Signature

Supplementary Applicant's Signature

Date

Date \_\_\_\_\_

PREFERENCE TO COLLECT MY CARD / DELIVERY
People's Card Centre PB Branch

Deliver to my address

	FOR OFFI	CE USE ONLY
Securities (if any)		
Remarks		
		P S
Credit Limits Rs. Statement Cycle		
Recommended by:		Approved by:
Date		Date





People's Bank Card Centre

2nd floor, No.1161, Maradana Road, Colombo 8. Call Centre : 1961 E-mail : card@peoplesbank.lk Web : www.peoplesbank.lk

\*Terms and Conditions Apply