

Home Address

Grid for Home Address (2 rows, 20 columns each)

Office Address

Grid for Office Address (2 rows, 20 columns each)

Phone No. (Home)

Grid for Home Phone No. (10 columns)

Mobile No.

Grid for Mobile No. (10 columns)

Phone No. (Office)

Grid for Office Phone No. (10 columns)

Relationship

Grid for Relationship (20 columns)

2. Name

Grid for Name (20 columns)

Home Address

Grid for Home Address (2 rows, 20 columns each)

Office Address

Grid for Office Address (2 rows, 20 columns each)

Phone No. (Home)

Grid for Home Phone No. (10 columns)

Mobile No.

Grid for Mobile No. (10 columns)

Phone No. (Office)

Grid for Office Phone No. (10 columns)

Relationship

Grid for Relationship (20 columns)

MY OCCUPATION

Employment status :

Salaried

Self-employed

Retired

Grid for Occupation (2 rows, 20 columns each)

Office Address (include department)

Grid for Office Address (2 rows, 20 columns each)

Grid for Office Address (1 row, 20 columns)

Tel. No.

Grid for Tel. No. (10 columns)

Ext.

Grid for Ext. (5 columns)

E-mail

Grid for E-mail (10 columns)

Grid for E-mail (10 columns)

Length of service at current employment:

Years

Grid for Years (2 columns)

Months

Grid for Months (2 columns)

No. of employees

Up to 10

11-50

51-100

More than 100

Job title

Grid for Job title (20 columns)

Permanent

Contract

Other

* If other, please specify

Grid for Other (20 columns)

TO BE COMPLETED BY SELF-EMPLOYED PERSONS ONLY

Capital invested

Annual turnover

MY ANNUAL INCOME

Basic annual salary

Rs.

Grid for Basic annual salary (10 columns)

Fixed allowances

Rs.

Grid for Fixed allowances (10 columns)

Variable allowances

Rs.

Grid for Variable allowances (10 columns)

Other income

Rs.

Grid for Other income (10 columns)

Source(s) of other income

Grid for Source(s) of other income (20 columns)

Grid for Source(s) of other income (20 columns)

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

Previous employer

Grid for Previous employer (20 columns)

Tel. No.

Grid for Tel. No. (10 columns)

Nature of business

Grid for Nature of business (20 columns)

Length of service at previous employment:

Years

Grid for Years (2 columns)

Months

Grid for Months (2 columns)

Job title

Grid for Job title (20 columns)

Customer Signature :

Automatic settlement of credit card

People's Bank account number

Grid for account number

Settlement 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./Mrs./Miss

Other Names

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

As per NIC / Passport

Relationship to the primary applicant

NIC No.

Passport No.

(Please attach photocopies of NIC and Passport)

Date of Birth (Year, Month, Day)

Mother's maiden name

Phone No.

Credit limit to be allocated to supplementary card (Rs.)

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.peoples-bank.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 with

Customer Signature :

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 Declaration by the Applicant/s for Electronic Fund Transfer Cards

To: Director - Department of Foreign Exchange

I/We _____ (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

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

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 OFFICE USE ONLY

Securities (if any) _____

Remarks _____

										P	S

Credit Limits Rs. _____

Statement Cycle _____

Recommended by: _____ Approved by: _____

Date _____ Date _____



People's Bank Card Centre
9th floor, No.75, Sir Chittampalam A Gardiner Mawatha, Colombo 02.
Call Centre : 1961
E-mail : card@peoplesbank.lk Web : www.peoplesbank.lk