

CHANNEL SERVICES APPLICATION FORM (PERSONAL CUSTOMERS)



Requesting Branch:	
Primary Account	
CIF No.	

Cargills Bank Limited

Date: _____

Branch

Dear Sir/ Madam,

I/ We the undersigned request you to extend/update my/ our account(s) maintained with the Bank with the following channel services and do hereby agree to comply with and be bound by all the prevailing Rules and Regulations relating to the said service(s) signed on under the terms and conditions, further be bound by any variation, amendment and change made to same as may be prescribed by the Bank from time to time in future. I/ We agree that this agreement shall be governed and construed in accordance with the laws of Sri Lanka

01. Customer Information (Please note all details requested are mandatory)

1. Name in full: Rev/ Mr./ Mrs./ Miss./ Ms.	
2. National Identity Card no.(PID)*	
3. Correspondence address	
4. Designated Mobile No	
5. Designated E-mail address	

The above designated mobile number and email address provided in 04 and 05 will be valid for all services and future correspondence.

02. Requested Services (Please note all details requested are mandatory)

Debit Card request

NOTE: In the case of joint party accounts where operating instructions permit either party/ any party to operate each party should submit a separate applications to obtain an Debit Cards.

6. Debit card required : Yes <input type="checkbox"/> No <input type="checkbox"/>	7. Mother's Maiden name :	
8. Name to be embossed on the card (personalized cards only) : (English capital letters only-maximum 20 characters with spacing)		
9. Card will be collected at _____ branch		
10. Method of (PIN) Delivery : OTAC <input type="checkbox"/> (PIN) Mailer <input type="checkbox"/> *Charges Apply		
11. Cargills Bank Account to be linked :		
Primary Account-Savings 01		03
Primary Account-Current 02		04

*Default account for POS transactions (Please '✓')

Internet Banking request (Please note all details requested are mandatory)

12. Internet Banking facility required: Yes ☐ No ☐

Mobile Banking request (Please note all details requested are mandatory)

13. Mobile Banking facility required : Yes ☐ No ☐

E Statements request (Please note all details requested are mandatory)

14. E Statements required : Yes ☐ No ☐

15. Statement Frequency :
 Monthly ☐ Quarterly ☐ Half Yearly ☐ Annually ☐ Specify _____
(Charges applicable as per the schedule of charges)

SMS alert on transactions

16. SMS are sent for all debit card transactions

Promotional SMS and E-Flyer request (Please note all details requested are mandatory)

17. I have no objection to receiving promotional messages/ offers from the Bank to my mobile number and E-mail address provided herein.

17.1 SMS Alert: Yes ☐ No ☐ 17.2 E-Mail: Yes ☐ No ☐

For office use only

To be completed by the Branch

Signature Verified :			Conformity with the Mandate verified:		
System Entry	ATM Card	Internet Banking	Mobile Banking	E Statements	SMS Alerts
Data Entry					
Data Authorizer					

BIN: 523670 (PLAT) ☐ 554214 (WORLD) ☐

DECLARATION BY THE APPLICANT/S FOR ELECTRONIC FUNDS TRANSFER CARDS

To: The Controller of Exchange

[To be filled by the Applicant/s to obtain foreign exchange against Credit/Debit or any other Electronic Fund Transfer Card]

I/We _____ (Basic Card Holder/Supplementary Card Holder)

(Joint Card Holder/Supplementary Card Holder) declare that all details given above by me /us on this form are true & correct.

I/We hereby confirm that I/we am/are aware of the conditions imposed under the Exchange Control Act in the Notice published in the Extraordinary Gazette No 1411/5 of 19th September 2005 subject to which the Card may be used for transactions of 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 Cargills Bank Ltd may require for the purpose of Exchange Control Act. I/We also affirm that I/we undertake to surrender the Debit Card/s to Cargills Bank, if I/we migrate or leave Sri Lanka for employment abroad. I/We am/are aware that the Authorized Dealer 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.

Date

D	D	M	M	Y	Y	Y	Y
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 Basic Card Holder: _____ Supplementary/ Joint Card Holder : _____
(Name of the Card Holder/s)

I, _____ (Name of the Officer) have carefully examined the information together with relevant documents submitted by _____ and satisfied myself that the said information and documents are in conformity with Exchange Control requirements and the internal policies of the Bank. The Bank undertakes to exercise due diligence on the transactions carried out by the Card Holder 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 Card Holder and to bring the matter to the notice of the Controller of Exchange.

Date

D	D	M	M	Y	Y	Y	Y
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 Signature of the Authorized Officer on behalf of the Bank : _____ Employee ID : _____**OPERATING INSTRUCTIONS**Sole ☐ Anyone ☐ All ☐ Other (please specify) _____

I/We hereby confirm that the copies of the General Business Conditions and other terms and conditions of Cargills Bank Limited applicable to the product(s)/service(s) which I/we have applied for hereunder together with details relevant to such product(s)/service(s) were given and explained to me/us in the language of my/our choice before the signing hereof. I/We have read and understood the detailed terms and conditions therein contained and agree, consent to be bound thereby.

I/We declare that the information given in this application is true and complete. I/We authorize you to confirm the information given in this application from any source you may deem fit including and not limited to requesting for any documentary evidence of my/our monthly/annual income.

Signature - Primary Applicant

CIF															
NIC															
Name															

Date

D	D	M	M	Y	Y	Y	Y
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Signature - Joint Applicant

CIF															
NIC															
Name															

Date

D	D	M	M	Y	Y	Y	Y
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