

DECLARATION

This declaration is made to Cargills Bank Limited

By signing below. I/We ask that an account be opened for me/us and Card(s) issued as I/we request and 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 half and returning both pieces to you. I/We authorize 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/We agree that my/our Credit Card(s) may be only used subject to the term and conditions of the Credit Cardholder Agreement, ATM and other account terms and conditions issued by Cargills Bank Limited. I/We further agree to accept and be bound by the terms and conditions of the Credit Cardholder Agreement issued by Cargills Bank Limited. I/We accept that the usage of the new Credit Card will be construed by Cargills Bank Limited as acceptance of the terms and the conditions by me/us. I/We am/are aware that deposits or transfers to my/our Credit Card account(s) or temporary limit increases will not increase my/our cash advance limit. I/We am/are aware that certain ATM machine/bank/counter restrictions may apply to the usage of my/our Credit Card(s) in Sri Lanka and overseas. I/We am/are aware that Cargills Bank Limited may change my correspondence address if delivery cannot be made to my preference. I/We agree not to use my/our Credit Card(s) overseas to purchase goods in commercial quantities and for transfer of capital out of Sri Lanka. I/We affirm that I/We shall surrender my/our Credit Card(s) to Cargills Bank Limited 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 to all charges to the Primary and Supplementary Card(s) issued on my/our request. I/We accept that Cargills Bank Limited is entitled to communicate to customers by way of post cards, fax, transmissions, emails, telegrams and SMS's. I/We hereby warrant that the above information given in this application is true and correct. I/We accept that Credit Card(s) will be issued at the sole discretion of Cargills Bank Limited. I/we hereby confirm, that I/we am/are aware of the conditions imposed under the Foreign Exchange Act No. 12 of 2017, the extraordinary gazette No. 2045/56 dated 17th November 2017 and regulations/direction issued there under subject to which the Credit Card(s) may be used for transactions in foreign exchange and I/we hereby undertake to abide by the said conditions.

Declaration by the Applicant/s for Electronic Fund Transfer Cards

I/We 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 terms and conditions applicable for the use of Electronic Funds 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.

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 by Cargills Bank 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 confirm 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.

I hereby consent to receive real time notifications on all transactions effected through Electronic Payment Instruments/Mechanisms to my mobile number given below.

My designated mobile number on which real time notifications to be provided by the bank is:
I also undertake to notify the bank immediately of any known or suspected unauthorized transactions to by account via the Electronic Payment Instruments/mechanisms and in the event of such notification the bank shall take necessary steps which may also include blocking of the said fund movements and or blocking of the said account to avoid loss or damage to me by such unauthorized use of Electronic Payment Instruments/Mechanisms. Provided however that the bank-shall not be liable for any loss or damage caused to me in the absence of any willful default on its part. I understand it is my responsibility to inform the Bank immediately If the designated mobile number is changed for any reason.

Note: Electronic Payment Instruments/Mechanisms will include but not be limited to Mobile Applications, QR Code, Justpay, Internet Banking, Debit Cards and Credit Card, Cargills Cash, ATM/KIOSK transactions, etc.

Date:

Signature of Primary Cardholder

Signature of the Supplementary Cardholder

I, as the Authorized Officer 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. I undertake 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 unauthorized foreign exchange transactions are being carried out on the EFTC in violation of the undertaking and to bring the matter to the notice of the Director- Department of Foreign Exchange.

Date:

Signature of the Authorized Officer

Declaration (to be filled only in the event when Bank staff fills the mandate on behalf of customer)

I/We hereby acknowledge that

(Bank Staff name & ID) the Bank staff has filled in this application form on my request and based on the information provided by me/us and that the information provided herein is true and accurate. I/We acknowledge and agree that the Bank or any of its representatives is not responsible for any liability arising out of incorrect/untrue information provided in this application.

Primary Cardholder

Supplementary Cardholder

If you require a translated copy of this document in Sinhala or Tamil languages, please visit our www.cargillsbank.com website.

මෙම දෙක්කයේ සිංහල හා දෙමළ භාෂා පිටපත් බෙදා දෙන ලේ නම්, කරුණාකර අපගේ වෙබ් අඩවිය වෙත www.cargillsbank.com වෙත පිවිසෙන්න.

இந்த ஆவணத்தின் தமிழ் மொழிபெயர்ப்பு உங்களுக்குத் தேவைப்படின், தயவுசெய்து www.cargillsbank.com என்ற எமது இணையதளத்தை நாடவும்.



Please deliver the completed form to your nearest Cargills Bank branch or mail to The Manager Card Operations, Card Centre, Cargills Bank Limited, 1st Floor, No. 34, Maitland Crescent, Colombo 07. For any inquiries, please call our 24/7 Customer Service Number 0117 640 640. Email: cards@cargillsbank.com Web: www.cargillsbank.com

Control is in your hands!

With your Cargills Bank Credit Card





Cargills Bank Credit Card Application

Your preferred credit limit :

(Card limit and Card type will be subjected to evaluation.)

Bank use only

Branch Code

BDO/DSA Code

R ☐ S ☐

P ☐ MA ☐ M ☐

ALL FIELDS ARE MANDATORY. (Complete this application in BLOCK LETTERS)

PERSONAL INFORMATION

Title : Mr ☐ Mrs ☐ Miss ☐ Dr ☐ Other

Gender : Male ☐ Female ☐

Name in full (as per NIC/DL/PP) :

(Please underline your first name)

Name to appear on Credit Card (Maximum 21 characters including spaces)

Date of birth :

D

D

M

M

Y

Y

Y

Y

Mother's maiden name :

Marital status : Single ☐ Married ☐ Divorced ☐ Widowed ☐

No of dependents :

Nationality : Sri Lankan ☐ Other ☐

NIC No. :

Passport No. :

Highest educational level :
Primary (O/L) ☐ Secondary (A/L) ☐ Diploma/Certificate ☐ Graduate ☐
Postgraduate ☐ Professional ☐ Other

Permanent address :

District :

Postal code :

Residence ownership status: Owned ☐ Mortgaged ☐ Company provided ☐
Living with spouse ☐ Living with parents ☐ Rented/Leased ☐

Duration of stay at present address : Years Months

Correspondence address : (if different from your permanent address, all your correspondence including monthly statements and PIN will be delivered to this address)

District :

Postal code :

Card to be collected : Branch ☐ Branch name :

• PIN will be delivered to correspondence address.

Contact No. :

Residence :

+ 9 4

Mobile 1 :

+ 9 4

 (For SMS Alerts)

Mobile 2 :

+ 9 4

Office :

+ 9 4

Ext :

Do you possess a vehicle? Yes ☐ No ☐

Own ☐ Company provided ☐ Rented/Leased ☐

EMPLOYMENT DETAILS

Name of Employer/Business :

Address of Employer/Business : (include department)

Field of Employment :

Advertising <input type="checkbox"/>	Government <input type="checkbox"/>	Plantation <input type="checkbox"/>
Airline/Travel <input type="checkbox"/>	Health Care <input type="checkbox"/>	Professional Services <input type="checkbox"/>
Armed Services <input type="checkbox"/>	Hotel <input type="checkbox"/>	
Banking/Finance <input type="checkbox"/>	IT <input type="checkbox"/>	Trading <input type="checkbox"/>
Construction <input type="checkbox"/>	Insurance <input type="checkbox"/>	Telecommunication <input type="checkbox"/>
Freight Forwarding /Shipping <input type="checkbox"/>	Manufacturing <input type="checkbox"/>	Others <input type="checkbox"/>
	NGO/NPO <input type="checkbox"/>	
Garment <input type="checkbox"/>	/Charity <input type="checkbox"/>	

Confirmed in Employment : Yes ☐ No ☐

Occupation :

Income Details

Salaried ☐ Self employed ☐ Others ☐

ANNUAL INCOME

Annual Income below – Rs. 1,200,000 ☐

Annual Income between – Rs. 1,200,000 – 5,000,000 ☐

Annual Income above – Rs. 5,000,000 ☐

Annual Income above – Rs. 15,000,000 ☐

Designation :

Length of service :

M

M

Y

Y

If the duration of your current employment is less than one year :
Name of previous Employer :

Address of previous Employer : (include department)

Telephone No. :

+ 9 4

Length of service :

M

M

Y

Y

Designation :

Annual salary Rs. :

DETAILS OF A RELATIVE NOT LIVING WITH YOU

(You can mention 2 relative details with their mobile numbers or 1 relative detail with their residence landline number)

Relative 01

Name in full : Title : Mr ☐ Mrs ☐ Miss ☐ Dr ☐ Other

Home Address :

Relationship :

Contact No. :

Residence :

+ 9 4

Mobile :

+ 9 4

Office :

+ 9 4

Relative 02

Name in full : Title : Mr ☐ Mrs ☐ Miss ☐ Dr ☐ Other

Home Address :

Relationship :

Contact No. :

Mobile :

+ 9 4

DETAILS OF SPOUSE

Name in full : Title: Mr ☐ Mrs ☐ Dr ☐ Other

Employed : Yes ☐ No ☐

Name & Address of Employer/Business : (include department)

Designation :

CLASSIFICATION

I / a member of my family / a Close Associate / Business Partner is entrusted with prominent public functions (Government / Judicial / Police or Military)

Yes ☐ No ☐

If yes, please state the relationship

SPECIAL BENEFITS

Do you wish to settle credit card bills on the payment due date automatically, by debiting your Cargills Bank Account Yes ☐ No ☐

Account number :

Percentage to be settled : 5% ☐ %

VALUE ADDED SERVICES

Do you wish to subscribe for SMS Alert facility? Yes ☐ No ☐

Do you wish to subscribe for PDF e-Statements? Yes ☐ No ☐

E-mail :

Do you wish to access your Credit Card on Mobile Banking/Online Banking Services? Yes ☐ No ☐

SUPPLEMENTARY CREDIT CARD

Do you wish to offer a supplementary card to your immediate family member?

Yes ☐ No ☐ (You can offer supplementary credit card only to your immediate family member with the relationship proof document)

Please mention the preferred credit limit:

Title : Mr ☐ Mrs ☐ Miss ☐ Dr ☐ Other

Gender : Male ☐ Female ☐

Name in full (as per NIC/DL/PP) :

(Please underline the first name)

Relationship :

Date of birth :

D

D

M

M

Y

Y

Y

Y

Nationality : Sri Lankan ☐ Other ☐

NIC No. :

Passport No. :

Contact No. :

Residence :

+ 9 4

Mobile :

+ 9 4

Office :

+ 9 4

Name to appear on Credit Card : (Maximum 21 characters including spaces)