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1 ARE YOU A	No	TING	CUST	OME	R OF	LOLG	??	
<b>1</b> LANGUAG	E PREFI	EREN	CE					
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<b>Z</b> PERSONA	L INFOR	RMATI	ON					
Title Mr	Mrs	M:	5	Dr	Pro	f		
Full Name as	per NIC (	Please ui	nderline y	our First	Name a	nd Surna	ime)	
Preferred Na	me on Ca	rd (Max	kimum 19	characte	ers includ	ling spac	es)	
Date of Birth	DD	M	M	Y	Y			
Gender	Male		Fema	ıle 📗				
Nationality	Sri Lanka	n 📄						
	Othe	er						
NIC No.								
(Plea	ise attach a c	lear copy	of your I	VIC)				
Passport No.	(Applicable	only for	Non Sri L	ankans)				
Resident Vis	a Expiry D	ate	D	ММ	Υ	YY	Y	

Mother's Maiden Name (Mother's surname before marriage)

Widowed

Married

Divorced

Marital Status Single

### **ADDRESS + CONTACT DETAILS Permanent Address** (Please attach a copy of utility bills dated within the last three months, if differs from the NIC address) **Province Mailing Address** (All your correspondence including the Credit Card and PIN will be delivered to this address) **Province** Residential Phone No. Mobile No. (For FREE SMS alerts) **Emergency Contact No. Email Address** Go Green with E-Statements! Yes No Would you like to receive E-Statements? **EMPLOYMENT DETAILS Occupation Type** Salaried Self Employed Other Income Categories Employer / Name of the Business ..... Office Address Office Phone No ..... **Business / Employment Sector** AGRICULTURE AIRLINE APPAREL APPRENTICESHIP ARMED SERVICES/ POLICE CHARTERED ACCOUNTANT/ COMPANY SECRETARY ARCHITECT BANKER CARGO CONSTRUCTION CONSULTANT CONTRACT DIRECTOR DOCTOR EDUCATION ENGINEER FREIGHT/ SHIPPING FINANCIAL SERVICES FISHERIES FREE LANCER GOVERNMENT/ POLITICAL PARTY HOTEL INFORMATION TECH HOUSEWIFE IMPORT/EXPORT INDIVIDUAL LANDED PROPRIETOR INSURANCE LAWYER LEGAL SERVICES LIVESTOCK MANPOWER MANUFACTURING MEDIA PARTNER PLANTATIONS PROFESSIONAL

PROPRIETOR

SALES AND MARKETING

TELECOMMUNICATION

REAL ESTATE

SECURITY SERVICES

TRADE

RETIRED

SERVICES

TRADING

REVEREND

STUDENT

OTHER .....(Please specify)

6	FOR SALARIED APPLIC	CANTS		10	REFE NOT	RE	NC	EC	ET	AIL	SC	)F A	A RE	ELA	TIVI	E			
	Employer Category	Duburta Can			NOI	LIV	IN	<b>5</b> V	VIII	HY	OU ,	/ G	JUA	KA	NIC	K			
	Public Listed Company  Semi-Government	Private Con			Guarar	ntor			F	Refer	ee [								
		NGO/NPO/C	Tiarity		Relatio	onsh	nip												
	<b>Employment Status</b> Permanent Probation	nany Co	ntract		Name										'				
			Titract		Name														
	Casual Part t	time																	
	Length of Service Y Y M	1 M																	
	If the duration of your curren				NIC No	, [													
	Name of the previous employ (Please attach a copy of employment				1110111		Please	atta	ch a	clear o	сору	of yo	ur NIC	 C)					
	Length of Service Y Y M	1 M			Reside	ntia	al Ac	ddre	SS										
	Length of Service	I IMI																	
	Monthly Net Income (Rs.)																		
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	FOR SELF-EMPLOYED																		
	Director Landed P Freelance P		Professional Part time		Mobile	No	).												
	Individual P	Proprietor Partner	Part-time																
	Il dividual	Partitler																	
	Length of Business Y Y N	и м			Employ	yer (													
	Monthly Average Turnover (F	De 1			Office	Tel	epho	one	No.										
	Monthly Average fulliover (F	K3.)																	
8	Other Income Categories			11	SUPP	LE	ME	NT	٩R	Y C	ARI	D							
	House-wife Retired	d St	tudent	•	Yes		No												
	Monthly Net Income (Rs.)				Please is:														
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					Title	Mr		   M	Irs		Ms		Г	Or 🗍	Pr	of [			
9	Other Income - if any (Rs.)																		
					Full Na	ame	as	per	NIC	(Ple	ase u	nderli	ine yo	our Fir	st Nan	ne ar	nd Sur	name	)
	*Source of other income:	1																	
	Earnings from Employment		n Business Interest																
	Investment Income	Prope	rty Rental Income		D. L. C.			_				[					241		
	Average Monthly Living Expe	enses (Rs.)			Relatio		-					nild [		Pare			Othe		
					Preferi	red	Nan	ne c	n C	ard	(Max	imum	n 19 cl	haract	ers ind	cludir	ng spa	ices)	
	a. Financial Reference - Savir	nas/Current A	ecount																
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					Nation	alit	v	Sri L	ank	⊸ an [									
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	b. Financial Reference - Othe	er Bank Credit	Cards						Jul	<u> </u>									
	Bank/Issuer Name Car	rd Type	Credit Limit		NIC No		Dleas	o atta	ach a	clear	CODY	ofvo	our NI						
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					Passpo	ort f		(Apr	olicab	le onl	ly for	Non 9	Sri La	nkans	)				
	c. Value of your Assets (Rs.)				Reside	ent \								М	M_	Y	Υ	Υ	/
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### 14 INSURANCE SERVICE

Do you like to subscribe for Insurance service? (Please refer the tariff for applicable charges)

Yes	No	

NOMINEE NAME

NOMINEE NIC

#### **Rate Calculation (Annual Premium)**

Age	Rs.
18-65 Years (LIFE & TPD)	1.50 (For each thousand)
66-70 Years (LIFE & TPD)	22.00 (For each thousand)
Note: Calculation for the above (Rupee	value per thousand *Card Limit/1000)

Life Insurance

TPD (Total Permanent Disability Cover)

## **15** CENTRAL BANK OF SRI LANKA

To: The Controller of Exchange
I/We
(Primary
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 LOLC Finance PLC may require for the purpose of Act.

I/We am/are aware that the restricted financial institution is required to suspend availability of foreign exchange on ETFC 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 LOLC Finance PLC, if I/we migrate or leave Sri Lanka for employment abroad.

SIGNATURE OF THE PRIMARY CARDHOLDER

DD/MM/YYYY

SIGNATURE OF THE SUPPLEMENTARY CARDHOLDER

DD/MM/YYYY

# 16 DECLARATION/PRIVACY NOTICE & CONSENT

This declaration is made to the LOLC Finance PLC.: By signing below, I/we request that an account(s) be opened for me and a Mastercard Credit Card issued as I/we request and that you renew and replace them until I/we surrender my/our right to use the Card(s) by cutting the Credit Card into 4 pieces and returning all 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 terms and conditions of the Credit Cardholder Agreement, ATM and account terms and conditions issued by LOLC Finance PLC and I/we further agree to accept and be bound by the terms and conditions of the Credit Cardholder Agreement issued by LOLC Finance PLC., a copy of which will be sent to me/us with my/our Credit Card(s), on approval of this application, I/we specifically agree that I/we shall not use the Mastercard Credit Card(s) issued to me/us and shall return the said card property destroyed as aforesaid in the event of any of the terms and conditions in the Credit Cardholder agreement being unacceptable to me/us. I/we agree to be liable jointly and severally for all charges to the basic/principal Card issued on my/our request. I/we hereby accept any changed, amended, revised and/or newly introduced terms and conditions by LOLC Finance PLC from time to time in future, relating to Credit Card. I/we agree that the usage of the Card signifies acceptance of all the terms and

conditions governing the use of the Card. I/we agree that my/our cash advance limit will be not more than 50% of my/our permanent credit limit.

I/we am/are aware that deposits or transfers to my/our credit card account or temporarily limit increases will not increase my/our cash advance limit. I/we am/are aware that certain ATM machines/ bank/counter restrictions may apply to usage of my/our Credit Card(s) in Sri Lanka and overseas.

I/we am/are aware that LOLC Finance PLC may change my/our correspondence address, if delivery cannot be made to my/our preference. I/we further authorize LOLC Finance PLC to share my/our personal information with Mastercard for marketing and operational matters. I/we further authorize the LOLC Finance PLC to report any default by me/us to any credit information bureau or similar organization in Sri Lanka and/or abroad. I/we hereby warrant that the above information given in the application is true and correct. I/we accept that Credit Cards will be issued at the sole discretion of LOLC Finance PLC.

I/we hereby confirm that copies of the terms and conditions of LOLC Finance PLC applicable to the product(s)/service(s) which I/we have applied for from LOLC Finance PLC with details relevant to such product(s)/service(s) were given and explained to me/us before the signing hereof and I/we have read and understood the details terms and conditions therein contained and agree and consent to be bound thereby.

LOLC Finance PLC is entitled to set off, utilize apply and/or appropriate any monies lying to the Card holder's credit in the books of LOLC Finance PLC in any deposit or investment, accounts or instruments or in any other form whatsoever whether in local or foreign currency against any arrears/overdue instalments, capital, interest, late payments fees, charges and dues etc. of the Credit Card account(s) of the Card holder(s) with LOLC Finance PLC as the LOLC Finance PLC thinks fit, and the authority hereby given to LOLC Finance PLC on that behalf shall be unconditional and irrevocable.

I/we have read and understood the above declaration.

SIGNATURE OF THE PRIMARY CARDHOLDER

DD/MM/YYYY

SIGNATURE OF THE SUPPLEMENTARY CARDHOLDER

DD/MM/YYYY



#### **Privacy Notice & Consent**

By submitting this application(s), I/We acknowledge and consent to LOLC Finance PLC collecting, using, processing, and storing my/our personal data strictly for the purposes of:

- Fulfilling contractual obligations and providing financial services;
- Communicating essential updates, service information, or responding to my/our requests;
- Conducting customer service, risk assessments, and regulatory reporting;
- Providing relevant offers, promotions, or updates (subject to my/our right to opt-out).

I/We further authorize LOLC Finance PLC to share my/our personal data with trusted service providers, business partners, and regulatory bodies strictly for operational, legal, and compliance purposes. This includes processing for:

- . Data analytics to improve services;
- Business continuity and corporate transactions (where required);
- Fulfilling obligations under applicable laws and regulations
- Supporting core business functions, including service delivery, internal operations, compliance, and strategic planning.

I/We understand that my/our personal data will be processed in accordance with the Sri Lankan Personal Data Protection Act No.09 of 2022 (PDPA) and any amendments thereto. I/We also understand that I/we have the right to access, correct, restrict, or withdraw my/our consent for processing at any time, subject to applicable law.

For further details on how LOLC Finance PLC protects my/our personal data and my/our rights under the PDPA, I/we will review the Privacy Policy at [www.lolcfinance.com], contact LOLC Finance at +94 115 715 555, or contact the Data Protection Officer of LOLC Finance via DPO@lolc.com.

# DECLARATION BY AUTHORIZED OFFICER OF LOLC FINANCE PLC.

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 transaction 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.

SIGNATURE OF THE AUTHORIZED OFFICER

DD/MM/YYYY