# GUUUNE55

LOLC

FINANCE

**OFFICIAL USE ONLY** 



# **CREDIT CARD APPLICATION 4**

438, Havelock Road, Colombo 05

**TEL:** 011 571 8888

Branch
ME Code
All fields are mandatory
ARE YOU AN EXISTING CUSTOMER OF LOLC?
Yes No No
LANGUAGE PREFERENCE
සිංහල English தமிழ்
PERSONAL INFORMATION
Title Mr Mrs Ms Dr Prof
Full Name as per NIC (Please underline your First Name and Surname)
Preferred Name on Card (Maximum 19 characters including spaces)
Date of Birth
Gender Male Female
Nationality Sri Lankan
Other
NIC No.
(Please attach a clear copy of your NIC)
Passport No.
(Applicable only for Non Sri Lankans)
Resident Visa Expiry Date D D M M Y Y Y Y
Mother's Maiden Name (Mother's surname before marriage)
Marital Status Single Married Diverged
Widowed Divorced

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Information Tech

Plantations

Trading

6	FOR SALARIED A	PPLICANTS		10 REFERENCE DETAILS OF A RELATIVE NOT LIVING WITH YOU / GUARANTOR
	Employer Category	Duit rata Ca		- O NOT LIVING WITH YOU / GUARANTOR
	Public Listed Company Semi-Government			Guarantor Referee
		, NGO/NPO/C		Relationship
	Employment Status Permanent Pro	obationary Co	ontract	Name
		_	Shiract	Name
	Casual	Part time		
	Length of Service	Y M M		
	If the duration of your			NIC No.
	Name of the previous e (Please attach a copy of emplo			(Please attach a clear copy of your NIC)
	Longth of Comics	VMM		Residential Address
	Length of Service	T M M		
	Monthly Net Income (R	<b>ls.</b> )		
_		VED ADDI 1641	ITC.	Residential Phone No.
7	FOR SELF-EMPLO			
		nded Proprietor	Professional	Mobile No.
	Freelance Individual	Proprietor Partner	Part-time	
	Individual	Parti ler		
	Length of Business	Y M M		Employer
	Monthly Average Turns	Dyor (Do.)		Office Telephone No.
	Monthly Average Turno	over (RS.)		
8	Other Income Categor	ies		11 SUPPLEMENTARY CARD
	House-wife	Retired S	Student	Yes No No
	Monthly Net Income (F	Rs.)		Please issue a Supplementary Card to the person named hereunder.
				(Supplementary Card Applicant must be an immediate family member and must be of 18 years or above.)
				Title Mr Mrs Ms Dr Prof
9	Other Income - if any (	Rs.)		
				Full Name as per NIC (Please underline your First Name and Surname)
	*Source of other incom	ie:		
	Earnings from Employmer	nt Earnings from	m Business Interest	
	Investment Incom	Prop	erty Rental Income	
	Average Monthly Living	g Expenses (Rs.)		Relationship Spouse Child Parent
				Preferred Name on Card (Maximum 19 characters including spaces)
	a. Financial Reference			Date of Birth D D M M Y Y Y Y
	Bank Name	A/C Type	A/C No.	Gender Male Female
				Nationality Sri Lankan
	b. Financial Reference	- Other Bank Cred	it Cards	Other
	Bank/Issuer Name		Credit Limit	NIC No.
	Daliky issuel Nattle	Card Type	Credit Limit	(Please attach a clear copy of your NIC)
				Passport No. (Applicable only for Non Sri Langage)
	c. Value of your Assets	(Ps)		(Applicable only for Non Sri Lankans)
	c. value of your Assets			Resident Visa Expiry Date DD MM M YYYYY

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### 14 INSURANCE SERVICE

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

⁄es	No	

NOMINEE NAME

NOMINEE NIC

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

66-70 Years (LIFE & TPD)	22.00 (For each thousand)
18-65 Years (LIFE & TPD)	1.50 (For each thousand)
Age	Rs.

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

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

This declaration is made to the LOLC Finance PLC.: By signing below, I/we request that an account(s) be opened for me/us 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 temporary 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 the company may change my/our correspondence address, if delivery cannot be made to my/our preference. I/We further authorize the company to share my/our personal information with MasterCard for marketing and operational matters. I/We further authorize the company 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 the company.

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 the company 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.

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



# 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

# HOW TO APPLY FOR A LOLC FINANCE CREDIT CARD

Submit the following documents to your nearest LOLC Finance Branch

### **Common Documents**

- A duly completed LOLC Finance Credit Card application form
- Copy of NIC / Driving License
- Billing Proof (Utility bills dated within last three months are required, if your current address is different from the NIC address)
- Proof of other income (If the prospective card holder declares an additional income)

### If Salaried

- The latest salary slip and a copy of employment ID
- Employment confirmation letter
- Current or Savings account bank statements of the previous month

### If Self -Employed

- The business registration certificate
- Current or Savings account bank statements of the last 03 months

